

Stress, Depression and Coping Mechanisms among Prisoners in Uganda

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A Research Dissertation submitted to the school of Psychology in partial fulfilment for the  
Award of a Bachelor of Community Psychology of Makerere University

December, 2022

### Declaration

We, the undersigned declare that this dissertation is our original work and it has not been submitted for any award of a degree and not published at any institution of higher learning.

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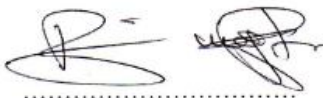
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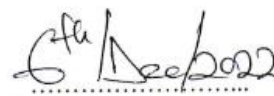
## Approval

I declare that this dissertation has been done by Kaganzi Patrick and Kakande Tom under my supervision and has been submitted to the College of Humanities and Social Sciences, School of Psychology with my approval.



Mr. Birungi Peter

Supervisor



Date

### **Acknowledgement**

We would like to convey our gratitude to our supervisor, Mr. Birungi Peter for the insightful engagements during proposal writing, data collection, analysis and final presentation of the dissertation.

Furthermore, we would like to thank Mr. Lukwago Ambrose for the intellectual guidance and commitment towards the success of this research study.

Lastly we would like to thank the Ag. CP Anatoli Biryomumaisho of Uganda Prisons Service for the support rendered to enable commencement of the survey exercise at Kitalya Min-Max Prison.

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### **List of Acronyms**

BDI:	Beck Depression Inventory
CA:	Cognitive Appraisal
COPE:	Coping Orientation Problem Experienced Inventory
MDD:	Major Depressive Disorder
WHO:	World Health Organization

## **Abstract**

The purpose of the study was to ascertain whether there is a significant relationship between stress, depression and coping mechanisms among prisoners in Kitalya Min-Max security prison. The study further sought to ascertain the type of correlation, if any, between stress, depression and coping mechanisms. Three major theories guided the study namely; Cognitive appraisal theory of stress, Learned helplessness theory of depression and, Lazarus and Folkman theory of coping. In this study, a correlational research design was used in analyzing, interpreting and presenting the information. The study focused on three main variables namely stress, depression and coping mechanisms. A quantitative data collection method was used together with convenience sampling technique. The SPSS software (version 22.0) was used for data analysis and inter variable testing. In terms of data presentation, figures and tables were used extensively. The study sought to establish whether there is a significant relationship between stress and depression. The results indicated that there is significant correlation between stress and depression. To this end, it was deduced that high levels of stress symptoms among the prisoners corresponds to high levels of depressive symptoms. The study also sought to find out whether there is significant correlation between stress and coping mechanism. The results indicated that there is positive significant correlation between stress and coping mechanism. The aforementioned findings suggest that while there may be an increase in one variable such as stress, there is another increase in the other variable (coping mechanisms). Lastly, the study aimed to establish whether there is significant correlation between depression and coping mechanism. The findings revealed that there was a significant positive correlation between depression and coping mechanism. The study concludes that there is a significant relationship between all three variables namely; stress, depression and coping mechanism, among prisoners in Uganda. However, the study acknowledges that there are instances where depression can occur in the absence of stress owing to genetic predispositions and early childhood experiences among different individuals.

## **Chapter One**

### **Introduction**

This chapter gives a brief background of stress and depression in the prison environment and the coping mechanisms available to the inmates. The chapter further describes the major variables and mentions any causal or incidental relationships between them. In addition, the chapter explains the problem statement, and describes the objectives, scope and significance of the study. The final part of the chapter discusses the conceptual framework where the relationship between variables is symbolized in form of a meaningful diagram.

### **Background of the Study**

The World Health Organization (W.H.O) defines mental health as a state of well-being where an individual's own abilities are realized and he or she is able to cope with stresses of work and be productive. On the contrary, mental health disorders are characterized by disturbance in an individual's cognition, emotional regulation or behavior resulting in impairment of normal functioning (Hemming, 2018).

According to McDonald (2018), social and environmental conditions can be a catalyst for psychological distress. Similarly, Matthew (2014) argues that correctional facilities the world over, can trigger mental health challenges such as stress and depression owing to isolation from family, mobility restrictions, poor sanitation and limited access to medical treatment and care.

Stress and Depression are the most prevalent mental disorders among prisoners, and together they form the second leading cause of disability worldwide, (Fazel et al., 2016). In the United States of America, more than 1.5 million inmates suffer mild to serious depressive symptoms each year, (Federal Bureau of Justice, 2017). According to Lovett et al., (2019), the prevalence rate of depressive disorders among inmates in sub-Saharan Africa is between 66% and 87%. The authors

cite various dehumanizing conditions in most prison facilities as the major cause of psychological distress. The aforementioned, is in line with the findings from a cross-sectional study among 414 inmates in Mbarara municipality which revealed that 354 prison inmates (86%) met the criteria for a depressive disorder, (Forry et al., 2019).

In view of high prevalence of stress and depressive symptoms among prisoners, various coping mechanisms have been adopted by inmates to alleviate psychological distress. The most common coping mechanisms among prisoners in Uganda includes; faith based worship, withdrawal and isolation, verbal aggression, vocational training and adult education, (Ssanyu 2014). However, the number of coping mechanisms used by prisoners does not always reflect in the levels of stress and depression (Cooper and Livingston 2007). In this regard, some coping mechanisms may not have significant impact on individual stress and depression while others may even increase psychological distress among prisoners (Ssanyu 2014).

The prison environment, prisoner-behavior and issues of adaptation can present major issues with regard to the psychological well-being of prisoners. Despite the general view that prisons are purposed to be punitive correctional facilities, there is some consensus that imprisonment should not be damaging to the individual (Busko and Kulenovic 1995). The study was thus significant in determining the association between stress, depression and coping mechanisms among prisoners in Uganda.

### **Problem Statement**

Prisoners in Uganda are susceptible to stress and depression owing to difficult prison conditions characterized by poor sanitation, overcrowding, limited access to psychosocial and psychiatric care, hard labour and insufficient food (Ssanyu 2014). The criminal justice sector like many other sectors, is affected by budgetary constraints and hence the Government is not able to

significantly improve the living conditions of prisoners, (Forry et al., 2019). There is evidence to suggest that prison conditions can serve to exacerbate emotional difficulties and impede the development of positive coping skills. For instance, overcrowding can cause increased levels of stress due to lack of privacy and inadequate sleep (Timothy and Clay-warner 2018). Chronic stress can lead to depression, which may trigger inadequate coping mechanisms among prisoners (Hemming 2018).

### **The Purpose of the Study**

The purpose of the study was to establish the relationship between stress, depression and coping mechanisms among prisoners in Kitalya Min-Max security prison.

#### Objectives of the Study

- I.** To find out whether there is a relationship between stress and depression among prisoners.
- II.** To find out whether stress and coping mechanisms are significantly related.
- III.** To establish whether depression and coping mechanisms are significantly related.

### **Scope of the Study**

The scope of the study describes the limitations of the study in terms of geographical scope, contextual scope and time scope.

#### **Geographical Scope**

The study was conducted at Kitalya Min-Max security prison located in Wakiso District, Busiro County in the Village of Kitalya. It is approximately 54 kilometers northwest of the central business district of Kampala.

