

Peer pressure, substance abuse and depression among Makerere University students.

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A dissertation submitted to the School of Psychology in impartial fulfilment of the requirement for the award of a Bachelor of Arts in Social Sciences degree of Makerere University

October, 2022.

DECLARATION.

I hereby declare that this dissertation is my original work and it has never been presented for examination in Makerere University or any other institute of learning.

Signature..... Ebong Date..... 18/10/22

Ebong Anna Grace Addie.

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APPROVAL.

This research dissertation has been submitted for examination with my approval as the university supervisor.

Signature.....*Kobusingye Loyce*..... Date.....*18-10-22*.....

Dr. Loyce Kobusingye.

DEDICATION.

I dedicate this piece of work to my beloved mother Mrs. Christine Ebong, my sister, brothers and friends for your patience, financial, and emotional support throughout my course. I also dedicate this work to my supervisor, Dr. Loyce Kobusingye for your patience and support when I needed it the most. May the Almighty God reward you abundantly.

ACKNOWLEDGEMENT.

I would like to acknowledge the following persons in their various capacities who have selflessly contributed towards my education and generation of this piece of work. First, I owe much to my supervisor, Dr. Loyce Kobusingye, for taking me on as a supervisee when I needed a supervisor, and for her continuous guidance throughout the various stages of this research. I also gratefully acknowledge the contributions of my fellow students for their guidance and assistance throughout the research period. I am grateful to my friends and family for their continuous emotional and financial support throughout my course and all the stages of my research. Finally, I would like to thank the Almighty God for the health, wisdom and guidance to carry out and complete this research.

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Figure 1: Conceptual framework showing the relationship between peer pressure, substance abuse and depression.

ABSTRACT.

The study focused relationships between peer pressure, substance abuse and depression among male students in their third year at Makerere University. The objectives of this study were to investigate whether peer pressure affects substance abuse among students, to determine whether substance abuse leads to depression, and to find out whether peer pressure causes depression among the students. Included in this research is also analyses of peer pressure in its different forms, different substances abused by students as well as prevalence of depression among the students. The study was conducted in Makerere University which comprises of over 38,000 students in various colleges. The study used a correlational research design where 50 respondents were selected using purposive random sampling. Data was coded and analyzed using Statistical package for Social Scientists (SPSS) version 23. Frequencies and percentages were generated to analyze descriptive data of the respondents as well as levels of peer pressure, substance abuse and depression, while relationships between peer pressure and substance abuse, substance abuse and depression, and, peer pressure and depression were analyzed using Pearson product moment correlation coefficient. Results of the study indicated that many students experience levels of peer pressure, and that there is a significant relationship between peer pressure and substance abuse. The study also showed that substance abuse is a predictor of depression while peer pressure and depression have no significant relationship.

CHAPTER ONE.

INTRODUCTION.

Background.

Both the range of drugs and drug markets are expanding and diversifying as never before. The findings of this year's (Program, 2011) make clear that the international community needs to step up its responses to cope with these challenges. Drug use among the older generation aged 40 years and older has been increasing at a faster rate than among those who are younger, according to the limited data available, which are mainly from Western countries. According to a survey by the department of neurology, psychology and psychiatry, (Carvalho E Martins, 2016) alcohol is by far the most used drug among high school students. Whereas majority of those who drink do it in a pattern that can be considered not harmful, a small proportion of them are already drinking in a risky range usually with a combination with tobacco and other drugs. Drug abuse in particular alcohol has escalated dramatically in recent years and most of the abusers are young, poor or both. No country has gone immune of the devastating consequences of alcohol abuse.

The dependency on alcohol and drugs has grown at an alarming rate over the past 20 years crossing all social, economic, political and national boundaries. This in turn, has led to depression tendencies among many teenagers and youth world over.

Peer pressure (or social pressure) is the direct influence on people by peers, or the effect on an individual who gets encouraged to follow their peers by changing their attitudes, values or behaviours to conform to those of the influencing group or individual. This can result in either a positive or negative effect. Social groups affected include both member groups, in which individuals are formally members (such as political parties and trade unions), and cliques, in which membership is not clearly defined.

Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. Substances can include alcohol and other drugs (illegal or not) as well as some substances that are not drugs at all. Abuse can result because you are using a substance in a way that is not intended or recommended, or because you are using more than prescribed.

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

A study done by the National Institute on Drug Abuse found that teenagers are more likely to act out risky behaviours if they know their friends are watching. The behaviours included speeding and running traffic lights. During the study, teens weren't encouraged by friends to perform risky behaviours, but did so anyway in many cases.

