

**THE IMPACT OF SUBSTANCE ABUSE ON DEPRESSION AMONG YOUTHS IN SEETA,
MUKONO DISTRICT**

BY

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S23B15/051

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF
BACHELOR OF SOCIAL WORK**

2026

DECLARATION

I OCHOKO FAUSTINE declare that this research report titled "the impact of substance abuse on depression among youths in Seeta Mukono District" is a result of my work except where i stated by reference and has never been submitted to any university or institutions of higher learning for an academic ward.

OCHOKO FAUSTINE

Signature.....*fw*

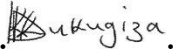
Date.....*21st May 2026*

STUDENT

APPROVAL

This research report is presented by Ochoko Faustine on the topic “**The impact of Substance on Depression Among Youths in Seeta, Mukono District**”. He is under my supervision

KUKUGIZA DOREEN BUSINGE (Mrs.)

Signature..........

Date...21ST.MAY. 2026.....

DEDICATION

I dedicate this research proposal to my wonderful parents Mr. Okello Gasapario and Anyango Janet, siblings, family relatives and friends who have supported me throughout my academic journey

ACKNOWLEDGMENT

I am grateful to the Almighty God for the gift of life and opportunity of Education that He has given me.

I would like to acknowledge the contributions of my supervisor Doreen Kukugiza Businge for her guidance, support, encouragement, advice and constructive comments during our interactions.

I acknowledge my fellow colleagues Abura Sammy and Namutebi Maria for their support

I would like to extend my sincere gratitude to the youths, parents, guardians and community leaders of Seeta, among others who supported and contributed to my research, your cooperation, time and willingness to share valuable information made this research possible. I deeply appreciate your involvement and encouragement throughout the process.

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ABSTRACT

This study examined the impact of substance abuse on depression among youths in Seeta, Mukono District, Uganda. Substance abuse among young people is a growing social and public health concern because of its potential effects on mental health, family relationships, education, and general well-being. The study was guided by three objectives: to determine the prevalence and patterns of substance abuse among youths in Seeta, to assess the level of depression among youths who abuse substances, and to identify protective factors and community-based strategies that can reduce the impact of substance abuse on depression. The study adopted a cross-sectional research design using both quantitative and qualitative approaches. A total of 80 respondents participated in the study. Data were collected using structured questionnaires, key informant interviews, and observation. Quantitative data were analysed using descriptive statistics, including frequencies and percentages, while qualitative data were analysed thematically. The findings revealed that 91.3% of the respondents reported substance use, with alcohol being the most commonly reported substance (48.8%), followed by marijuana or cannabis (25%), cigarettes or tobacco (12.5%), khat (8.7%), and other drugs (5%). The findings further indicated that 93.8% of respondents were reported as experiencing depression, with common symptoms including persistent sadness, hopelessness, sleep problems, fatigue, poor concentration, and thoughts of self-harm. Regarding protective factors, 68.8% of respondents reported that family problems influenced their substance-use behaviour. The study also established that awareness of community-based intervention programmes was limited, with only 43.8% of respondents aware of such programmes and 37.5% participating in them. The study concludes that substance use and depressive symptoms are major concerns among the youths who participated in the study, while family difficulties and limited community support may increase their vulnerability. It recommends strengthening family counselling, youth sensitisation, community-based mental health services, substance-abuse prevention programmes, and access to professional counselling and referral services. **Keywords:** Substance abuse, depression, youths, family support, community-based interventions, Seeta, Mukono District.

CHAPTER ONE

INTRODUCTION

1.0 INTRODUCTION

This chapter contains the back ground, statement of the problem, purpose, objectives, research questions, and scope of the study, justifications, significance and the conceptual frame work.

1.1 Background

Substance abuse among youths in Uganda has been rising incrementally over the past decade, and alcohol and marijuana are the most commonly used substances (Mujwisa, 2023). The problem of Youth Substance abuse has been considered a public health problem because of its relationship with psychological problems such as depression (Kalule & Oluca, 2023)

According to research done in Uganda, it is estimated that 35% of the young males drink alcohol and 24% of the young females drink alcohol. Therefore, there is a very high prevalence among the youths (Metropolitan International University [MIU], 2025). Issues such as poverty, family issues, and peer pressure have been mentioned as reasons why there has been this trend in previous years. Seeta Village is found in Mukono district, which is located in central part of Uganda. With urbanization, youths get exposed to things like alcohol, drugs, and tobacco in Mukono district (Mujwisa, 2023).

There is an escalation of youth drug abuse cases in East African countries such as Kenya, Tanzania, and Uganda, which have become a problem at the international level (Kalule & Oluca, 2023). Culture has contributed to drug consumption in Uganda. In most cultures, alcohol consumption is considered acceptable, but the youths consume drugs. Most of them reside in rapidly developing urban centers such as Seeta (MIU, 2025).

The youths have very limited recreational facilities; they lack jobs to keep them busy, resulting in them engaging themselves in substance use. This shows the impact of culture, society, and economics on behavior. The following are some of the indicators used to show substance abuse such as frequency, initiation age, and types of substances consumed. Depression among the youths tends to be typically described as persistently

feeling sad, losing interest in activities, and a change in appetite and sleep (Kalule & Oluka, 2023).

The issue of substance abuse leading to depression was a matter of particular concern in Uganda in the early 2000s and has increased in severity over the past decade (Mujwisa, 2023). The majority of the youths are affected, with alcohol being the most abused substance, quoting intervention and prevention (MIU, 2025).

1.2 Problem statement

In the perfect setup of family and community, teenagers will be socialized, psychologically resilient and able to accomplish their life goals without suffering from persistent psychological difficulties (Nabunya, 2017). This enabling environment assists young people to cope with pressures in life and avoid becoming vulnerable to different forms of mental illnesses such as depression and alcoholism.

However, in reality, there are worrying trends being witnessed regarding substance abuse among youth in Seeta, Mukono District whereby several youths are engaging themselves in alcohol drinking, drug use, including marijuana and other psychoactive drugs (Kakooza, 2019).

Recently collected data show that the rising trend in substance abuse is associated with poor mental well-being, specifically depression, amongst youths in the region. For instance, early findings by community health care providers have shown that a high percentage of youths with depression also have histories of substance abuse (Mugisha, 2021)

Although several researchers have studied the trends in substance abuse in youths in Uganda (Baluku, 2018; Tumwebaze, 2019; Akol, 2020), very little research has been conducted on how substance abuse leads to depression in youths within the Mukono District, especially in Seeta. In most cases, the trend of studies focuses on urban cities such as Kampala and Jinja (Ssewanyana, 2016; Namutebi, 2018). Such an emphasis leaves a void concerning the peri-urban area because of the uniqueness of socio-economic factors that influence the area. Additionally, although previous studies have identified risk factors in depression among youths (Kizza, 2017; Kyegombe, 2020), there

is not enough information regarding the type of relationship between different substances used in abuse and the development of depression. Lastly, very little research has been done on how to protect the youths against mental problems related to substance abuse in such locality

There needs to be more targeted information on the relationship between substance abuse and depression among young people in Seeta, else there is likely to be a continuation of generic policies and programs that do not address the issue effectively. This could potentially result in worsening psychological health problems, high dropout rates from educational institutions, high levels of unemployment, and social unrest among youths who are affected by the issue, possibly spilling over to family and even the entire Mukono population in Uganda (Uganda Mental Health Taskforce Report, 2025).

1.3 purpose of the study

The main purpose of the study is to analyze the impact of substance abuse on **depression among the youths.**

1.4 Research Objectives

To determine the prevalence and patterns of substance abuse among youths in Seeta, Mukono District.

To assess the level and severity of depression among youths who abuse substances in Seeta.