#### **Contextual Scope**

The study focused on three variables namely; Stress, Depression and Coping Mechanisms. Stress will be assessed from the prison perspective where inmates express their inability to

formulate rational decisions and get through normal daily responsibilities due to mental distress. Stress shall be assessed using psychological questionnaires to ascertain the levels of stress. Depression which is characterized by feelings of sadness, apathy, hopelessness and low moods among others, will be measured using the Beck Depression Inventory (BDI). In terms of coping mechanisms, focus will be on any number of activities that helps prisoners cope with stress and depression during incarceration.

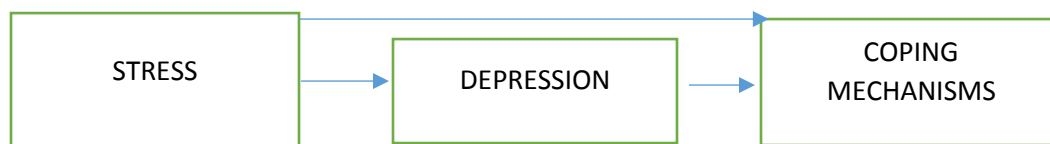
### **Time Scope**

The data collection exercise commenced on 29<sup>th</sup> September 2022 and ended on 30<sup>th</sup> October 2022. Thereafter, a period of 12 days was used for data analysis, interpretation, corrections, and drafting the dissertation for review by the supervisor.

### **Significance of the Study**

The study created awareness about the prevalence of stress and depression among prisoners owing to inhuman living conditions in the prison facility. The study also established a causal and non-causal associations between stress, depression and coping mechanisms among prisoners. Finally, the study underlined the significance of psychosocial interventions towards alleviation of mental disorders among prisoners and how it has been achieved with limited resources.

## Conceptual Framework



**Figure 1: Conceptual framework showing the relationship between depression, stress and coping mechanisms.**

The conceptual framework shows the correlation between stress, depression and coping mechanisms. The horizontal arrows in Figure 1 above, depicts how stress can lead to depression and subsequently determine the coping mechanisms used the inmate. When an inmate experiences prolonged stress due to unfavourable living conditions in prison such as; overcrowding, isolation, inadequate food and water; he or she may develop feelings of hopelessness and helplessness and hence leading to depression. This will in turn determine the type of Coping mechanisms to be used by the inmate. The illustration in Figure 1 also suggests that stress, in the absence of depression, is distinctive, and hence it can cause a different set of coping mechanism to be used by an inmate.



## **Chapter Two**

### **Literature Review**

#### **Introduction**

This Chapter presents the literature review related to the study. It is segmented into 2 broad categories namely; theoretical review and review of related literature. The theoretical review relates to the underlying theories that explain Stress, Depression and Coping mechanisms among prisoners Uganda. Similarly, the review of related literature shall be based on similar studies by other scholars and researchers in regard to stress, depression and coping mechanisms.

#### **Theoretical Review**

##### **Cognitive Appraisal Theory of Stress**

The theory of Cognitive Appraisal (CA) was developed by Lazarus and Folkman in 1984 to explain the mental processes associated with stress (Scherer, 2009). The CA theory suggests that stress is a two-way process which involves the production of stressors by the environment and the response of an individual who bears these stressors. To this end, the theory lays down two distinct forms of cognitive appraisal namely; Primary appraisal and Secondary appraisal (Lazarus and Folkman 1984). During the primary appraisal, an event is interpreted as a threat to the individual's personal safety or wellbeing, whereas during the secondary appraisal, the individual evaluates their ability or resources to cope with the specific threat.

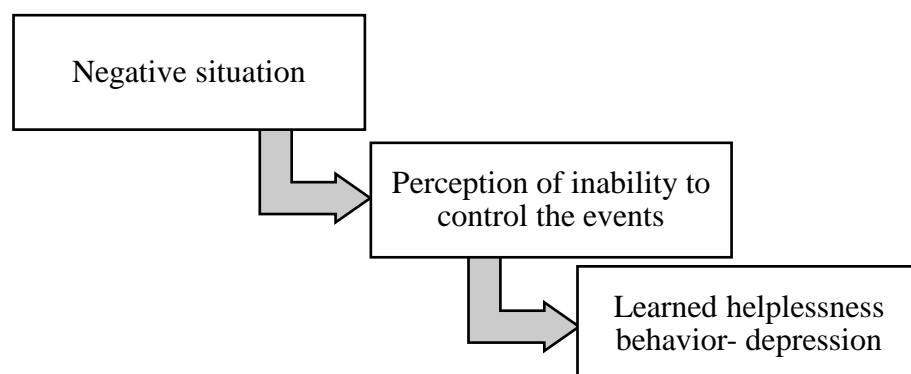
Prison facilities present a challenging environment to inmates thereby posing a threat to personal wellbeing (Armour 2012). In this regard, inmates will likely engage in an appraisal process to ascertain the magnitude of the threat and their ability to cope with it. Shulman (2011) argues that prisoners are prone to mental health problems such as acute stress reaction and

adjustment disorders owing to their perceived inability to cope with the challenges of incarceration.

The theory of Cognitive Appraisal assumes that stress is only triggered through primary and secondary appraisals and yet there is evidence to suggest that stress can result from sudden disaster such as a motor accident or an earthquake (Hemming 2018).

### **Learned Helplessness Theory of Depression**

The theory of Learned Helplessness was proposed by Seligman and Maier in 1967 (Cherry 2017). It suggests that depression occurs when an individual is conditioned to believe that they have no control and cannot escape from their perceived pain, suffering or discomfort (Cherry 2017). The theory is premised on the notion that feelings of hopelessness are learned behaviors, conditioned through experiences in which the subject perceives that they have no control over their circumstances. The theory further suggests that depression is primarily characterized by feelings of helplessness and worthlessness.



#### **Figure 2: Graphic overview of Learned Helplessness Theory:**

In the figure 2 above, the negative situation relates to unfavourable conditions experienced by an individual. The same is perceived as exceedingly overwhelming and hence the individual assumes that he or she cannot control the outcome of events. As such, the individual develops a defeatist attitude which can be likened to learned helplessness.

This theory is important to this study because prisoners are known to experience depressive disorders owing to a perceived negative self-concept due to incarceration (Thomas 2020). It has been further observed that prisoners are more likely to lose confidence in themselves and develop feelings of hopelessness owing to the common perception that they are trapped behind the prison gates indefinitely (Thomas 2020).

However, the Learned Helplessness Theory of Depression does not take into account the complex neurological and genetic factors that can predispose an individual to depression.

### **Lazarus and Folkman Theory of Coping**

The Lazarus and Folkman theory of Coping was proposed by Lazarus and Folkman in 1984 to explain the mechanisms that people use to manage specific external and internal stressors or demands (Scherer 2009). The theory distinguishes two basic coping categories namely; problem-focused coping and emotion-focused coping. The aforementioned categories depict individual efforts aimed at managing distressing factors and regulating emotional responses to the problem (Lazarus and Folkman 1984, p. 150). The theory further classified 8 emotional functions that people use as coping mechanisms. These include; self-control, confrontation, social support, emotional distancing, escape and avoidance, radical acceptance, positive reappraisal and strategic problem-solving.