(Kabwama et al., 2016) said that drug and substance abuse is today, more than ever before, far and wide in Uganda. One can easily count the family, friends and loved ones completely lost to these terrible addictions mostly attributed to peer pressure, more pronounced in teenagers than in any other age group.

High school is notorious for being filled with different cliques and groups that often define themselves through certain behaviours and by assigning social statuses to different people. In order to fit in with these cliques, teens often feel pressured to change things about themselves, or to pretend that they are someone different than who they really are. Because teenagers are already struggling to define and discover who they are as a person, this additional pressure to act or look certain ways can often lead them to feeling confused or at odds with themselves. When peer pressure demands that they act in ways with which they are not comfortable, it can cause teens to suffer from low self-esteem, anxiety, and depression.

Depression is a mental illness frequently co-occurring with substance use. The relationship between the two disorders is bi-directional, meaning that people who abuse substances are more likely to suffer from depression, and vice versa. People who are depressed may drink or abuse drugs to lift their mood or escape from feelings of guilt or despair. But substances like alcohol, which is a depressant, can increase feelings of sadness or fatigue. Conversely, people can experience depression after the effects of drugs wear off or as they struggle to cope with how the addiction has impacted their life. Majority of these cases are due to influence of peers to do things in order to fit in, things that one would otherwise not have done.

There is significant increase in the cases of substance abuse and depression among the young people in Uganda today despite the research and measures put in place to control the problem. This needs to be addressed urgently (Hammad, 2007).

Problem statement.

Substance abuse is a public health problem globally. The prevalence of substance abuse among youth is alarming. The use of alcohol and illicit drugs during adolescent and early adulthood has become a very serious public health problem in Uganda. Substance addiction has a severe impact not only on the individual, but those closest to them, and society as a whole. Substance use disorders are associated with a wide range of short-term and long-term health effects. They can impact almost every organ in the human body. Today, more than 7 million people suffer from an illicit drug disorder, and one in four deaths results from illicit drug use. In fact, more deaths, illnesses and disabilities are associated with drug abuse than any other preventable health condition.

People suffering from drug and alcohol addiction also have a higher risk of unintentional injuries, accidents and domestic violence incidents. If this vice among the youth continues to grow at alarming rates, there will be more premature deaths, school drop outs, mental health problems as well as crime in society. (Northland, 2005) Several important limitations have been indicated that if the current trends continue, 250 million children alive today will be killed by tobacco.

Purpose of the study.

The purpose of this study was to establish the relationship between peer pressure, substance abuse and depression among male students in Makerere University.

General objectives.

1. To establish the relationship between peer pressure and substance abuse.
2. To establish the relationship between substance abuse and depression.
3. To establish the relationship between peer pressure and depression.

Scope of the study.**Geographical scope.**

This study was carried out in Makerere University and was limited to students. This was because it would be easy for the researcher to access a sample of respondents within a similar age range to provide useful information for the study and the university had a significant number of people to select the respondents from.

Time scope.

The survey was conducted from in October,2022 which will cover a period of one month.

Contextual scope.

The study focused on the relationship between peer pressure, substance abuse, and depression among students at Makerere University. Peer pressure focused on how a student's peers could pressure them into behaving in a certain way, substance abuse focused on if /and what substances, that is, alcohol and/ or drugs, students consume, and depression focused on the mental and emotional health of the students.

Significance.

Drug use is relatively high in the adolescents and effective groups of the society, which requires particular attention and prompt and immediate intervention. This research may contribute to the available data and information on understanding the rising cases of substance abuse among university students. It may help researchers get knowledge on the levels of negative peer pressure among students and how this pressure may lead to negative behaviours like drug and alcohol abuse while at the university. This may in turn enable them design specific programs or measures to educate the students and address these challenges.

University students that were given questionnaires may also be able to see and understand the different relationships between peer pressure, substance abuse and depression. It may make them aware of possible negative impacts their peers may have on their behaviour and mental health, and possibly encourage them to make better and more independent judgements in the future.

Justification of the study.

This study was aimed at examining students' knowledge on peer pressure, substance abuse and depression. Negative peer pressure and substance abuse can have long term effects on a person's life trajectory. This research is relevant to researchers and organisations that are trying to come up with solutions to curb the increasing rates of negative peer influence, substance abuse and depression among university students, by providing useful and recent data acquired on the relationship among the three variables. The university will be able to have better understanding and come up with better policies approaches to tackle the fast-growing problem.