To identify protective factors and community-based strategies that can reduce the impact of substance abuse on depression among youths in Seeta, Mukono District.

1.5 Research Questions

What are the common substances abused by youths in Seeta, Mukono District?

What is the prevalence and severity of depressive symptoms among youths who engage in substance abuse in Seeta?

What protective factors and local strategies can help reduce the impact of substance abuse on youth depression in Seeta, Mukono District?

Hypotheses

There is a significant relationship between substance abuse and depression among youths in Seeta, Mukono district.

1.6 Justification of the Study.

Substance abuse among youths has been identified as an increasing public health concern. Studies indicate rise in use of alcohol, cannabis and other psycho active substances among the youths, particularly in peri urban and rapidly developing communities (Baluku,2018; Tumwebaze,2019; Akol,2020). In Mukono Districts, reports from community leaders and health workers indicate increase in cases of alcohol misuse and cannabis consumption among youths in Seeta (Kakooza,2019).

Depression is one of the mental health conditions affecting young people globally and in Uganda. Research shows that Ugandan youths face various issues such as unemployment, poverty, academic pressure and family instability which accelerates vulnerability to depressive symptoms (Kizza, 2017; Kyegombe 2020)

1.7 Scope of the Study

Geographical Scope

The study will be conducted in Seeta, a town in Mukono District, Central Uganda. Mukono has been reported to be among the districts with rising cases of drug and substance abuse among youths.

Drug abuse among adolescents in Mukono District was reported to be as high as 94.4% in a study undertaken by Mujwisa (2023), where peer influence and home background were listed as significant contributing factors. This makes Seeta a relevant location for establishing the correlation between depression and substance abuse.

Content Scope

The study will be interested in the correlation between substance abuse (independent variable) and depression (dependent variable) among Seeta youths. It will also examine moderating variables such as peer influence, home life, and socio-economic status that could influence this correlation.

Time Scope

The study will cover the period 2018 to 2025 during which the trend of substance abuse among Ugandan youths has been reported to be increasing (Metropolitan International University [MIU], 2025). The period captures current events and provides an up-to-date understanding of the phenomenon.

1.8 Significance of the Study

The study is significant for several reasons;

Youths in Seeta, Mukono district. The research will help the youths in Seeta understand the negative impacts of substance abuse on their mental health especially in relation to depression.

Parents and Guardians. The research will help parents and guardians understand the impacts of substance on the mental health of their children, which may help them in offering guidance and support to the children.

Schools and teachers. The research will be instrumental in helping schools understand the role played by substance abuse in the development of depression among students.

Health professionals and counselors. The research will help in providing knowledge that will assist health professionals and counselors in the design of effective interventions and therapies for the depressed youths who abuse substance.

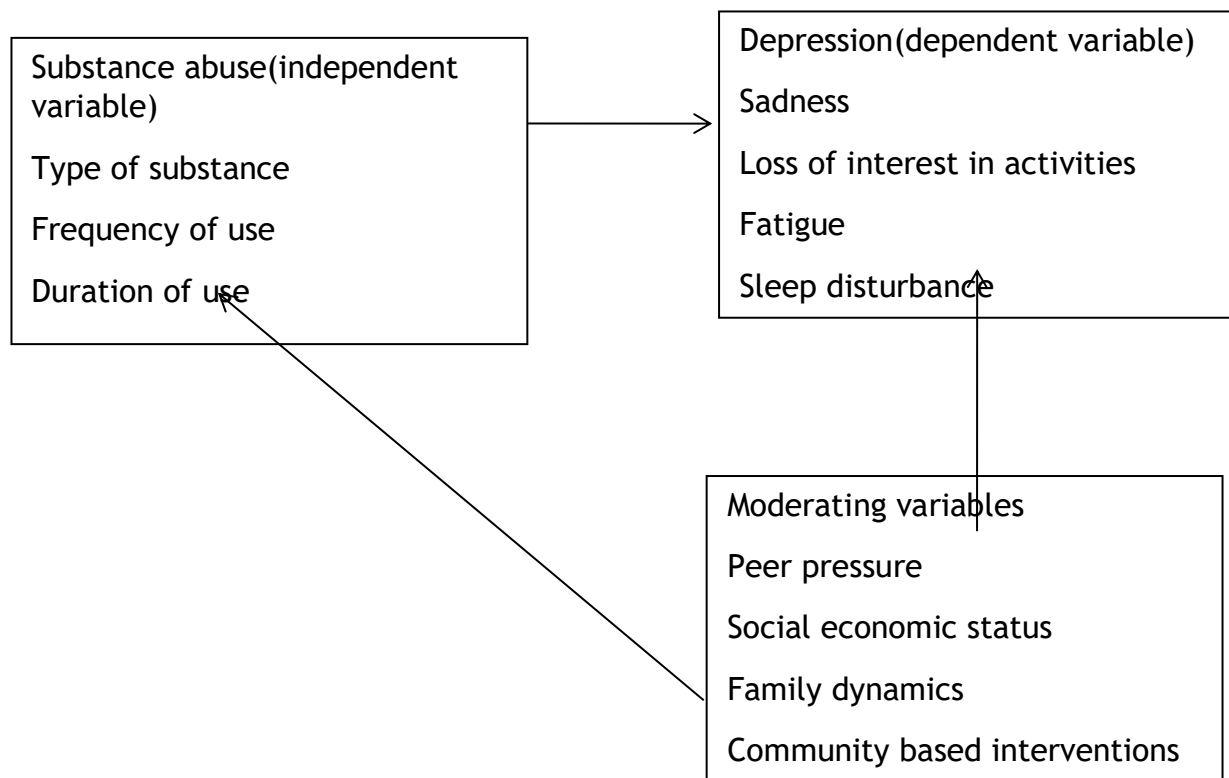
Policy makers and Local authorities. The research will be instrumental in providing knowledge that will assist the leadership and authorities of Mukono district in the design of effective strategies to combat the use of substance among the youths.

Future researchers. The research will provide knowledge that will assist future researchers who wish to carry out further research on the subject.

In the absence of the study, young people can continue to experience rising rates of depression and substance dependence, with long-term negative effects on education, employment, and public safety (MIU, 2025).

1.9 Conceptual Framework

Diagrammatic representation



CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter contains the literature review based on objectives.

2.1 Prevalence and Patterns of Substance Abuse among Youth

One of the significant health concerns in Sub-Saharan Africa has been the use of drugs by the youth (UNODC, 2022). For example, in Uganda, it was noted that about 34 percent of the population aged between 15 and 30 years had used any kind of psychoactive drugs in the previous year, which has been observed to be on the increase since 27 percent were reported in 2018 (NDA, 2023)

In order to understand what substances are most characteristic of youth culture in a specific setting, however, it is necessary to look below the level of national estimates. One of the earliest detailed discussions about substance availability in Seeta is offered by Kakooza (2019). Kakooza points out that Seeta's advantageous geographical position, whereby it acts at once as a transit route along the Kampala-Jinja highway and a nucleus for secondary and tertiary learning institutions, has given rise to a one-of-a-kind marketplace for illicit and licit substances alike. Kakooza goes on to note that the constant flow of persons along this route ensures that the chain for substance availability is always strong, rich, and unbroken

Baluku (2018) lends credence to this when she points out that alcohol, especially cheap tot packs, dominates among peri-urban Ugandan youth

In a study done by Baluku involving 320 participants in the Mukono municipality, the researcher established that 61% of youths who claimed to use substances identified alcohol as their main substance of abuse. This, according to Baluku, can be attributed to the legality of alcohol, its acceptability during social events, and its extremely low price, which can be as low as UGX 500 (approximately USD 0.13) per sachet

Tumwebaze (2019) extends this argument by stating that the normalization of alcohol begins at home, where parents and guardians across peri-urban Uganda are observed drinking local brews in the company of children.