Harreveld and Claassen (2007) argue that prison life which is often characterized by the deprivation of personal space and privacy, causes distress among prisoners who become physically and verbally aggressive as a way of coping. The aforementioned behaviors amount to “confrontation” which according to the Lazarus and Folkman theory, is an emotion focused coping strategy. Similarly, Chahal et al., (2016) state that emotional distancing is a common coping

strategy among prisoners in India's Rohtak Prison which serves to limit the effects of emotional distress.

However, the Lazarus and Folkman Theory of coping assumes a uniform a behavioral pattern adopted by all individuals faced with a negative situation and yet there are individual specific behaviors whose use depends on various factors. For instance, an inmate can resort to physical confrontation or avoidance, not as a stress coping strategy, but as a survival mechanism in response to external threats of harm.

## **Review of Related Literature**

### **Stress**

According to Hemming (2018), the term stress was coined by Hans Selye in 1936 to mean the non-specific response of the body to any demand for change. In this regard, the "non-specific responses" mean that the distressed individual acts broadly against a range of stimuli so as to adopt to change. Hemming (2018) Further notes that Stress can be positive or negative. The former occurs by enabling a person to keep alert, acquire a heightened sense of danger and stay motivated. On the other hand, when stressors overwhelm an individual without relief, they create negative consequences. The author argues that a prison setting which is often associated with "undesirable change" can trigger negative thoughts and emotions in many individuals. This may occur especially when a person perceives that he or she is not able to mobilize personal and social resources to cope with the physical, mental or emotional strain caused by incarceration. Hemmings (2018) further alludes to the findings of the famous "Stanford Prison Experiment" which was intended to examine the effects of situational variables on the participants' reactions and behavior. The experiment demonstrated that the simulated prison situation, rather than individual personality traits, altered the participants' behavior and emotions. The "prisoners" took their extreme

suffering, submissively and experienced acute stress and anxiety. In view of the above, it is extremely probable that stress can be triggered by the restrictions of a prison environment irrespective of individual traits and personality. Nevertheless, the author disregards the fact that a significant number of prisoners may not experience negative stress despite extreme “unfavorable change”. Moreover, not all prisoners experience the same level of stress. This lends credence to the notion that individual experiences, personality and behavioral attitudes play a significant role in mitigating stress.

In a study on mental morbidity among women in Bangalore’s central prison, Suresh et al., (2011) established that overcrowding, dirty environment, poor food, inadequate health care and physical or verbal aggression contributed to high levels of mental stress among the prisoners. According to MacDonald (2018), overcrowded prisons can lead to aggressive and violent behaviors due to the lack of personal space hence resulting in stress. MacDonald (2018) further argues that unsanitary conditions are a direct consequence of overcrowding owing to high demand and inadequate supply of clean water, toilet facilities and beddings. According to Dawson (2021) poor food in prisons is a leading cause of psychological distress because the meals are served in small insufficient portions, and high in salt or refined carbohydrates and low in essential nutrients. The author concludes that such poor food sends a clear message to the prisoners that they do not matter.

The findings of Suresh et al., (2011) are in line with the situation in Uganda where Forry (2019) found that the prison conditions are generally poor, characterized by overcrowding, insufficient food and water, and unhygienic prison dwellings. On the flip side, the study by Suresh et al., (2011) does not take into account the general living conditions of an average Indian in Bangalore. Many homesteads are overcrowded and lack clean water, food and proper hygiene.

Therefore, the prison's inability to provide the aforementioned amenities cannot be the sole cause of psychological distress.

In a study by Nurse et al., (2003), it was established that long periods of isolation and lack of mental stimulation resulted in psychological distress as the inmates experienced intense anger, frustration and anxiety. Isolation as a major stressor was mainly precipitated by the inmates' inability to maintain contact with their families and social networks. In terms of mental stimulation, the inmates lacked access to Television and Books to help channel their thoughts away from the feelings of loneliness and despair.

The aspect of "isolation and mental stimulation" as noted in Nurse et al., (2003) are synonymous with the findings of Obedgiu (2021), which highlighted the existence of intense restrictions between prisoners and their families, in Uganda. Obedgiu (2021) further notes that there are no facilities to enhance mental stimulation such as libraries, Television and games. In this regard, the findings of Nurse et al., (2003) can be applicable to the prison environment in Uganda. However, the low level of social-economic development in Uganda means that a significant percentage of the population lacks access to Television and reading materials. Therefore, the absence of the such amenities in Ugandan prisons may not be a major contributor to stress among prisoners.

### **Depression**

In a study to ascertain the prevalence of depression among prisoners in Ethiopia's Hawassa central prison, Bedaso et al., (2018) found that 56.4% of the study participants had a major depressive disorder (MDD). In this regard, MDD as known as depression, was expressed by at least two weeks of low moods, low self-esteem, feelings of hopelessness, feeling guilt ridden and intolerant of others. The sample size of the study was 335 out of a total population of 1640

convicted prisoners. From the study, 12.8% of the prisoners (participants) had family history of psychiatric illness and 5.1% were cardiac patients. Furthermore, 14.3% of the study participants had a history of drug abuse. It was established that prisoners who had chronic disease were three times prone to develop depression owing to the stresses related to the disease. The study also revealed that prisoners who were engaged in social and behavioral enrichment activities such as income generating tasks, were 47% less likely to develop depression. Another significant finding was that prisoners who had a history of substance abuse were two times more likely to develop depression than those who did not indulge in substance use. The study suggests that depression among prisoners is caused by multiple factors some of which are specific to the individual such as inherent psychiatric illness and cardiovascular ailments.

In Uganda, many prisoners are known to suffer from a range of illnesses before and during incarceration (Bainomugisha 2021). In a study to ascertain the cause of mental disorders in Murchison Bay Prison, it was established that 5.6% of the inmates suffered from HIV related psychosis (Bainomugisha 2021). Furthermore, 6.1% were found to have a history of Schizophrenia. This is indicative that prisoners in Uganda are burdened by many other factors which may contribute to depression. However, the study by Bedaso et al., (2018) did not include healthcare interventions and coping strategies as a variable and hence the findings may not be widely applicable.

### **Coping Mechanisms among Prisoners**

According to Scherer (2009), coping is a process where an individual seeks to change his or her cognitive and behavioral efforts in order to manage certain specific demands that are perceived to present extraordinary challenges. In this regard, Backett (1987) posits that coping involves using mental energy aimed at reducing stress. However, the author points out that coping

strategies can be positive or negative depending on whether they decrease or increase psychological distress.

According to Cooper and Livingstone (2007), there exists a range of commonly used coping mechanisms among prisoners to manage the distressing effects of the prison environment. These include; anger and aggression, denial, emotional control, social support, disengagement and radical acceptance. Partyka (2001) argues that prisoners often determine the type of coping mechanism to use based on their appraisal of their specific stressors. In a study to establish stress and coping styles of female prison inmates in Ohio, the author noted that a small minority reported the use of more planning strategies involving social support and positive reinterpretation while the majority of inmates reported the use of more behavioral disengagement and denial.

According to Ssanyu (2014) Prisoners in Uganda need to cope with overcrowding, hard labor, prolonged detention and boredom. The author notes that social support mechanisms are the most prevalent coping mechanisms practiced by prisoners in Uganda. These include; faith based interventions, vocational training, adult formal education, and Psychosocial support. However, the author observes that approaches to psychosocial support in Ugandan prisons are ad hoc, inconsistent and shallow.