Conceptual framework.

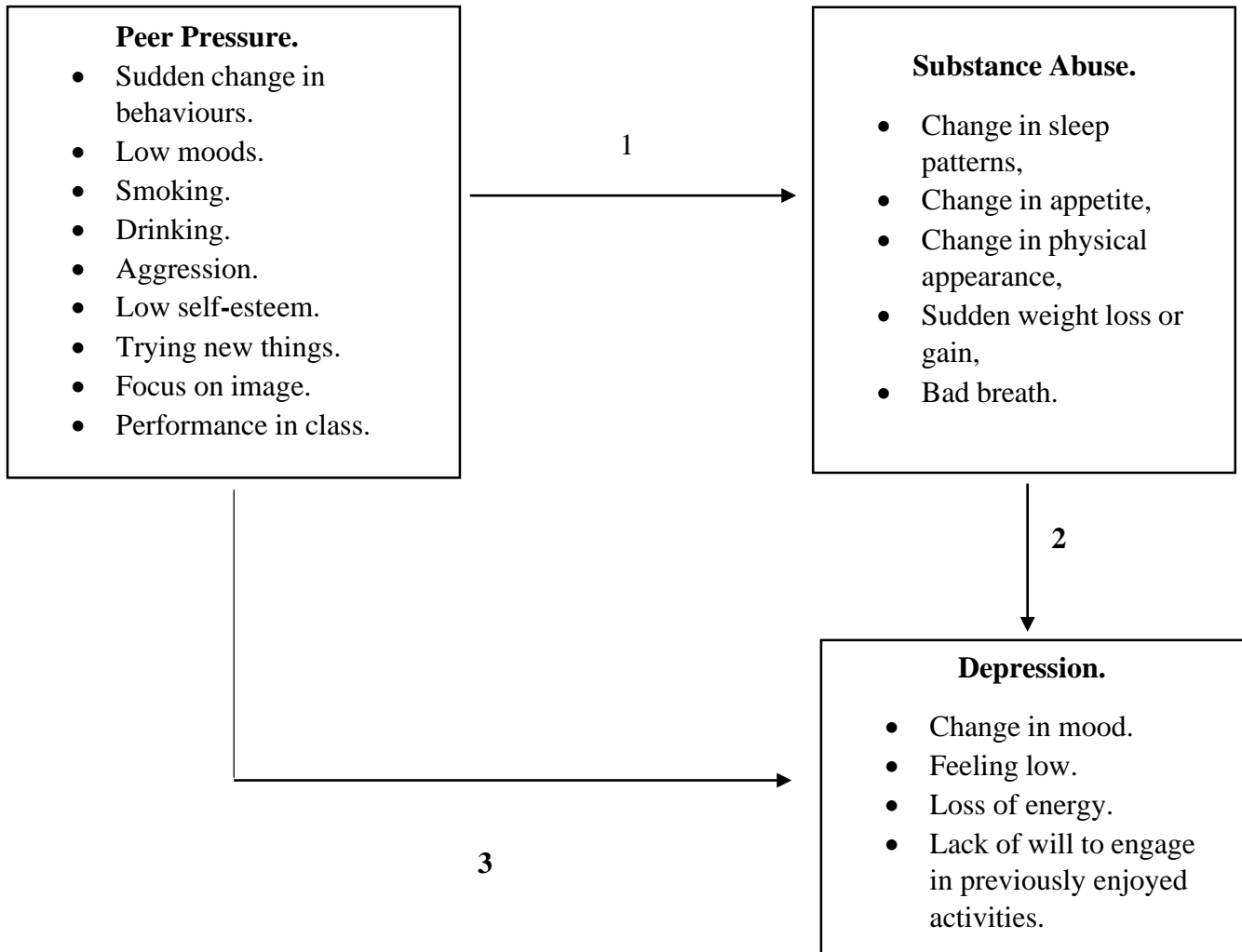


Figure 1

Peer pressure leads to substance abuse and can cause people to do things they would not normally do such as taking drugs, dating, fighting, vandalism, cheating in examinations, lying and dangerous driving among others. Adolescent peer pressure is particularly common because most youth are forced to spend large amounts of time with their friend groups.

CHAPTER TWO.

LITERATURE REVIEW.

Peer pressure.