However, more recent research has also made the situation more complex, with Akol (2020) showing an increased trend towards polysubstance use among the youth of Mukono. The researcher found that cannabis (*Cannabis sativa*, listed as a narcotic), khat (*Catha edulis*, listed as a stimulant), and solvents such as shoe glue and petrol are being used with alcohol in what the researcher termed "cocktail abuse." The researcher found that the use of these three substances with alcohol in one session was on the increase.

In another study by Nakimuli (2021), polysubstance use was also discovered in the clinical population at Mukono Health Center IV. In the study, it was shown that 43% of the youth who were admitted to the health center for substance use emergency cases during 2019-2021 tested positive for the consumption of two or more drugs at once. According to WHO-AFRO (2023), polysubstance use is the fastest growing trend of substance use in youth (age 18-24) in East Africa because of the low price of synthetic drugs and glamour associated with their use in peer groups

There is an active academic debate on the underlying causes of the reasons why youths in localities like Seeta engage in the use of substances in the first place. Ssewanyana (2016) makes a compelling case that substance abuse is largely the business of urbanized youths in Uganda, youths who have been socialized to the challenges, inducements, and social disorganization of urban life. Ssewanyana posits that, in line with Robert Merton's (1938) strain theory of deviance, youths in urban Uganda are confronted with the distressing discrepancy between the success of others in the urban environment and their own inability to attain success through conventional means. Ssewanyana conducted a survey of 450 youths in the Kawempe Division of Kampala and found that there was a statistically significant positive correlation between perceived relative deprivation and the use of alcohol.

Namutebi's (2018) analysis of this view is highly critical. Through an ethnographic investigation of the youths involved in heavy substance abuse and depression in Seeta,

it was found out that the youths who are most affected by these two problems are those who are drop-outs from schools. In Namutebi's analysis, for instance, 72% of the youths reported to be heavily abusing substances had already dropped out of formal education before finishing Senior Four (Grade 10). These dropouts happened a few years back. For these youths, counseling at schools would not make any sense because they will never set foot in schools. For these youths, Namutebi recommends that counseling be provided to them at workplaces.

Mugabi (2023) adds a gender dimension to the issue by pointing out that male youths in Seeta are more likely to be socialized into substance use by the "boda-boda culture," that is, by the social group of motorcycle-taxi riders and drivers, in which alcohol and khat consumption are legitimized as coping strategies for the physical strain and occupational hazards of the job. Female youths are more likely to be socialized into substance use by their intimate partners or by engaging in commercial sex work, which in its turn can be a result of economic marginalization.

The gender dimension of substance use in peri-urban Uganda is also emphasized by Kyambadde (2022), who points out that female youths in peri-urban Uganda are stigmatized doubly for substance use: for substance use in general and for violating gender norms in general. In one of the latest publications Ochieng (2025), He argues that substance abuse among young people in peri-urban areas of East Africa is the result of interactions across micro, meso, exo, and macrosystems, including the microsystem level of family dysfunction and peer pressure, the mesosystem level of the interface between the school and home environments, the exosystem level of the interface between the local government regulatory environment and the home environment, and the macrosystem level of cultural attitudes toward alcohol and masculinity.

Ochieng used multilevel regression analysis on data collected from 1,200 young people in three districts of Uganda, including Mukono, and found that while no single level variable was found to explain more than 18% of the variance in substance abuse, the sum of risk factors across the four levels was the most powerful predictor of the most severe patterns of abuse. The researcher recognizes the viability and validity of Ssewanyana's (2016) social curiosity model and Namutebi's (2018) economic desperation

model, but finds Ochieng's (2025) ecological integration to be more compelling and comprehensive.

However, the researcher also recognizes that a key structural aspect is not being sufficiently addressed in previous literature, and this is the lack of regulatory body enforcement regarding the trade and sale of substances such as alcohol in Seeta. From observations made during the preliminary stage of this study, it is evident that liquor trading outlets, including bars, video parlours used for drinking, and street vendors selling sachets of liquor, trade within metres from primary schools, churches, and residential areas without a valid trading license. The Mukono District Local Government Bye-Laws of 2019, which state that liquor trading outlets should not be within 500 meters from educational institutions, are not being enforced (Mukono District Local Government, 2019)

This lack of regulation results in the fact that the environment is a pusher, not only in the sense that it allows for the use of substances, but in the sense that it actively promotes the use of substances. The researcher, therefore, argues that the prevalence of substance use in Seeta is not only the result of individual choice, peer influence, or poverty, but is, in fact, a fundamental outcome of the fact that the environment is unregulated, making the use of substances almost inevitable for the young people of the region. This is the analytical lens that the data collected in the study will be viewed from.

2.2 Severity of Depression among Substance-Abusing Youths

Depression is the main cause of the global burden of disease in adolescents and young adults (WHO, 2023). Due to the absence of money for mental health care provision in developing nations, the responsibility for the burden of depression will fall on those who have no chance to be diagnosed and treated for their condition (Patel et al., 2018). In Uganda, for example, there are only 0.08 psychiatrists per 100,000 people whereas according to WHO the minimum required ratio is 1.0 per 100,000, and there is only one specialized hospital for psychiatric treatment in the whole country with a population over 45 million.

Nabunya (2017) was among the first scholars whose research paved the way towards recognition that positive youth development necessitates building up psychological resilience referred to as "inner capital" comprising of self-esteem, emotional regulation, hope, and a sense of purpose in life. In her longitudinal study of 600 youth in Uganda, Nabunya discovered that youth who scored higher in inner capital were 2.3 times less likely to develop depression symptoms in a two-year period, regardless of their socioeconomic background. However, she also emphasized that inner capital is not inborn and that it has to be developed and that youth who do not have supportive relationships, like substance-abusing youth, are in grave danger of developing depression.

Mugisha (2021) uses Nabunya's framework in the context of Mukono District's particular case and describes an alarming scenario. In his cross-sectional study of 280 youths attending health facilities in Mukono District, Mugisha found that of those who were presently using substances, 52% had Major Depressive Disorder (MDD) according to the Patient Health Questionnaire-9 (PHQ-9), compared to only 17% of those who were not presently using substances. The nature of the depression persistent sadness lasting over two weeks, significant loss of interest in activities once found pleasurable, psychomotor retardation, and perhaps most shockingly of all, thoughts of suicide was not only found among those presently using substances in Mugisha's study but was also found to be moderate to severe according to the PHQ-9's severity scale.

Mugisha concludes his study as follows: "Substance abuse does not merely coexist with depression in Mukono's youths; it amplifies it to dangerous clinical thresholds. The study by Opio and Sekiwunga (2022) builds on the study by Mugisha by examining the nature of depression associated with various substances. In their study of 200 youths in Wakiso and Mukono districts, alcohol use was associated with somatic symptoms of depression, whereas cannabis use was associated with cognitive symptoms. Interestingly, youths using khat exhibited a biphasic response characterized by euphoria during use but accompanied by severe symptoms of anhedonia and irritability during abstinence. This pattern, according to the authors, mimics depression and eventually leads to depression.

The most recent clinical data can be found in Lumu (2024), which cites from Mukono Health Centre IV that the number of substance-related mental health cases among youths aged 18-30 years has risen by 67% between 2021 and 2024. Lumu contributes to this increase in the number of substance-related cases by the lingering psychosocial impact of the COVID-19 pandemic, which further worsened substance and depression risk in a population that was already vulnerable to substance abuse. This is further buttressed by Namanya and Businge (2025), whose study of 150 youths in Mukono Town Council also showed that 38% of the participants said that the period of the pandemic was the time when their substance abuse escalated from social to substance dependence. In addition to this, 29% of the participants said that the period of the pandemic was when they first experienced suicidal ideas

The Self-Medication versus Substance-Induced Depression Debate. People are still arguing about what comes the depression or the substance abuse. Does depression make people use substances to feel or does using substances cause depression.