### **Relationship between Stress and Depression**

According to Van Praag (2004), the emotional strain or tension resulting from chronic stressful circumstances such as bereavement, unemployment or loneliness can cause brain disturbances thought to underlie certain forms of depression. The author notes that the body's nervous system has a built-in response to help face stressful situations. However, when a person experiences long-term stress, the continued activation of the stress response causes "wear and tear" leading to physical, emotional and behavior symptoms.



However, Hemmings (2018) observes that depression can be linked to internal causes such as personality traits, childhood experiences, family history and long term health problems. Baum (2017) notes that personality traits such as neuroticism and pessimism can trigger major depressive disorder. Furthermore, childhood experiences characterized by trauma and feelings of helplessness can cause depressive episodes in adulthood (Scherer 2009). Hemming (2018) explains that long term health problems such as diabetes, asthma, heart, lung and kidney disease can cause mild, moderate or severe depression to individual sufferers.

### **Relationship between Stress and Coping Mechanisms**

According to Baqutayan (2015), the demands of modern living creates various stressors and as such, most people will suffer distress while they negotiate periods of transition, trauma and other life threatening challenges. The author further notes that the type of stressors in existence, will ultimately determine the coping mechanism to be used by the affected individual. On the same token, Harreveld and Claassen (2007) observe that incarceration, which is normally characterized by the deprivation of personal space and privacy causes distress among prisoners who often become physically and verbally aggressive as a way of coping.

According to Scherer (2009), there is a reciprocal relation between life stress and coping. The author argues that when coping is inadequate, the individual will experience more stress in both frequency and degree than when coping is effective. Furthermore, multiple coping mechanisms may be used almost simultaneously during the same stressful crisis where each one deals with different threats (Scherer 2009). However, Baqutayan (2015) observes that in instances where the individual is an effective copier, he or she may take on more demanding tasks which could cause additional stress. In such circumstances, there is failure of coping because the individual is not able to manage his own personal limitations.

## **Relationship between Depression and Coping Mechanisms**

According to Ireland et al., (2005) different types of coping mechanisms can provide predictors for increased or decreased psychological distress including severe depression. In a study to explore the role of coping styles among young offenders, the authors established that, young offenders who used emotional, avoidant and detached coping styles reported increased depression. On the other hand, rational coping mechanisms were found to predict decreased depression. In a study to explore the relationship between coping and psychological distress among male prisoners, Brown et al., (2006) established that depression was associated with maladaptive personality traits and maladaptive coping. In this regard, maladaptive coping was seen to mediate the relationship between asocial and dramatic personality, and depressive disorder.

## **Research Questions and Hypothesis**

The following research questions have been developed;

- I. What is the relationship between stress and depression?
- II. What is the relationship between stress and coping mechanisms?
- III. What is the relationship between depression and coping mechanisms?

The following hypotheses have been formulated;

H01: There is no significant relationship between stress and depression.

H02: There is no significant relationship between stress and coping mechanisms.

H03: There is no significant relationship between depression and coping mechanisms.

## **Chapter Three**

### **Methodology**

#### **Introduction**

This chapter covers the research design, target population, sample size, sampling procedure, data collection method, data collection instruments, validity and reliability, data collection procedure, data analysis, ethical considerations.

#### **Study Design**

In this study, the quantitative research design was adopted because it offers the most convenient way to test and understand relationships between the study variables, (Bryman 2012).

The study used Cross-sectional approach since the data collected was representative of a larger population (Sekaran 2009).

The study also incorporated a correlational research design because correlational design allows the researcher to measure variables and describe relationships between them Saunders et al., (2009)

#### **Sample Design and Sample Selection**

This study focused on male prisoners who were serving their sentences at Kitalya Mini-Max Prison. The Prison which houses more than 1460 inmates, is the largest in the country (Bagala 2020). The large number of prisoners provided a more differentiated pool of subjects for the study. They offered a fairly balanced representation of male prisoners in the whole country (Brown et., 2006).

The sample size of this study is 314 as determined by Slovene's formula.

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

Where N =Target Population; n =Sample Size; a =Level of Significance at 0.05

$$n = \frac{1460}{1 + 1460(0.05)}^2$$

$$n = \frac{1460}{4.65}$$

$$n = 314$$

In the study, convenience sampling was used to select 314 inmates. It is a non-probability sampling method where subjects are selected for inclusion because they are the easiest to access (Taherdoost, (2016). It was the most appropriate sampling method because it was cost effective and it also allowed the researcher to collect data quickly from the readily available sample. Furthermore, owing to prison regulations, an accurate sampling frame was not possible. In this regard, non-probability sampling methods are more applicable than probability sampling methods which are based on statistical theory to randomly select the participants (Taherdoost, 2016).

### **Research Instruments**

The study used the Perceived Stress Scales which is a 10-question multiple choice stress assessment instrument developed by Sheldon Cohen in 1983 (Busselmann et al., 2021). Furthermore, the Beck Depression Inventory created by Aaron Beck in 1961 was adopted for assessing depression. It is a 21-question multiple-choice self-report inventory for measuring the severity of depression (Kovacs, 1992). The study also involved the use of Coping Orientation Problem Experienced Inventory (COPE) which is a 28-question multiple choice self-report questionnaire developed by Carver in 1997 (Poulus et al., 2020). It was designed to measure effective and ineffective ways to cope with stressful life.

## **Procedure**

An introduction letter was obtained from the research supervisor at the School of Psychology- Makerere University. This letter was addressed to Uganda Prisons Service seeking permission to conduct the study at Kitalya Prison. Upon acceptance, the students visited the prison and scheduled an introduction and orientation session with the inmates. They were briefed about the purpose and scope of the study. The respondents were also guided on how to fill the questionnaires and the importance of honesty and truthfulness in answering the questions therein.

Furthermore, the students briefed the Officer-in-charge about the sampling method known as, “convenience sampling technique”. Thereafter, 314 Questionnaires were availed to willing inmates on first come, first serve basis. They were also requested to sign the consent page and given up to 15 minutes to fill in the questionnaire. Upon completion, the questionnaires were checked to ensure that no errors occurred and that all items were answered correctly

## **Data Analysis**

The questionnaires were retrieved, coded and entered using SPSS (version 22.0) software for inter-variable testing. Data errors were corrected to ensure accuracy and consistency. After data processing, an analysis report was extracted and interpreted. Furthermore, Inferential statistics such as Pearson Correlation Coefficient and Regression analysis were used to determine the relationship between the variables. The null hypothesis was tested using the level of significance ( $p \leq 0.05$ ); In the event that the p-value was to be 0.05, then that would be considered significant.

## **Ethical Considerations**

According to Bryman, (2012) ethical standards are critical for collaborative work because it encourages an environment of trust and accountability, and hence promotes pursuit of knowledge

and truth. In this regard, the students obtained full consent from the participants prior to the study. They ensured adequate level of confidentiality of the research data as well as protection of the privacy of the inmates' identities. Finally, the students ensured that the questionnaires did not include discriminatory or offensive language.