Peer pressure is stress of strain you feel from friends and school mates to act, behave, think and look a certain way. This kind of pressure can cover everything from fashion through sex and dating (Goldsmith-pinkham, 2016) Peer pressure is a part of a person's routine life. Though commonly seen amongst teenagers, peer pressure can affect people's lives irrespective of their age or sex. The intensity of peer pressure generally varies with age and maturity. Main reasons behind peer pressure are the rising communication gap between parents and children, intense desire to be an acceptable member of a group, and a highly impressionable mind that fails to distinguish between what is right and what is wrong.

Peers are individuals with whom a teenager identifies, who are usually but not always of the same age group. Due to changes in culture and social structures, most teenagers spend longer time with peers in schools than at home (Brown, 1990). As a result, they take more time talking with friends than with their parents and are more influenced by their friends about day-to-day decisions (Rukundo, 2012). As a result of constant interaction with peers, teenagers at times feel coerced to follow a group or particular individual's behaviour, socially defined as peer pressure. Peer pressure occurs when an individual experiences persuasion to adopt values, beliefs and goals of others, which sometimes amounts to coercion. Peer groups provide a forum where individuals construct and reconstruct their identities. (Black, 2002).

Substance abuse.

(Rukundo, 2012) asserts that after similarities in age, grade in school, sex and race, peers are most likely to be similar in their use of narcotics such as marijuana. According to (Abbo. C., 2016) of the national referral mental hospital in his report studying drug abuse in secondary school, it was revealed that alcohol abuse has been on the increase in Uganda as a whole and most records show that the cases of alcohol abuse has been increasing over the years though

recently the rate at which it is increasing among the youth is alarming and there is therefore need for serious attention. Vasco (Abudu, 2008) states that the experiment with drugs during ages 11-25 is common among youth. At this age, they try so many things. They use drugs for many reasons including curiosity, because it feels good, to reduce stress, to feel grown up.

Peer pressure and substance abuse.

A significant body of research has focused on the associations between peer pressure and substance use. For example, researchers argued that the relationship between peer pressure and adolescent substance abuse is not fully understood (Simons-Morton, 2006) . They further report that socialising with friends accounted for an increase in substance abuse and it was concluded that when peers pressured their friends, they were more likely to abuse substances. Peers may strongly determine the preference in the way of dressing, speaking, using of illicit substances, sexual behaviour, adopting and accepting violence, adopting criminal and anti-social behaviours and many other areas in an adolescent's life (Padilla-Walker, 2009). An example of this is that the main motives for alcohol consumption given by adolescents are related to social events, which usually take place in the company of friends, namely: *drinking makes holidays fun, it facilitates approaching others, it helps relaxing or facilitates sharing experiences and feelings* (Emmanuel Kuntsche, 2006). Also, mimicking risk behaviour may be greater when consumption begins in the context of a social event (Helle Larsen, 2010).

In the United States, over 80% of college students have at least one alcoholic drink over a two-week period (Johnston, 2010). Of these college students, 40% are binge drinking (i.e., having four or more drinks) on occasion which greatly surpasses the drinking rate of their non-college peers. Research suggests that this discrepancy between college students and their non-college peers is largely due to their college environment (Megan E. Patrick, 2014). More specifically, college students must transition from depending on their parents at home to depending on their peers on campus. (Borsari B., 2001). Peer interactions may be essential for college students in that peers provide guidance and support needed to circumvent this transitional period (Bradley, 2008). In addition, the freshman population is particularly reliant on peer groups because they are new to the college environment and are attempting to adapt to the college lifestyle. Although

peers may be an essential coping mechanism during this transitional period, the increase of peer involvement in a student's everyday life may influence the increase of peer pressure as well.

Peer pressure, or the direct or indirect encouragement from one's own age group to engage in activities that they may or may not want to engage in (Santor, 2000), is a major factor in the development of risk-taking behaviours (e.g., alcohol use, drug use, and tobacco use; Lewis & Lewis, 1984). Peers act as an influential model by introducing, providing or pressuring risky activities (i.e., alcohol use) to other peers (Brian R. Kinard, 2010). By modeling these behaviours to their peers, college students are viewing alcohol use as a positive and socially acceptable experience (Brian R. Kinard, 2010). However, what college students fail to take into consideration are the negative consequences that are related to alcohol use especially within a peer group context. It is therefore imperative to understand peer pressure, as well as which groups of college students are more susceptible to it, in order to decrease the negative consequences from occurring.