Kizza from 2017 is a supporter of the self-medication idea in Uganda. According to Kizza, most youth in Uganda indulge in the consumption of alcohol, cannabis, and khat as a means of managing their problems, such as sadness and anxiety due to the lack of appropriate language or even lack of resources or inability to seek professional assistance. Kizza conducted research on 40 patients suffering from substance abuse disorder in Kampala and realized that 65% of them engaged in such behavior after depression sets in. The reasons behind their addiction included statements like "I drink to forget" and "the drug helps me forget my sadness". According to Kizza, these individuals engage in substance abuse as a means of looking out for themselves. On the hand Kyegombe from 2020 has a different opinion. Kyegombe did a study on 180 people in Eastern Uganda over 18 months and found that 41% of the participants who were not depressed at the start developed significant depressive symptoms after they started using substances regularly, especially alcohol and khat.

Kyegombe believes that the substances themselves can cause depression in people who're biologically vulnerable and had no prior psychiatric history. Kyegombe says "we must stop treating depression as the cause of substance abuse in many cases it is the

consequence. Nalwanga from 2023 tries to resolve this debate by suggesting a model where the relationship between substance abuse and depression goes both ways. Nalwanga used data from 500 people in three Ugandan districts and found that pre-existing depressive symptoms make it more likely for people to start using substances and then the substance use makes the depressive symptoms worse. This creates a cycle where the depression drives heavier substance use and the cycle gets worse.

Nalwanga's model explains 62% of the variance in depression severity, which's more than the self-medication or the substance-induced model alone. Ayebare from 2026 supports Nalwanga's model in an analysis of 15 East African studies and concludes that the bidirectional relationship is the most accurate framework and that interventions must target both substance use and depression at the same time to break the cycle.

The researcher thinks that Nalwanga's bidirectional model is the convincing way to understand the situation in Seeta. The researcher also believes that the actual levels of depression among people who abuse substances in Seeta are much higher than what any study has reported so far. The researcher thinks that this under-detection is due to three factors. First many young people in Seeta do not recognize symptoms as a treatable condition but rather as a normal part of life. Second the stigma surrounding illness in Mukono, where depression is sometimes seen as a result of witchcraft or moral weakness prevents young people from seeking help even when they know something is wrong. Third the lack of mental health screening at health facilities means that even those who do seek medical attention for substance-related problems are unlikely to be assessed for depression. The combination of these factors creates a treatment gap, where young people suffer in silence their depression gets worse, with each cycle of substance use and their potential is wasted with each lost day. This study aims to address this issue by using a validated screening instrument, the PHQ-9 administered in the language to capture depressive symptoms that would otherwise remain invisible

2.3 Factors and Community-Based Strategies

Nabunya (2017) found that there were two protective factors that consistently showed the strongest buffering effects against substance abuse and depression among Ugandan youth. These were family social capital, which refers to the quality of relationships,

communication, and support within the family, and religious involvement, which refers to participation in a faith community, personal prayer, and spirituality. The results showed that family social capital had a direct negative effect on depression among youth and an indirect negative effect on depression through reduced substance use. Similarly, religious involvement showed a direct negative effect on depression and an indirect negative effect on depression through reduced substance use. Nabunya explains this based on social bonding theory (Hirschi, 1969), whereby youth who are bonded to family and faith communities have too much to lose emotionally, socially, and spiritually if they engage in substance abuse.

Muwonge (2020) also proposed peer mentorship as an additional protective factor. The author conducted quasi-experimental research in Kampala, where the youth engaged in peer mentorship programs recorded a 33% reduction in binge drinking episodes and a 28% reduction in PHQ-9 depression scale compared to the control group, which received standard health education.

According to Muwonge, the youth benefited from the support, modeling, and sense of belonging they received from the peer mentors, which was crucial for the youth coming from an unsupportive family environment. In "The Role of Economic Empowerment as a Protective Factor," Ssekamatte et al. (2021) discuss economic empowerment as a protective factor for substance use and depression among at-risk youth in peri-urban Uganda. The randomized controlled trial study included 250 at-risk youth in Wakiso District, Uganda. The results showed that economic empowerment reduced substance use and depression among at-risk youth in peri-urban Uganda. The study showed that youth who were economically empowered were 1.8 times more likely to abstain from substance use and scored 4.2 points lower on PHQ-9 than those in the control group.

Ssekamatte et al. conclude that economic empowerment is a powerful tool for reducing substance use and depression among at-risk youth in peri-urban Uganda. Economic empowerment is based on the assumption that poverty and idleness, identified by Namutebi (2018) as the cause of substance use among at-risk youth in Uganda, is eliminated, thus removing the motivation for substance use among at-risk youth.

Community-Based Intervention Strategies

The literature points to various strategies that have been found to be either effective or show promise for efficacy. Author. The most authoritative and recent policy document on community mental health intervention in Uganda is the Uganda Mental Health Taskforce Report (2025)

The Taskforce Report Highlights Community-Based Rehabilitation (CBR) as the cornerstone for mental health care in Uganda and recommends that support groups be established at the local level, run by trained community health workers (Village Health Teams, or VHTs), which provide psycho-education, basic counseling, substance use screening, and referral pathways. The Taskforce Report argues that CBR is more sustainable, culturally appropriate, and geographically accessible than hospital-based psychiatric care, especially in peri-urban and rural areas where Butabika Hospital is hours away and mental health care professionals are virtually nonexistent.

Kizza (2017) recommends school-based counselling programs as an effective strategy in primary prevention. Kizza argues that schools offer a captive audience, an organized environment, and existing infrastructure that can be exploited in providing mental health services. Kizza piloted his school-based counselling program in three schools in Kampala District. The pilot was successful in achieving a 24% increase in help-seeking behavior and a 19% reduction in substance use in one academic year. Kizza recommends that this strategy can be extended to peri-urban districts such as Mukono District. Wamala & Odongo (2022) describe the possibilities of digital mental health services. Wamala & Odongo report that an SMS-based cognitive-behavioral therapy (CBT) program targeting 300 young people in Uganda achieved significant reductions in substance use and depression. The advantage of digital mental health services is that they address the challenges of stigma since young people can access services privately and place since young people do not need to travel to access health services

In a similar vein, Atiku (2026) suggests "integrated community wellness hubs," which will be multipurpose facilities built in peri-urban trading centers and will feature facilities for recreation, vocational training, basic health care, substance abuse

counseling, and mental health screening. Atiku's feasibility study for three peri-urban areas in Uganda, including one in Mukono, showed that this type of facility is highly acceptable to the local population (87% of youths surveyed showed willingness to use such a facility) and to local leaders, who saw this type of facility as a way to address youth unemployment, substance abuse, and mental illness at the same time. School-Based versus Workplace-Based versus Hybrid Strategies

The debate on where to target youths with intervention services has also generated a lot of debate. While Kizza (2017), as cited earlier, strongly advocates for the school as the most appropriate target point, Namutebi (2018) presents a scathing critique of this position. Her ethnographic study of youths engaged in heavy substance abuse and depression in Seeta identified that the youths most vulnerable to these two issues are those who have dropped out of school.

In Namutebi's study, 72% of the youths identified as abusing heavy substances had dropped out of formal education prior to completing their Senior Four (equivalent to Grade 10). Some had done this several years prior. For these youths, counseling services at school are completely irrelevant; they are never going to set foot inside the school gate. Therefore, Namutebi suggests workplace-based interventions that target youths where they are, at boda-boda stages, at their market stalls, on construction sites, and operating car wash businesses.