## **Chapter Four**

### **Results and Findings**

#### **Introduction**

This chapter presents a detailed overview of the results and findings of the study based on the research questions from which the data was collected. The subsequent paragraphs provide general background information and demographic representations such as gender, age, length of stay in prison, marital status, level of education, number of children and religious affiliation. Furthermore, this chapter provides data on the level and prevalence of stress, depression and, the nature of coping mechanisms used by the inmates. The data is exhibited numerically and a brief interpretation of the results is given.

#### **General Information**

This section shows that all 314 respondents answered the questionnaire and the results show a summary of cumulative figures in regard to gender, age of respondents, time spent in prison and level of education. It also includes details as to the number of children each inmate purports to have and their individual religious affiliations.

#### **Gender of Respondents**

All 314 respondents were male, because Kitalya Prison is an all-male Mini-Max prison.

## Age of Respondents

**Table 1: Age of Respondents**

Age Range	Frequency Y	Percent	Valid Percent	Cumulative Percent
18-28	101	32.2	32.2	32.2
29-39	115	36.6	36.6	68.8
40-49	71	22.6	22.6	91.4
50 and above	23	7.3	7.3	98.7
Blank/Invalid	4	1.3	1.3	100
Total	314	100	100	

Table 1 above shows that 32.2% of the respondents who took part in the survey, fall in the age bracket 18 to 28 years. The study also shows that 36.6% of the respondents are within the age bracket 29 and 39 years while the more advanced age groups between 40 and 49 years, and those above 50 years have 22.6% and 7.3% representation respectively. Only 1.3% were deemed to be invalid responses. The study thus depicts that the majority of inmates who took part in the study were within the age bracket 29 to 39 years. This is probably due to the notion that the aforementioned age bracket constitutes significant numbers of people who have endured various life challenges including, but not limited to, unemployment, underemployment, family disputes, social and interpersonal conflicts (Lovett et al., 2019).



## Time Spent in Prison

**Table 2: Length of Time Spent in Prison**

Period	Frequency	Percent	Valid Percent	Cumulative percent
1month-12 months	83	26.4	26.4	26.4
1 year-5 years	155	49.4	49.4	75.8
5 years-10 years	31	9.9	9.9	85.7
10 years and above	34	10.8	10.8	96.5
Blank/Invalid	11	3.5	3.5	100
Total	314	100	100	

The results as shown in the Table 2 above indicates that 49.4% of the respondents have spent between one and five years in prison. The results further reveal that 26.4% of the respondents have spent between one month and twelve months in prison while 9.9% have spent between five and ten years in prison. Only 10.8% have spent ten years and above in prison. This results indicate that the majority of respondents (inmates) have spent between one and five years in prison and this may be explained by the nature of the crimes most commonly committed. In this regard, it can be deduced that the majority of inmates were incarcerated for felony offences which attract custodial

sentences not exceeding five years (Fazel et al., 2016). It worthy to note that a significant number of inmates (26.4%) have spent between 1 month and 12 months. This suggests that misdemeanor offences which typically carry light sentences ranging from fines to short-term imprisonment are quite common (Timothy and Clay-warner, 2018).

### Marital Status

**Table 3: Marital Status of Respondents**

Marital Status	Frequency Y	Percent	Valid Percent	Cumulative Percent
Single	69	22	22	22
Married	180	57.3	57.3	79.3
Separated	37	11.8	11.8	91.1
Divorced	16	5.1	5.1	96.2
Widowed	4	1.3	1.3	97.5
Blank/Invalid	8	2.5	2.5	100
Total	314	100	100	

The results from the findings of the study as shown in Table 3 above indicates that the majority of respondents are married and they constitute 57.3% of the total respondents. On the other hand, 22% of the respondents indicated that they are single. Furthermore, 11.8% of the respondents indicated that they are separated while 5.1% and 1.3% are divorced and widowed respectively. Only 2.5% of the responses were deemed invalid. The results in relation to the married respondents can be explained by the widely held notion that marital challenges and family

demands coupled with economic hardship can induce an individual to commit crimes such as robbery, theft, embezzlement and common assault (Cherry, 2017). However, the results also show that a significant number of inmates are single (22%). This can probably be explained by the risk taking behavior of young unmarried adults whose desire to achieve success may clog their sense of judgement (Hemmings, 2018).

### Education Level of Respondents

**Table 4: Level of Education of Respondents**

Level of Education	Frequency Y	Percent	Valid Percent	Cumulative Percent
Primary Education	39	12.4	12.4	12.4
S.1-S.4	111	35.4	35.4	47.8
S.5-S.6	72	22.9	22.9	70.7
Institute/Vocational	30	9.6	9.6	80.3
University	21	6.7	6.7	87
Post Graduate	22	7.0	7.0	94
Blank/Invalid	19	6.0	6.0	100
Total	314	100	100	

The results as indicated in Table 4 above, show that 35.4% of the respondents have attained a level of education between senior one and senior four while only 22.9% have attained the level education from senior five up to senior 6. Furthermore, 12.4% have attained primary education

and 9.6% have attained vocational training. 6.7% have attained university education while 7% have attained post graduate education. Only 6.1% of the responses were deemed invalid. The results indicate that the majority of respondents (35.4%) have accessed basic secondary school education. The trend as shown above is probably premised on the policy of free universal secondary school education which was introduced in 2006 and as such it has enabled citizens to access basic secondary school education (Bainomugisha, 2021). It is thus not surprising that a significant number of offenders have attained secondary school education.

### Number of Children of Respondents

**Table 5: Number of Children**

Number of Children	Frequency Y	Percent	Valid Percent	Cumulative Percent
None/blank	46	14.6%	14.6%	14.6%
1	52	16.6%	16.6%	31.2%
2	65	20.7%	20.7%	51.9%
3	59	18.8%	18.8%	70.7
4	42	13.4%	13.4%	84.1
5	26	8.3%	8.3%	92.4
6 and above	24	7.6%	7.6%	100
Total	314	100	100	

In Table 5 above, the results show that 20.7% of the respondents have fathered two children and 18% have fathered three children. Furthermore, 16.6% of the respondents revealed that they have only one child while 14.6% indicated they have no children. Also worthy of note, 13.4% of the respondents stated that they have four children and 8.3% stated that they have five children. Further still, 7.6% stated that they have six children and beyond. The results suggest that the majority of the respondents have fathered either two or three children and they account for 39.5% of the total respondents. This can probably be explained by the previous finding which was to the effect that the majority of respondents are young, married adults between the ages of 29 and 39. In this regard, it can be presumed that their incarceration prevented them from having more children owing to prison restrictions with respect to conjugal rights (McDonald, 2018).

### **Religious Affiliation of Respondents**

**Table 6: Religious Affiliation**

Religious Faith	Frequency Y	Percent	Valid Percent	Cumulative Percent
Protestant	95	30.3%	30.3%	30.3
Catholic	96	30.6%	30.6%	60.9
Muslim	45	14.3%	14.3%	75.2
Born Again	48	15.3%	15.3%	90.5
SDA	18	5.7%	5.7%	96.2
Others	7	2.2%	2.2%	98.4
Not filled	5	1.6%	1.6%	100
Total	314	100	100	

The results from the study as depicted in Table 6 above, indicates that the majority of inmates are either catholic or protestant and they account for 60.9% of total respondents. This can probably be explained by the national statistical data from the 2014 Census which indicated that the aforementioned religious denominations constitute more than 50% of the total population. Furthermore, 15.3% stated that they are Born again Christians while 14.3% subscribe to the Islamic faith. 5.7% of the total respondents also stated that they are Seventh Day Adventists and 2.2% indicated that they belong to other religions. Only 1.6% of the total responses declined to mention their religious affiliation.