Research disentangles peer pressure into three dimensions: active offers of alcohol, modeling of others' drinking, and perceived drinking norms (Crawford, 2018). Active offers of alcohol may be the most obvious and direct form of peer pressure. These offers range from a simple gesture to highly encouraging a peer to drink (Borsari B., 2001). Some examples include being offered a drink, being bought a drink, or having your drink refilled without asking (Wood, 2004). Explicit offers are more prominent for those students who attend parties and choose not to drink. This is because these students are seen as abnormal (i.e., the out-group) from the rest of the college community (i.e., the in-group); thus, non-drinkers are an easy target for drink offers and teasing from their peers. The second and third dimensions of peer pressure are less obvious because students are influenced indirectly. The second dimension, modeling of other's drinking, is defined as a temporary imitation of peer's behaviors. College students will often imitate the level of drinking of the peer within their immediate environment that is drinking the heaviest and is the most social. Borsari (2001) reviewed the literature on this topic and found that the college students who are exposed to heavy drinking models consumed more than the college students exposed to light drinking models or no models at all. In addition, freshmen college students are more likely to binge drink than any other year in college.

Social Identity Theory (SIT) describes how identification with a group influences individual and group behaviors, norms, and cognitions. (Tajfel, 1986). A central issue of SIT is the overlap between one's self-perceptions and one's view of others with whom one feels connected, versus others to whom one does not feel connected (Abrams, 1999). Importantly, with respect to between-group influence, the more an individual identifies with other members of his or her group (e.g., other students of one's campus), the more influence perceptions of the group norms should have on an individual. Previous research has shown that social identity moderates the relationship between perceived social norms and drinking (Clayton Neighbors, 2007).

Researchers Piehler, Veronneau, and Dishion investigated the measurement of substance abuse and peer influence to predict escalations to early-adult tobacco, alcohol and marijuana use on a sample of 998 ethnically diverse adolescents. Using structural equation modeling, they found that adolescent substance use and peer substance is highly correlated and are predictors of a pattern of usage of all substances in early adulthood (Piehler, 2012).

Substance abuse and depression.

It has been found that among individuals with alcohol use disorder, depressive disorders are the most common psychiatric disorders (Kathryn E. Grant, 2010). This co-occurrence is of significance to society; for example, lower remission likelihood has been observed in people with major depressive disorder (MDD) than those without baseline MDD (Hasin DS, 2015).

Similarly, much has been done to examine the relationship between smoking and depression as well. Mood problems have been found as both a trigger and barrier to smoking cessation (Clancy et al). Loss of interest is one of the criteria commonly used in the USA for depression screening and is in fact a criterion used for the diagnosis of MDD. In addition, Beutel (2017) reported an association between loneliness and depression, and lonely study participants smoked more.

High rates of depression are common among individuals with alcohol use disorders (AUD), particularly alcohol dependence. Researchers have attempted to explain the association between AUD and depressive symptoms in a variety of ways. The pharmacological effects of alcohol may produce symptoms of depression or more or less during periods of intoxication and/or withdrawal (Timothy A. Brown, 1997). Relatedly, laboratory studies have shown that depressive symptoms can spontaneously emerge in the context of heavy drinking and abate with abstinence

(J.S. Tamerin, 1979). Chronic drinking and related symptoms may promote depression indirectly as well, for example by contributing to stressful life circumstances (e.g., partner-relationship disruptions) that in turn are known to promote depression. (Sullivan LE, 2005). Other research supports the idea that depressed individuals are motivated to drink in an effort to cope with negative effect, a potential mechanism for development of AUD (Cooper ML, 1995).

WHO surveys show that depression is an increasingly important factor affecting physical and mental health in the 21st Century (Holden, 2000). Drug addiction is a psychological, biological and social disorder. It presents huge challenges to social governance and public safety and harms the health of drug users. Drug craving is a strong and uncontrollable desire for drug users to feel the effects of psychoactive substances they have experienced and the driving force to continue using drugs regardless of serious consequences. The increase in drug craving will reduce the pleasure that one gets from drugs (Lopez- Quintero C, 2011), thereby increasing the experience of anxiety and depression. Drug users with low drug cravings have relatively low levels of anxiety and depression. The self-discrepancy theory believes that when an individual has drug cravings there will be a gap between the actual self and the ought to self, which makes the individual extremely prone to negative emotions related to anxiety and depression (Higgins, 1987). In addition, scholars found that an individual's drug craving has a significant predictive effect on anxiety and depression and there is a positive correlation between drug craving, anxiety and depression (Swift, 1992).

Peer pressure and depression.