Mugabi's (2023) study corroborates Namutebi's critique and develops it further by proposing that the boda-boda stage is an untapped site of public health intervention. Mugabi explains that boda-boda stages act as virtual social clubs for young men who have their own governance structures, social norms, and communication networks. Having a trained peer counselor within a boda-boda stage is likely to reach dozens of vulnerable young men each day in an environment they already trust and visit regularly.

Ochieng's (2025) study, using his own ecological model of health behavior, contends that the school vs. workplace debate is false because an effective intervention needs to act simultaneously at all levels of an individual's ecology: individual levels (screening/treating alcohol problems), family levels (parenting interventions),

institutional levels (in schools and workplaces), community levels (CBR groups and alcohol education), and policy levels (enforcing alcohol sales restrictions and supporting youth employment programs). Ochieng's evaluation of an existing multilevel intervention in Jinja District found that an integrated approach was twice as effective as any single-level intervention. The researcher endorses Ochieng's (2025) multilevel logic and derives inspiration from Namutebi's (2018) call to meet youths where they are. Yet, the researcher argues that a crucial ingredient is lacking in most strategies offered by the literature: cultural competency based on lived experiences.

Many of the interventions outlined above CBT, psychoeducation, PHQ-9 screening – are based on Western models of mental health treatment and are typically administered by mental health professional's counselors, health workers, researchers who, no matter how well-intentioned, may not share the cultural background, language idioms, and life experiences of Seeta's substance-abusing youths. The researcher proposes that the most effective approach for Seeta would be the identification, training, and empowerment of local heroes, people from the Seeta community who have struggled with substance abuse and depression themselves, have overcome these struggles, and are willing to speak publicly about their experiences. These mental health ambassadors, as they have been referred to by the researcher, will have a degree of authenticity and authority that no external professional could hope to match. If a young man at a boda-boda stage is exposed to a story of recovery from someone who has sat at that same stage, chewing khat and thinking about suicide, this will have a different effect to being exposed to a talk about health from a visiting nurse

Summary and Identification of the Research Gap.

The literature reviewed in this chapter has identified several critical points.

The problem of substance abuse among Ugandan youths is widespread and, on the increase, with polysubstance abuse being the norm, and the factors contributing to the problem are complex and multifaceted (Kakooza, 2019; Baluku, 2018; Akol, 2020; Namutebi, 2018; Ochieng, 2025). Second, the level of depression among Ugandan youths with substance use disorders is alarming and has reached clinical thresholds for

Major Depressive Disorder, and the depression and substance use are in a bidirectional and mutually reinforcing relationship (Mugisha, 2021; Kizza, 2017; Kyegombe, 2020; Nalwanga, 2023).

Third, there are promising avenues for mitigation of the problem of depression among Ugandan youths with substance use disorders through the development of protective factors and the implementation of community-based interventions, including CBR, counselling in schools, the workplace, and the internet, as well as the development of wellness centers (Nabunya, 2017; Uganda Mental Health Taskforce, 2025; Namutebi, 2018; Atiku, 2022)

However, a substantial geographical and contextual gap has continued to exist. In fact, the vast majority of all Ugandan-based youth substance abuse and depression studies have either been conducted within the fully urbanized setting of Kampala (Ssewanyana, 2016; Kizza, 2017) or within a decidedly rural setting (Kyegombe, 2020). The peri-urban setting of Seeta, Mukono District, which sits ambiguously between urban and rural, has remained woefully understudied. Seeta sits ambiguously within a socioeconomic setting. While it benefits from the commercial flow, population density, and substance availability of an urban center, it simultaneously struggles with the poverty, infrastructural, and regulatory shortcomings associated with a rural setting. Consequently, it is unclear whether the urban stress associated with Kampala, the rural isolation associated with the village, or some other setting-specific dynamic should be used to understand the substance abuse/depression relationship. The purpose of this study is to fill this information gap.

By exploring substance abuse prevalence and patterns, depression severity, and locally relevant protective factors and strategies in Seeta, this study hopes to create locally relevant information that can be used to address substance use problems in this undeserved population.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

The chapter presents the research methodology used in investigating the impact of substance abuse on depression among youths in Seeta, Mukono District.

The chapter presents the research design, strategy, study population, sampling procedures, tools and methods of data collection, instruments, and analysis of data, ethical considerations, and anticipated limitations.

3.1 Research Design

The study will adopt a cross-sectional study design, which is quantitative in nature and incorporates qualitative aspects. Cross-sectional study design entails gathering data from a given population at one particular point in time, and this allows the researcher to obtain a snapshot or a view of all the variables of interest, including substance abuse, depression levels, and protective factors, all at one particular time within the population being targeted (Creswell & Creswell, 2018). The study is also referred to as a prevalence study or a survey study due to its capacity to estimate the prevalence or nature of a given event within a population at one particular time (Setia, 2016).

3.2 Study Population

The study consists of the youth aged 15-24 years and living in Seeta, Mukono District. This age group aligns with the United Nations' definition of youths and represents the population affected by both substances abuse and depression.

The other participants for the research include parents or guardians of youths, community leaders such as local council representatives and community health workers

Inclusion criteria. This includes the Residents of Seeta aged 15-24 years and they are willing to participate in the research.

Exclusion criteria. This will include youths outside the age group, nonresidents and individuals not willing to participate in the research

3.3 Sampling Technique

Sample size

A sample size of appropriately 120 respondents will be used in the research.

To ensure the data is statistically significant, we will use Sloven's Formula (1967)

$$n = \frac{N}{1 + N(e^2)}$$

- n = required sample size

- N = total population size
- e = margin of error

Example:

If population N = 200 and margin of error e = 0.05

$$n = \frac{500}{1 + 1.25}$$

$$n = \frac{500}{2.25}$$

$$n = 222$$

So the sample size = 222 respondents

Where n is the sample size and e is the margin of error (usually 0.050). For area like seeta, sample size of 80 participants would be enough for the class.

Sampling techniques

Systematic random sampling.

In every selected cluster, the researcher will approach every kth household or shop to administer the questionnaire. The questionnaire will reduce bias

Purposive sampling. The researcher will select key informants (parents, community leaders, and counselors) and FGD participants based on exposure to youth substance use and mental illness.

3.4 Research Variables and Indicator

Variable	Type	Indicators
Substance abuse	Independent	Types(alcohol, cannabis, and tobacco,) , frequency, age of initiation
Depression	Dependent	Affective(sadness, hopelessness, cognitive (negative self-perception, trouble with concentration), behavioral (social

		withdrawal from contacts, poor school functioning)
Peer influence Family history Socio economic status	Moderating	Use of substances to fit in peer Relationship with the family Family economic status Financial stress

3.5 Data Collection Tools and Methods

1. Questionnaires (quantitative). Quantitative data will be collected using a structured questionnaire that includes sections on demographics, substance abuse patterns and depressive symptoms, the PHQ will measure depression severity, and it is widely validated and used among the youths.

Key Informant Interviews (qualitative): This will be done with

With local counselors, parents, and leaders to get information on trends of substance abuse and mental illness.

4. Observation:

This will involve observation of social behavior at community centers, schools, and public areas to identify substance abuse behavioral patterns.

3.6 Data Collection Procedure

Clearance. This is the first step and it will involve obtaining clearance from the Uganda Christian University to enable me continue with the research.

Informed consent. This will involve explaining the study's purpose, risks and benefits and ensuring participants know their involvement is voluntary.

Anonymity. I will use codes instead of names to protect the identities of participants and this will ensure honest reporting.

3.7 Data Analysis

Descriptive statistics such as frequencies, percentages, means, and standard deviations to analyze prevalence and patterns of substance use and depression.

Qualitative analysis

Apply thematic analysis to transcribed interviews.