### **Correlations between Stress, Depression and Coping Mechanisms**

The variables namely; stress, depression and coping mechanism were tested for correlation using Pearson Correlations Coefficient. In this regard, the objectives of the study were fulfilled as shown below.

#### **Objective One: The Relationship between Stress and Depression among prisoners**

**Table 7: Correlation between Stress and Depression**

		Tt_PSS	Tt_BECK
Pearson Correlation		1	.132*
Tt_PSS	Sig. (2-tailed)		.019
	N	314	314
Pearson Correlation		.132*	1
Tt_BECK	Sig. (2-tailed)	.019	
	N	314	314

\*Correlation is significant at the 0.05 level (2-tailed)

The results as shown in Table 7 above indicate stress is significantly related to depression with correlation coefficient value ( $r = + .132$ ) and a statistical significant value  $p = (.019)$ . The positive correlation value indicates that while there is an increase in one variable stress, there is a corresponding increase in the other variable depression. The level of significance ( $p = .019$ ) which is less than the standard level of significance ( $p = 0.05$ ) implies a statistical relationship between the study variable of stress and depression. We therefore reject the null hypothesis and accept the alternative hypothesis and conclude that there is a significant relationship between stress and depression.

### **Objective Two: The Relationship between Stress and Coping Mechanisms**

**Table 8: Correlation between Stress and Coping Mechanisms**

	Tt_PSS	Tt_COPE
Pearson Correlation	1	.257**
Tt_PSS Sig. (2-tailed)		.000
N	314	314
Pearson Correlation	.257**	1
Tt_COPE Sig.(2-tailed)	.000	
N	314	314

\*\* Correlation is significant at the 0.01 level (2-tailed).

The results as shown in Table 8 above indicates that stress is significantly related to coping mechanisms with correlation coefficient value ( $r = + .257$ ) and a significant value  $p = (.000)$ . The

positive correlation value indicates that while there may be an increase in one variable such as stress, there is another increase in the other variable (coping mechanisms). The level of significance ( $p=.000$ ) which is less than the standard level of significance ( $p=0.01$ ) implies a statistical relationship between the study variable of stress and coping mechanisms. We therefore reject the null hypothesis and accept the alternative hypothesis which is conclusive evidence that there is a significant relationship between stress and coping mechanism.

### **Objective Three: The relationship between Depression and Coping Mechanisms**

**Table 8: Correlation between Depression and Coping Mechanisms**

		Tt_BECK	Tt_COPE
Persons Correlation		1	.232**
Tt_BECK	Sig. (2-tailed)		.000
	N	314	314
Pearson Correlation		.232**	1
Tt_COPE	Sig. (2-tailed)	.000	
	N	314	314

\*\* Correlation is significant at the 0.01 level (2-tailed)

The results as shown in Table 9 above indicates that depression is significantly related to coping mechanisms with correlation coefficient value ( $r = + .232$ ) and a significant value  $p = (.000)$ . The positive correlation value indicates that while there may be an increase in one variable such as depression, there is a corresponding increase in the other variable (coping mechanisms). The level of significance ( $p=.000$ ) which is less than the standard level of significance ( $p=0.01$ ) implies



a statistical relationship between the study variable of depression and coping mechanisms. We therefore reject the null hypothesis and accept the alternative hypothesis which is conclusive evidence that there is a significant relationship between depression and coping mechanism.

## **Chapter Five**

### **Discussion, Conclusion and Recommendations**

#### **Introduction**

This chapter provides a brief discussion of the results and how they compare and contrast with previous related studies. Furthermore, the chapter sums up researchers' general opinion of the findings and makes conclusions to that effect. The last segment of this chapter highlights the recommendations with regard to managing stress and depression among prisoners as well as to improve their coping mechanisms.

#### **Discussion on the relationship between stress and depression**

The results of the study indicate that there is a significant relationship between stress and depression among prisoners at Kitalya Mini-max prison. This finding is in line with the assertions by Van Praag (2004), where he states that chronic stressful circumstances can cause brain disturbances thought to underlie certain forms of depression. Additionally, when a person experiences long-term stress, the continued activation of the stress responses causes "wear and tear" leading to physical manifestations including general body pains, dizziness, headache, and other emotional and behavior symptoms which can culminate into depression. It is against this background that stress can be directly linked to the depression and the results are shown in Table 7 further confirms a positive correlation between stress and depression. To this end, an increase in stress related symptoms leads to a corresponding increase in depressive symptoms.

However, it is worth noting that the findings of the study also showed that 29.9% of the respondents were above 40 years of age. According to Niccoli and Partridge (2012), the aging process elicits rapid decline in health and wellbeing for most individuals. The author further notes that cardiovascular diseases are the most prevalent ailments among people above the age of 40

years. Moreover, Hemming (2018) explains that health problems such as diabetes, asthma, heart and lung disease can cause mild, moderate or severe depression to individual sufferers. In this regard, it is logical to presume that depression can also occur independent of stress. The aforementioned notion is supported by Baum (2017) who notes that other factors other than stress such as personality traits can trigger major depressive disorders.

### **Discussion on the relationship between Stress and coping Mechanisms**

The results of the study indicate that there is a significant relationship between stress and coping mechanisms among prisoners at Kitalya maximum prison. This is in line with Baqutayan (2015), who argues that the type of stressors faced by an individual ultimately determine the coping mechanisms to be used by that individual. On the same token, Harreveld and Claassen (2007) observe that incarceration, causes distress among prisoners who often become physically and verbally aggressive as a way of coping. However, Scherer (2009) argues that there is a reciprocal relationship between stress and coping. Furthermore, when coping is inadequate, the individual experiences more stress in both frequency and degree. This dimension which is reflected in the results as shown Table 8 confirms a positive correlation between stress and coping mechanisms. The most frequently used coping mechanisms used by inmates with respect to stress were derived from the COPE questionnaire, and these include; faith based worship, denial, repression, aggression and socialization. In regard to faith based worship, a notable aspect of the results as shown in Table 6, suggests that the majority of the inmates are affiliated to at least one religious denomination. According to Ssanyu (2014), religious based interventions are one of the most prevalent coping mechanisms practiced by prisoners in Uganda. However, Ssanyu (2014) also asserts that religious based interventions have not been effective enough without adequate psychosocial support. This lends credence to the notion that when multiple coping mechanisms

are used simultaneously during the same stressful crisis, stress is managed more effectively (Scherer 2009).

### **Discussion on the relationship between Depression and Coping Mechanisms**

According to the results of the study, there is a significant relationship between depression and coping mechanisms among prisoners at Kitulya Mini-Max Prison. This aligns with the proposition that different types of coping mechanisms can provide predictors for increased or decreased depression among inmates (Ireland et al., 2005). To this end, when inmates exhibit symptoms of depression, such as; low moods, prolonged feelings of helplessness and hopelessness, social withdrawal, and lack of interest in daily activities, they devise coping mechanism tailored to mitigate the effects of these depressive symptoms. The results as shown in Table 9 further indicate that an increase in depressive symptoms leads to a corresponding increase in coping mechanisms.