Numerous studies have examined the sociometric status of youth with elevated symptoms of depression, with some studies generally finding higher rates of either peer neglect or peer rejection among youth rated as having higher levels of depression (Bolvin M, 1994). This was in a study carried out on two hundred twenty-six senior high school students to determine the correlation between the components of peer pressure and respondents' mental wellbeing. The Perceived Peer Pressure Scale Questionnaire was used to gather data which showed that there was a significant relationship between peer influence and mental health of the respondents (Cruz, Torre, Castanos, & Tus, 2022).

Factors leading to peer influenced changes in the peer environment are numerous, especially in the area of social skills, communication and self-respect (Jessel, 2009). Young people may feel pressure to fit in a group of peers and friends they admire, which is often defined by a certain behavior and awarded certain status. Therefore, they often want to change into something they are, in fact, not. Neurological development changes in the adolescent brain imply that peer relationships become important and may have a great impact on decision making, suggesting that social influences inside their age group have a key role in behaviour (Blakemore, 2012). Social pressure may influence a wide range of thoughts, actions and behaviours, from academic achievement, to alcohol and drug consumption, consequently leading to serious mental health disruption. Moreover, the pressure to fit in may result in depression and other mental health problems.

Previous research among children and adolescents has identified links between social factors and depressive symptoms. (Reiss, 2019) Suggested that interactions among peer, associated with perceived support, serve as a buffer against mental health problems and disorders including depression. The limited body of research on peer processes in depression stands in stark contrast to the robust literature on peer processes predicting conduct problems in youth (Joiner T, 1999). In light of the importance of interpersonal/ interactional models of depression, this gap in the corresponding literature related to depression in youth marks a serious oversight.

Research hypotheses.

1. There is a significant relationship between peer pressure and substance abuse.
2. There is a significant relationship between substance abuse and depression.
3. There is a significant relationship between peer pressure and depression

CHAPTER THREE.

METHODOLOGY.

Introduction.

This chapter presents the method to be used in the study. These include Research Design, Population of the study, sample and sampling techniques, instrumentation, validity and reliability of the instrument, procedure for data collection and procedure for data analysis.

Research design.

This research studied quantitative data. Quantitative research design was used because this was a study to examine the relationship among variables and the data was used to find the cause-and-effect relationships among the variables. The study also aimed at finding generalizable data that can be applied to the whole population of male students in the university. This study also used cross-sectional and correlational research designs, that is, data was collected from many different individuals at a single point in time and the study was aimed at investigating relationships between peer pressure, substance abuse and depression, without control or manipulation of any variable.

Population of the study.

This target of this study was male students of third year in Makerere University. The study population was comprised of respondents from one college at the university. This is because most students at this stage are mostly reliant on the friends they study and/or live with, and spend most of their on-campus time in each other's company. This makes them more at risk of being influenced by peers to engage in risk behaviours like abuse of alcohol and drugs. Makerere University has a population of over 38,000 students.

Sample size and selection.

My sample size was limited to 50 respondents from the college of Humanities and Social Sciences at Makerere University, out of the 38,000 students of Makerere University.

Sampling technique.**Sample selection.**

My study employed the purposive random sampling technique to select students at the university and systematic random sampling to select the actual study respondents from the selected college. This sampling technique was used because it enabled the researcher to choose subjects that were in the best position to provide information required and it also ensured that every respondent had an equal chance of being selected.

Types and sources of data.

Primary data was obtained from the field and this was from first hand data the researcher collected from the field in this particular study. Primary data was collected from 50 respondents in one college at Makerere University.

Data collection method and instruments.**Self-administered questionnaire.**

A semi structured self-administered questionnaire was designed and used to collect data from respondents for this study. The respondents were asked to complete the questionnaires themselves. This instrument was reliable because the researcher would be able to distribute and collect questionnaires within a short period of time. The questionnaires were divided into sections to cover all objectives of the study. For peer pressure, the researcher used questions from the Peer Pressure Inventory by Bradford Brown and Donna Rae Clasen. The researcher also used questions from the Drugs Use Questionnaire (DAST-20) by Harvey A. Skinner PH. D for substance abuse and questions from the Center for Epidemiologic Studies Depression Scale

(CES-D) by Radolff, 1977 were used for depression. Prior to the data collection, pre-testing of the questionnaires was done on the respondents.

Data analysis.

Frequency tables were generated to examine and analyse the respondents' data and other information about the respondents. Levels of peer pressure, substance abuse and depression were analysed using frequencies and percentages while Pearson moment correlation coefficient was used to analyse the relationships between peer pressure, substance abuse and depression.

Quality control.

Validity. This refers to how accurately a research method measures what it intended to measure. The researcher used face and content type validity to find out whether the research instrument measured what was designed to measure. This is because it was easy to use and apply.