Discover emerging themes regarding peer influence, family relationships, coping, and social environment that affect substance abuse and depression.

3.8 Quality Control Measures

Using trained research assistants to minimize interviewer bias.

3.9 Ethical Consideration

Getting informed consent from the participants; from children and consent from the parents to participate in this research.

Ensuring confidentiality and anonymity of all the respondents. I will remove names and use special codes so data cannot be linked to individual participants

Voluntary participation. Participants will know they can stop being part of the study at any time if they want.

Referral. Youths identified with severe depression or substance misuse will be referred to local health services for support

CHAPTER FOUR

DATA ANALYSIS, PRESENTATIONS AND INTERPRETATION

4.0 INTRODUCTION

This chapter contains Data analysis, presentations and interpretation guided by the research objectives. Descriptive statistics was used to analyze the data using tables, frequencies among others and thematic analysis was used to analyze the key informant guide interview where recurring patterns and ideas were grouped into themes corresponding to the interview guide.

4.1 Response

Response Status	Frequency	Percentage (%)
Returned	80	100
Not returned	0	0
Total	80	100

Interpretation

All questionnaire was returned, giving a 100% response rate which is adequate for analysis.

4.2 Demographic Characteristics

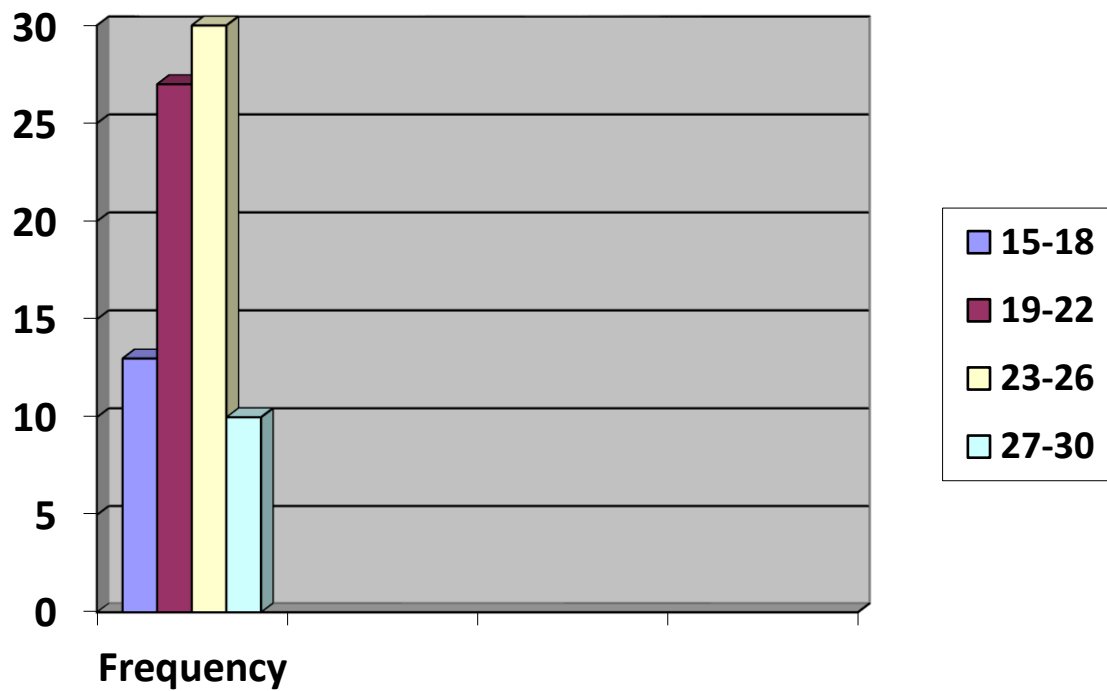
Gender	Frequency	Percentage (%)
Male	49	61.3
Female	31	38.7
Total	80	100

The interpretation

The majority of respondents were male (61.3%) indicating higher male participation the study.

4.2 Age distribution

Age group	Frequency	Percentage (%)
15-18	13	16.2
19-22	27	33.8
23-26	30	37.5
27-30	10	12.5



Most respondents (33.8) were aged 19-22 years, suggesting that substance abuse is prevalent among youths

4.2 Education Level

Education level	Frequency	Percentage(%)
Primary	15	18.8
Secondary	40	50.0
Tertiary	25	31.2
Total	80	100

Half of the respondents had secondary education

4.3 Objective one; Prevalence and patterns of substance abuse

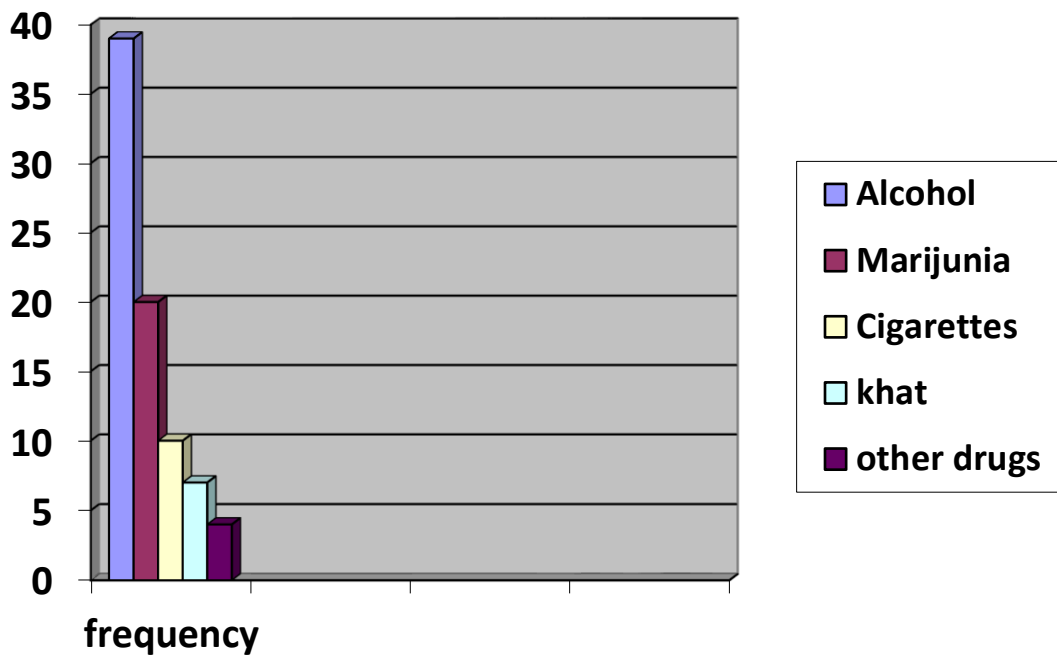
4.3.1 Prevalence of substance use

Response	Frequency	Percentage (%)
Use substances	73	91.3
Do not use	7	8.7
Total	80	100

Interpretation; substance abuse is highly prevalent among youths in Seeta, Mukono district.