The results as shown in Table 2 reveals that approximately one quarter of the total respondents have spent less than one year in prison. According to Cooper and Livingstone (2007), incidences of depression increase among new inmates in the first few months following their arrival. This appears to suggest that new inmates are more prone to using inappropriate coping mechanisms such as emotional, avoidant and detached coping styles. However, Brown et al., (2006) contends that some prisoners may be afflicted by abnormal personality traits which can result in maladaptive coping mechanisms. Therefore, it is prudent to assert that while there is a significant correlation between depression and coping mechanisms, the latter can also be influenced by other factors other than depression.

## **Conclusion**

The ultimate findings have established that there is correlation between stress, depression and coping mechanisms among prisoners at Kitalya maximum prison. Kitalya prison, like many other prisons the world over is designed to restrict inmates from enjoying certain natural rights such as; freedom of movement and association, the right to own property, conjugal rights and the right to privacy. Furthermore, the prison environment presents multiple challenges such as; overcrowding, food shortage, filthy dwellings and hostile inmates. When an individual is incarcerated in a prison facility, they are prone to suffer stress related symptoms such as; headache, muscular tension, nervousness, poor concentration, irritability and difficulty sleeping, among others. If stress is not managed well by way of appropriate coping mechanisms, the individual will suffer depressive symptoms characterized by feelings of hopelessness and helplessness, lethargy, loss of interest in normal activities, suicidal ideation, weight loss and insomnia among others. Consequently, the individual shall be compelled to devise alternative coping mechanisms to contain the aforementioned depressive symptoms. However, as already noted, some coping mechanisms are not effective and as a result, inmates who suffer prolonged stress and depression can experience long-term psychological problems. This is exacerbated by inadequate provision of psychosocial support programs in the prison.

However, although the study has established a correlation between stress, depression and coping mechanisms as explained above, there is evidence to suggest that depression can occur, independent of stress. This is premised on the fact that individual personality traits and other innate processes can predispose inmates to experience depressive symptoms even in the absence of stress related factors.

## **Recommendations**

Uganda Prisons Service should introduce modern psychosocial interventions to prisoners, in terms of counselling and psychotherapy. This should inculcate peer support and psychosocial awareness training. The aforementioned interventions shall address the problem of stress and depression among inmates as well as provide appropriate coping mechanism.

The prison authorities should strive to provide a range of extra-curricular activities to the prisoners. It was noted in the study that most prisoners in Kitalya Min-max facility are idle and redundant and as such, they are prone to negative thoughts which can trigger stress and depression.

The Government of Uganda should consider upscaling budgetary appropriation for medical services in prisons. This is because many prisoners develop stress and depression due to underlying medical conditions such as diabetes, heart disease, high blood pressure, tuberculosis and HIV/Aids.

## **Limitation of the Study**

The study was limited to male prisoners because Kitalya prison is an all-male prison facility. Furthermore, some inmates chose not to respond to certain questions in the questionnaire. This was due to unfounded fears that their identities would be exposed. Another limitation was that the study was carried out in only one prison facility and hence the findings may not cut across all the prison facilities in the country.

### **Areas for Further Research**

Prospective researchers are encouraged to research on the following areas.

- 1) The Effectiveness of the mental health laws in protecting the rights of mentally ill prisoners in Uganda.
- 2) Prisoner rehabilitation and mental health challenges in Ugandan prisons.
- 3) The impact of Coping on Mental Health of Convicted Prisoners in Uganda.

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## Appendices

### Appendix 1: Questionnaire

We are group of Makerere university Community psychology carrying out a research study on the relationships between stress, depression and coping mechanisms among inmates in kitalya mini prison. We kindly request you set aside some of your time and help us participate in this study. This research study is purely academic and as such all information collected in here will be held confidential and treated for academic purposes.

#### SECTION A: BIODATA AND DEMOGRAPHIC CHARACTERISTICS

Please tick the option that best describes you.

##### 1. Gender

a) Male -----Female-----

##### 2. Age

a) 18-28-----b) 29-39-----c) 40-49.....d) 50 and above-----

##### 3. Time spent in Prison

a) 1 month -12 months----- b)1 year – 5 years-----c) 5 years – 10 years.....  
d) 10 years and above-----

##### 4. Marital status

a) Single----- b) Married----- c) Separated.....d) Divorced.....  
e) Widowed-----

##### 5. Education

a) Not at all-----b) primary-----c) S1-S4-----d) S5-S6-----  
e) Institute/vocational-----f) University -----

##### 6. Children.

a) Non.....b) 1-----c)2.....d)3-----e)4-----f)5-----  
g) 6 and above-----

##### 7. Religion.

a) Protestant.....b) Catholic.....c) Muslim.....d) Born again .....  
e) SDA.....f) Others.....

## SECTION B: PERCEIVE STRESS SCALE (Assessing Stress)

### Instructions:

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way.

Answer each question fairly quickly; don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

For each question choose from the following alternatives: 0-Never, 1-Almost Never, 2-Sometimes, 3-Fairly Often and 4-Very often AND tick accordingly.

	Item	0- Never	1- Almost Never	2- Some- times	3-Fairly Often	4-Very Often
1	In the last month, how often have you been upset because of something that happened unexpectedly?					
2	In the last month, how often have you felt that you were unable to control the important things in your life?					
3	In the last month, how often have you felt nervous and "stressed"?					
4	In the last month, how often have you felt confident about your ability to handle your personal problems?					
5	In the last month, how often have you felt that things were going your way?					
6	In the last month, how often have you found that you could not cope with all the things that you had to do?					
7	In the last month, how often have you been able to control irritations in your life?					
8	In the last month, how often have you felt that you were on top of things?					
9	In the last month, how often have you been angered because of things that were outside of your control?					
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

**Section C: Beck's Depression Inventory (Assessing the depression levels)**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Write your corresponding response</b>
1	I do not feel sad.	I feel sad	I am sad all the time and I can't snap out of it.	I am so sad and unhappy that I can't stand it.	
2	I am not particularly discouraged about the future	I feel discouraged about the future.	I feel like I have nothing to look forward to.	I feel the future is hopeless and that things cannot improve.	
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Write your corresponding response</b>
3	I don't feel like a failure.	I feel I have failed more than the average person.	As I look back on my life, all I can see is a lot of failures.	I feel I am a complete failure as a person.	
4	I get as much satisfaction out of things I used to do.	I don't enjoy things the way I used to.	I don't get real satisfaction out of anything anymore.	I am dissatisfied or bored with everything.	
5	I don't feel particularly guilty.	I feel guilty a good part of the time.	I feel quite guilty most of the time.	I feel guilty all the time.	
6	I don't feel I am being punished.	I feel I may be punished.	I expect to be punished.	I feel I am being punished.	
7	I don't feel disappointed in myself.	I am disappointed in myself.	I am disgusted with myself.	I hate myself.	
8	I don't feel I am worse than anybody else.	I am critical of myself for my weakness or mistakes.	I blame myself all the time for my faults.	I blame myself for everything bad that happens.	
9	I don't have any thoughts of killing myself.	I have thoughts of killing myself but I would not carry them out.	I would like to kill myself.	I would kill myself if I had the chance.	
10	I don't cry any more than usual.	I cry more than I used to.	I cry all the time now.	I used to be able to cry, but now I can't cry even though I want to.	