Reliability. This refers to the degree to which a research method produces stable and consistent results. The researcher used test to test method to ensure reliability that is, testing and retesting the questionnaire on practice respondents was done and the two sets of results compared.

Limitations of the study.

Some students were willing to give time into filling the questionnaire at all and were not willing to share personal information. This was solved by explaining to the respondents how essential their participation was to the research and explaining to them how simple filling the questionnaire was.

CHAPTER FOUR.

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

Introduction.

The present study sought to gain an improved understanding of the levels of peer pressure, substance abuse and depression and in turn understand the relationship, if any, between peer pressure and substance abuse, substance abuse and depression, and peer pressure and depression among male students at Makerere University.

This chapter presents the analysis of the data and its interpretation. The first section presents the descriptive statistics of the frequency distributions of the students. The variables captured in the distribution analysis included gender, age and nature of the respondents' relationships with their peers.

The second section presents the inferential statistics for the various analyses involving the study variables including factor analysis, correlational analysis and regression analysis..... the presentation, interpretation and findings were guided by the following research objectives.

1. To establish the relationship between peer pressure and substance abuse.
2. To analyze the relationship between substance abuse and depression.
3. To analyze the relationship between peer pressure and depression.

Demographic Characteristics of Respondents.

Respondents were asked about their gender, age, and the nature of relationship with their peers.

This study focused on one gender of students which was male students in year three.

Table 1. Age Distribution of Respondents.

Age	Frequency	Percentage (%)
18-20	7	14
20-25	32	64
25-30	11	22
Total	50	100

According to the table above, most of the respondents that took part in the study were aged between 20-25 years representing 64%. This was followed by age bracket 25-30 years with 22%, and finally age bracket 18-20 years representing 14% of the sample population.

Table 2. Relationship with peers

Nature of Relationship	Frequency	Percentage (%)
Very close	13	26
Close	31	62
Not close	6	12
Total	50	100

Of the 50 students, 13 (26%) responded to being very close, 31 (62%) indicated they were close while 12 (24%) were not close. Overall the majority of students were close indicating possible high potential of peer influence from friends.

Peer pressure among students.

	I feel pressure from my friends.	D (%)	NS (%)	A (%)
1.	Study hard, do my work etc.	22	14	64
2.	Take different classes from those my friends take.	50	18	32
3.	Smoke marijuana.	70	18	12
4.	Be social, do things with other people.	14	18	68
5.	Try to be tough.	24	38	38
6.	Have a steady boyfriend or girlfriend (opposite sex).	34	26	40
7.	Drink beer or liquor.	52	18	30
8.	Be part of one or more of the “crowds” at campus.	36	32	32
9.	“Party” (be rowdy).	40	18	42
10.	Go out with friends on weekends.	16	12	72
11.	Do things to impress members of the opposite sex.	50	36	14
12.	Give lecturers a hard time.	72	12	16
13.	Not do any hard drugs.	50	10	40
14.	Not cut classes.	30	22	48
15.	Have the same opinion about things my friends do.	40	36	24
16.	Not go to parties.	48	28	24
17.	Get drunk or get “buzz”.	68	12	20
	Average (%)	42.12	21.65	36.24

On a three point likert scale, respondents were asked to indicate whether they disagree, agree, or were not sure about the questions on peer pressure indicated in the table above. Results showed that 36.2% of the students felt pressure by peers to engage in substance abuse, and/or activities that presented an opportunity for substance abuse like partying.

Substance abuse among students.

Table 4. Frequencies (%) of responses to substance abuse.

	SECTION C. SUBSTANCE.	Yes (%)	No (%)
1.	Have you used drugs other than those required for medical reasons?	22	78
2.	Have you abused prescription drugs?	28	72
3.	Do you abuse more than one drug at a time?	22	78
4.	Can you get through a week without using drugs (other than those prescribed for medical reasons?)	74	26
5.	Are you always able to stop using drugs when you want to?	76	24
6.	Do you abuse drugs on a continuous basis?	10	90
7.	Do you try to limit your drug abuse in certain situations?	82	18
8.	Have you had “blackouts” or “flashbacks” as a result of drug abuse?	24	76
9.	Do you ever feel bad about your drug abuse?	56	44
10.	Does your boyfriend or girlfriend or parents ever complain about your involvement with drugs?)	30	70
11.	Do your friends or relatives know or suspect you abuse drugs?	18	82
12.	Has drug abuse ever created problems between you and your boyfriend/girlfriend or parents?	22	78
13.	Have you ever lost friends because of your drugs?	36	64
14.	Have you gotten into fights under the influence of drugs?	14	86
15.	Have you engaged in illegal activities to obtain drugs?	16	84
	Average (%)	35.33	64.67

The table above shows that although majority of the students (64.6%) indicated that they did not engage in substance abuse, 35.3% indicated that they engage/ have engaged in substance abuse hence there is prevalence of substance abuse among male students at the university.