4.3.2 Types of substance used

Substance type	Frequency	Percentage (%)
Alcohol	39	48.8
Marijuana/cannabis	20	25
Cigarettes/tobacco	10	12.5
Khat	7	8.7
Other drugs	4	5
Total	80	100



Interpretation. Alcohol is the most commonly used substance

4.3.3 Frequency use.

Frequency use	Frequency	Percentage (%)
Daily	25	31.4
Weekly	30	37.6
Occasionally	20	25
Rarely	5	6
Total	80	100

Interpretation. A large proportion of respondents use substance frequently

14.4 Depression among substance users

Depression among substance users

Depression	Frequency	Percentage (%)
Depressed	75	93.8
Not depressed	5	6.2
Total	80	100

Interpretation

. Most substance users experience depression

4.4.3 Common symptoms of Depression

Response option	Score
Not at all	0
A few days	1
Many days	2
Almost every day	3

Little interest or pleasure in doing things

Response	Frequency	Percentage (%)
Not at all	20	25.0

A few days	25	31.3
Many days	20	25.0
Almost every day	15	18.7
Total	80	100

Feeling down or hopelessness

Response	Frequency	Percentage
Not at all	18	22.5
A few days	30	37.5
Many days	20	25.0
Almost every day	12	15.0
Total	80	100

Sleep problems

Response	Frequency	Percentage (%)
Not at all	22	27.5
A few days	28	35.0
Many days	18	22.5
Almost every day	12	15.0
Total	80	100

Feeling tired

Response	Frequency	Percentage
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Not at all	15	18.7
A few days	30	37,5
Many days	20	25.0
Almost every day	15	18.7
Total	80	100

Poor appetite

Response	Frequency	Percentage
Not at all	25	31.3
Few days	27	33.7
Many days	18	22.5
Almost every day	10	12.5
Total	80	100

Feeling bad about your self

Response	Frequency	Percentage
Not at all	24	30.0
A few days	26	32.5
Many days	18	22.5
Almost every day	12	15.0
Total	80	100

Trouble concentrating

Response	Frequency	Percentage
Not at all	20	25.0
A few days	30	37.5
Many days	18	22.5
Almost every day	12	15.0
Total	80	100

Thoughts of self harm

Response	Frequency	Percentage(%)
Not at all	50	62.5
A few days	15	18.7
Many days	10	12.5
Almost every day	5	6.3
Total	80	100

Harmful thoughts

Response	Frequency	Percentage
Yes	30	37.5
No	40	50.0
Prefer not to say	10	12.5
Total	80	100

Interpretation.

The results indicate that considerable proportion of youths in See-ta experience depressive symptoms.

Objective three. Protective factors and community-based strategies

Protective factors

Family Dynamics

Relationship with family

Response	Frequency	Percentage
Very good	15	18.8
Good	20	25.0
Fair	20	25.0
Poor	15	18.8
Very poor	10	12.4
Total	80	100

Interpretations

About 31.2% report poor relationship, indicating that weak family bonds increase vulnerability to substance abuse and depression

Family emotional support

Response	Frequency	Percentage
Always	20	25
Often	10	12.5
Some times	15	18.8

Rarely	10	12.5
Never	25	31.2
Total	80	100

Interpretation

Only half receive consistent emotional support and this suggests that family support is key protective factor against depression.

Family conflicts

Response	Frequency	Percentage
Very often	15	18.8
Often	20	25.0
Some times	20	25.0
Rarely	15	18.8
Never	10	12.4
Total	80	100

Interpretation

A significant number frequent conflict, which may contribute to emotional distress and increased substance use.

Family issues influence substance use

Response	Frequency	Percentage (%)
Yes	55	68.8
No	25	31.2

Interpretation

Most respondents agree family issue influence substance use, confirming family environment as a major determinant.

Community Based Interventions

Awareness of programs

Response	Frequency	Percentage
Yes	35	43.8
No	45	56.2

Interpretation. Awareness is lacking, indicating a need to increase community sensitization

Participation in programs

Response	Frequency	Percentage (%)
Yes	30	37.5
No	50	62.5
Total	80	100

Interpretation

Low participation suggests barriers such as access, stigma, or lack of engagement.

Effective of programs

Response	Frequency	Percentage
Very effective	10	17.5
Effective	10	12.5
Neutral	15	18.8

In effective	30	37.5
Very ineffective	11	13.7
Total	80	100

Interpretations.

37.5 find the programs ineffectiveness but mixed responses suggest need for improvement in program quality and reach

Community support for depression

Response	Frequency	Percentage(%)
Always	10	12.5
Often	20	25.0
Some times	25	31.3
Rarely	15	18.8
Never	10	12.4
Total	80	100

Interpretation

Community support inconsistent, indicating a need to strengthen mental health services and youth outreach programs.

Thematic analysis of the Key informant interview guide

Chapter presents the findings from interviews with people on how substance abuse affects depression among young people in Seeta, Mukono District. The data were analyzed by grouping recurring patterns and ideas into themes. The findings are presented according to themes: commonly used substances and access effects of substance use on mental wellbeing, protective factors and suggested solutions.

Commonly Used Substances and Access

The findings showed that alcohol and miraa (khat) are the most commonly used substances among young people in Seeta. Key informants consistently highlighted alcohol as the accessible and widely consumed substance often in the form of locally brewed drinks as well as commercially available alcoholic beverages.

They also mentioned miraa among young men as a stimulant used to stay awake enhance socialization or cope with stress

Other substances though frequently mentioned included cigarettes and marijuana.
Access to Substances

The study found that young people access these substances through the following channels: Local bars and shops that sell alcohol at relatively low prices

Informal vendors within communities

Peer networks, where friends share or introduce substances

Weak enforcement of age restrictions on alcohol sales

The availability and affordability of alcohol and miraa were identified as key drivers of substance use.

Effects of Substance Use on Mental Wellbeing

Emotional Effects

Respondents reported that substance use initially creates feelings of pleasure, relaxation and escape from stress. However prolonged use was associated with emotional outcomes such as sadness, irritability and mood swings.

Many people linked substance abuse to increased levels of depression especially when young people become dependent and face economic challenges.

Substance abuse and depression are closely linked.

Substance use affects wellbeing

Behavioral Effects

Substance use impairs thinking and decision-making among young people. Key people noted that users often exhibit judgment, reduced concentration and lack of motivation. In some cases, substance abuse led to behaviors, including violence, unsafe sexual practices and school dropout. Mental Health Outcomes

A strong relationship between substance abuse and depression emerged from the data. People observed that Substance use can worsen existing health issues dependency increases feelings of hopelessness and low self-worth, social isolation and stigma further contribute to symptoms.

4.3 Protective Factors against Substance Abuse

Family Support

Strong family relationships were identified as a protective factor. Young people who receive guidance, supervision and emotional support from parents or guardians are less likely to engage in substance abuse.

Engagement in Productive Activities.

Participation in school, vocational training, sports and religious activities was reported to reduce the likelihood of substance use. These activities keep people occupied and provide a sense of purpose.

Productive activities help prevent substance abuse

Role of Positive Peers in Preventing Substance Abuse

Positive peer associations have been identified as contributing factors in avoiding substance abuse. Youth with positive peers around them are less likely to indulge in

activities that put their well-being at risk. Positive peers deter substance abuse. Role of Information in Avoiding Substance Abuse information on the hazards associated with substance abuse is another important consideration. Young individuals who understand the negative impacts of substance abuse are less likely to use substances. Awareness prevents substance abuse.

Potential Solutions for Substance Abuse and Depression-regulatory Framework

The key stakeholders advised on the need to enforce the rules regulating alcohol sales, especially those targeting underage individuals. Interventions Based on the Community Approach. Community sensitization campaigns have been suggested as an important method of increasing awareness of the dangers associated with substance abuse, which can lead to depression. Community leaders and organizations might contribute to raising awareness among citizens and their parents Community interventions work.

Youth Empowerment Programme

It was decided that generating employment, training, and income-generating activities would be a necessary step. By economic empowerment, young people will be less idle and financially distressed, and hence less likely to abuse substances.

Mental Health Programme.

This could be achieved by Enhancing access to counseling and mental health care services is vital. Creating youth counseling centers, including counseling within the school curricula, could help deal with both problems at once. Mental health interventions work.

Encouragement of Healthy Activities.

It was recommended that participation in sporting activities, religious events, and community organizations be encouraged among youths. The results show that alcohol and miraa are the substances mainly abused by youths in Seeta because of the

accessibility and affordability of the two and this corresponds to trends noticed in comparable contexts where there is low regulation of drug abuse and an active underground economy in terms of drug supply.