11	I am more irritated by things than I ever was.	I am slightly more irritated now than usual.	I am quite annoyed or irritated a good deal of the time.	I feel irritated all the time.	
12	I have not lost interest in other people.	I am less interested in other people than I used to be.	I have lost most of my interest in other people.	I have lost all of my interest in other people.	
13	I make decisions about as well as I ever could.	I put off making decisions more than I used to.	I have greater difficulty in making decisions more than I used to.	I can't make decisions at all anymore.	
14	I don't feel that I look any worse than I used to.	I am worried that I am looking old and unattractive.	I feel there are permanent changes in my appearance that make me look unattractive.	I believe that I look ugly.	
15	I can work about as well as before.	It takes an extra effort to get started at doing something.	I have to push myself very hard to do something.	I can't do any work at all.	
16	I can sleep as well as usual.	I don't sleep as well as I used to.	I wake up 1-2hours earlier than usual and find it hard to get back to sleep.	I wake up several hours earlier than I used to and cannot get back to sleep.	
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Write your corresponding response</b>
17	I don't get more tired than usual.	I get more tired than I used to.	I get tired from doing almost anything.	I am too tired to do anything.	
18	My appetite is no worse than usual.	My appetite is not as good as it used to be.	My appetite is much worse now.	I have no appetite at all anymore.	
19	I haven't lost much weight, if any, lately.	I have lost more than five pounds.	I have lost more than ten pounds.	I have lost more than fifteen pounds.	
20	I am more worried about my health than usual.	I am worried about my physical problems like aches, pains, upset stomach or constipation.	I am very worried about my physical problems and it is hard to think of much else.	I am so worried about my physical problems that I cannot think of anything else.	
21	I have not noticed any recent change in my interest in sex.	I am less interested in sex than I used to be.	I have almost no interest in sex.	I have lost interest in sex completely.	

### Section D: Brief-COPE (Brief-COPE)

Instructions:

The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style.

		I haven't been doing this at all 1	A little bit 2	A medium amount 3	I've been doing this a lot 4
1	I've been turning to work or other activities to take my mind off things.				
2	I've been concentrating my efforts on doing something about the situation I'm in				
3	I've been saying to myself "this isn't real".				
4	I've been using alcohol or other drugs to make myself feel better				
5	I've been getting emotional support from others.				
6	I've been giving up trying to deal with				
7	I've been taking action to try to make the situation better.				
8	I've been refusing to believe that it has happened.				
9	I've been saying things to let my unpleasant feelings escape.				
10	I've been getting help and advice from other people.				
11	I've been using alcohol or other drugs to help me get through it.				
		I haven't been doing this at all 1	A little bit 2	A medium amount 3	I've been doing this a lot 4
12	I've been trying to see it in a different light, to make it seem more positive.				
13	I've been criticizing myself.				
14	I've been trying to come up with a strategy about what to do.				
15	I've been getting comfort and understanding from someone.				



16	I've been giving up the attempt to cope.				
17	I've been looking for something good in what is happening.				
18	I've been making jokes about it.				
19	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.				
20	I've been accepting the reality of the fact that it has happened.				
21	I've been expressing my negative feelings.				
22	I've been trying to find comfort in my religion or spiritual beliefs.				
23	I've been trying to get advice or help from other people about what				
24	I've been learning to live with it.				
25	I've been thinking hard about what steps to take.				
26	I've been blaming myself for things that happened				
27	I've been praying or meditating				
28	I've been making fun of the situation.				

**Thank you for taking part in this study**

## Appendix II: Consent Form

I hereby consent to be part of the research study by Mr. Kaganzi iPatrick and Mr. Kakande Tom on the study titled "stress depression and coping mechanisms among prisoners in Uganda"

Please read and tick the boxes below.

1. The researchers have explained the purpose of the research as being for academic purposes

only. YES  NO

2. I am participating in this study on my own free will. YES  NO

3. Any information I shall give shall be treated as confidential and my identity shall not be

disclosed. YES  NO

Signature of participant.

.....

## Appendix III: Introduction Letter

**MAKERERE**

P. O. Box 7062 Kampala Uganda

**UNIVERSITY**

Telephone: (256-41)-540739

**SCHOOL OF PSYCHOLOGY  
DEPARTMENT OF MENTAL HEALTH AND COMMUNITY PSYCHOLOGY**

20<sup>th</sup> September 2022

The

Commissioner General of  
prisons  
P.O. Box 7182 K'LA (OG)



Dear Prof/Dr/Mr/Mrs/Ms,

**Re: ACADEMIC RESEARCH.**

This is to introduce to you Mr. Kaganzi Patrick (19/U/29206/EVE) and Mr. Kakande Tom (19/U/21826) who are final year students at the School of Psychology, Makerere University. They are pursuing the Bachelors of Community Psychology Degree and thus required to carry out research as part of their training. They are carrying out research, which is for academic purposes about the topic "*Stress, Depression and Coping among Inmates.*"

We are happy if there's someone at the Institution to help them carry out this process without foreseeable problems.

All assistance rendered to them in this regard will be highly appreciated.

Yours Sincerely,

MR. PETER BIRUNGI (MSc.)

**Research Supervisor**Email: [peter.birungi@mak.ac.ug](mailto:peter.birungi@mak.ac.ug) Call: +256 773/701 342849

In future correspondence please quote the reference number above

WEBSITE : www.prisons.go.ug  
 TELEGRAMS : \*COMPRISONS  
 TELEPHONE : +256-414-256751  
 FAX : +256-414-344104  
 EMAIL : compris@utonline.co.ug  
 : info@prisons.go.ug



UGANDA PRISONS SERVICE  
 PRISONS HEADQUARTERS  
 P. O. BOX 7182  
 KAMPALA - UGANDA

A REPLY TO THIS LETTER SHOULD BE ADDRESSED TO  
 THE COMMISSIONER GENERAL OF PRISONS AND THE  
 FOLLOWING REFERENCE: **ADM/143/219/01**

25<sup>th</sup> October, 2022

Mr. Peter Burungi (MSc)  
 Makerere University,  
 Research Supervisor,  
 P. O. BOX 1337,  
**KAMPALA**

**RE: ACADEMIC RESEARCH**

Reference is made to your letter dated 20<sup>th</sup> September, 2022 in regard to the above subject.

It is a pleasure to inform you that **MR. KAGANZI PATRICK (19/U/29206/EVE)** and **MR. KAKANDE TOM (19/U/21826)** have been granted permission to carry out academic research on a research topic "***Stress, Depression and Coping among Inmates***" at Kitalya Mini-Max Prison to fulfill the partial requirement for the award of Bachelors of Community Psychology Degree.

By a copy of this letter, you have been advised to report to Mr. Biryomumaisho Anatoli ACP/RR/Rehabilitation who will guide you on how to access the inmates.

**N.B** This being a Government Security Institution, you **MUST** abide by the Rules and Regulations of the Institution.

  
 Henry Francis Ekieme  
 For: **COMMISSIONER GENERAL OF PRISONS**

**Copied to:** The ACP/RR,  
**Prisons Headquarters**

: The Regional Prisons Commander,  
**Central Region**

: The Officer in Charge  
**UG. Prison Kitalya Mini-Max**