The research further shows that there is a correlation between substance abuse and depression. Although drugs can temporarily help someone alleviate stress, continuous drug abuse leads to deterioration in health status, especially emotional health and depression and Protective factors include family support, education, and involvement in activities.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the major findings of the research study in relation to the research objectives. The chapter further provides comparison between the findings and established theories and empirical studies on the topic of drug use, depression among young adults, and interventions by communities. The chapter also gives conclusions made from the findings of this research study, recommendations, and future research direction.

5.2 Discussion of Findings

5.2.1 Prevalence and Patterns of Substance Abuse

According to the results of the survey, a very high percentage of respondents (91.3%) admitted to using substances, suggesting that there is a significant problem of substance use among the youth population in Seeta, Mukono District. The substances that were used include alcohol, marijuana, cigarettes, and khat. It was established that respondents were mostly engaged in using these substances on a weekly and daily basis. The results also corroborate the assumption that substance abuse is rising among youths, especially those living in urban and semi-urban areas, where it is easier to obtain alcoholic beverages and drugs.

5.2.2 Depression among Substance Users

Depression was prevalent among substance abusers, as evidenced by 93.8% reporting its occurrence. Indicators of depression included lack of motivation, hopelessness, insomnia, fatigue, inability to focus, and suicidal ideation in certain instances. This implies that substance abuse plays a pivotal role in inducing and perpetuating psychological disorders, hence fostering a cycle of depression and substance abuse.

5.2.3 Protective Factors and Community-Based Strategies

(a) Family Dynamics

However, the findings indicate that most of the participants had problems in family relationship, emotional support, and family conflicts. In addition, it was found that 68.8% of the participants felt that family problems affect their substance abuse behavior. These results were supported by the theories of family systems because dysfunctional family settings make youths susceptible to engage in harmful activities. It is evident from the research findings that strong family ties provide protective effects, but poor communication and frequent family conflicts expose youths to substance abuse and depression

(b) Community-Based intervention

It was observed that the community intervention strategies were less effective because of low community involvement and lack of awareness regarding the problems. It was observed that only 43.8% were aware of the programs while about 37.5% took part in community programs. Community support for the treatment of depression was also inconsistent in nature.

5.3 Relation of Findings to Study

Assumptions

The study hypothesized that substance abuse is common among the youth and substantially causes depression. Additionally, it was also expected that family and community environments substantially shape the behavior.

The results completely verify the hypotheses, as follows: Common practice of substance abuse among youths in Seeta The strong correlation between substance abuse and depression Family dysfunction as a factor promoting substance abuse Poor community interventions and weak support systems hence, the research hypotheses have been validated by empirical evidence.

5.4 Conclusions

Based on the information gathered from above, it can be concluded that:

The prevalence of substance abuse is high among the youth population in Seeta, Mukono District, particularly the use of alcohol.

Substance abuse is linked with depression, and a number of youths that engage in substance abuse have mental disorders.

Poor family functioning, emotional neglect, and family quarrels increase the likelihood of youths engaging in substance abuse and having depression.

There are community-based initiatives, but these are not effectively used, nor are they known. They are also considered moderately successful.

5.5 Recommendations

Based on the findings above, the following recommendations can be forwarded in order to address the research problem. Improving family systems.

Families and parents need to be enlightened about the need for emotional support and effective conflict management in order to protect the young ones from falling into substance abuse. Mental health campaigns.

It is recommended that the government and NGOs carry out campaigns about substance abuse and depression among youths in schools and communities. Enhancing community interventions. There is need to improve community-based interventions by expanding them to all youths, even those living in slums.

Guidance and counseling services. Schools need to develop their guidance and counseling sections to help identify and assist at-risk youths.

Sports and skills programs for youths. There is need for community-based youth programs like sports and skills training in order to keep them busy.

5.6 Limitations of the Study

Some of the limitations of the study include

Respondents refused to give some vital information about their substance abuse and mental state

Geographical area restriction the study covered only one geographical location; Seeta in Mukono district

Suggestions for Further Research

Some of the future research questions to be considered are as follows

The effect of substance abuse disorder on the psychological well-being of the teenagers

The effectiveness of specific intervention programs designed to reduce substance abuse disorder.

The involvement of schools in treating substance abuse disorder and depression.

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QUESTIONNAIRE

Study Topic: The Impact of Substance Abuse on Depression among Youths in Seeta, Mukono District

Instructions: Please answer the following questions honestly. Your responses will be kept confidential and used only for academic purposes. Tick (✓) the appropriate answer or write where necessary.

Section A: Demographic Information

1. Age: ☐ 15-18 ☐ 19-22 ☐ 23-25 ☐ Above 25

2. Gender: ☐ Male ☐ Female

3. Education Level: ☐ Primary ☐ Secondary ☐ Tertiary ☐ Not in school
4. Employment Status: ☐ Student ☐ Employed ☐ Unemployed
5. Marital Status:
☐ Single ☐ Married ☐ Other

Section B: Substance Use Patterns

6. Have you ever used any of the following substances? (Tick all that apply)

- ☐ Alcohol
- ☐ Cigarettes
- ☐ Marijuana (Weed)
- ☐ Khat (Miraa)
- ☐ Prescription drugs without prescription
- ☐ Other (Specify): _____

7. At what age did you first use any substance?

- ☐ Below 15 ☐ 15-18 ☐ 19-22 ☐ Above 22

8. How often do you use substances?

- ☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely

9. Where do you mostly use substances?

- ☐ Bars ☐ Friends' homes ☐ Parties ☐ Streets ☐ Other: _____

10. What are the main reasons for using substances?

- ☐ Peer pressure ☐ Stress relief ☐ Curiosity ☐ Family influence ☐ Unemployment ☐ Other: _____

Section C: Depression Assessment

Indicate how often you experienced the following in the last two weeks.

11. I feel sad or hopeless: ☐ Not at all ☐ Several days ☐ More than half the days
☐ Nearly every day
12. I have little interest or pleasure in doing things: ☐ Not at all ☐ Several days
☐ More than half the days ☐ Nearly every day
13. I feel tired or have little energy: ☐ Not at all ☐ Several days ☐ More than half the days
☐ Nearly every day

14. I have trouble sleeping: ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
15. I have difficulty concentrating: ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
16. I feel worthless or guilty: ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
17. I feel anxious or restless: ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
18. I have thoughts of harming myself: ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Section D: Relationship Between Substance Use and Depression

19. Substance use helps me cope with stress: ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
20. I feel more depressed after using substances: ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
21. I use substances when I feel sad or lonely: ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
22. My mood worsens when I stop using substances: ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
23. Substance use has affected my relationships: ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
24. Substance use affects my school or work performance: ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Section E: Protective Factors and Community Strategies

25. What helps young people avoid substance abuse?
- ☐ Family support ☐ Religious guidance ☐ School programs ☐ Sports and recreation ☐ Counseling services
26. Are there youth programs in your community that address substance abuse?

☐ Yes ☐ No

27. Which interventions would help reduce substance abuse among youths?

services ☐ Parental guidance programs ☐ Rehabilitation centers ☐ Awareness campaigns ☐ Youth employment opportunities ☐ Counseling



UGANDA CHRISTIAN UNIVERSITY

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19th March, 2026

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you OCHOKO Faustine Registration number S23B15/051, a student of Uganda Christian University, pursuing Bachelor's degree in Social Work and Administration. He is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above-mentioned award.

Topic: "The impact of substance abuse on depression among youths in Seeta, Mukono District"

The purpose of this communication is to request your office to allow him collect data from your organization. Any assistance rendered to him will be highly appreciated.

Yours faithfully



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