Depression among students.

Table 5. Frequencies (%) of responses to Depression.

		D (%)	NS (%)	A (%)
1.	My appetite was poor.	56	14	30
2.	I could not shake off the blues.	40	34	26
3.	I had trouble keeping my mind on what I was doing.	42	14	44
4.	I felt depressed.	38	20	42
5.	My sleep was restless.	44	18	38
6.	I felt sad.	32	24	44
7.	Nothing made me happy.	58	20	22
8.	I felt like a bad person.	56	20	24
9.	I lost interest in my usual activities.	46	24	30
10.	I slept my more than usual.	46	14	40
11.	I felt like I was moving too slowly.	34	26	40
12..	I felt fidgety.	50	26	24
13.	I wished I were dead.	74	12	14
14.	I wanted to hurt myself.	72	8	20
15.	I was tired all the time	52	16	32
16.	I lost a lot of weight without trying to.	58	12	30
17.	I had a lot of trouble getting to sleep.	62	14	24
18.	I could not focus on the important things.	50	12	38
	Average (%)	50.56	18.22	31.22

The table above shows that majority of the respondents (50.6%) did not present depression tendencies and 18.2% were not sure if they had the symptoms or not. 31.2% of the respondents however, indicated that they were possibly experiencing depression hence there is prevalence of depression among make students at Makerere University.

Peer Pressure and Substance abuse.

To test the significance of hypothesis one (H_{01}) which stated that there is a significant relationship between peer pressure and substance abuse, Pearson product moment correlation coefficient was used. Results are as seen in table 6 below.

Table 6. The Pearson product-moment correlation coefficient of peer pressure and substance abuse.

		Substance Abuse
Peer Pressure	Pearson Correlation	.0856**
	Sig (2 tailed)	.000
N		50

****Correlation is significant at 0.01 level**

Table 6 above shows that there is a significant positive relationship between peer pressure and substance abuse among male students in year three at Makerere University. This is because the p -value of $0.000 < 0.05$, which is the level of significance. This implies that increase in peer pressure results in increase in substance abuse, hence, peer pressure and substance abuse are significantly related. The hypothesis is therefore retained.

Substance abuse and depression

To test the significance of hypothesis one (H_{02}) which stated that there is a significant relationship between substance abuse, Pearson product moment correlation coefficient was used. Results are as seen in table 7 below.

Table 7. The Pearson product-moment correlation coefficient of substance abuse and depression.

		Depression
Substance Abuse	Pearson Correlation	0.723**
	Sig (2 tailed)	.000
N		50

****Correlation is significant at 0.01 level**

Table 7 above shows that there is a significant positive relationship between substance abuse and depression among male students in year three at Makerere University. This is because the p -value of $0.000 < 0.05$, which is the level of significance. This implies that increase in substance abuse results in increase in depression, hence, substance abuse and depression are significantly related. The hypothesis is therefore retained.

Peer pressure and depression.

To test the significance of hypothesis one (H_{03}) which stated that there is a significant relationship between peer pressure and, Pearson product moment correlation coefficient was used. Results are as seen in table 8.

Table 8. The Pearson product-moment correlation coefficient of peer pressure and depression.

		Depression
Peer Pressure	Pearson Correlation	-.107**
	Sig (2 tailed)	.000
N		50

****Correlation is significant at 0.01 level**

Table 8 above shows that there is a significant negative relationship between peer pressure and depression among male students in year three at Makerere University. This is because the p -value of $0.000 > 0.05$, which is the level of significance. This implies that increase in peer pressure will not result in increase in depression, hence, peer pressure and depression are not significantly related. This leads to retention of the alternative hypothesis.

Summary of results.

The results of the study provide evidence of peer pressure substance abuse and depression among male students at Makerere University. The overall findings were scrutinized to support the aims and objectives of the study. The results showed that a significant number of the students experienced pressure from their peers, abuse/abused substances, and showed signs of depression. It was also found that majority of the respondents had a close relationship with their peers which made them more susceptible to peer influence in relation to substance abuse and depression.

In summary, peer pressure did not predict depression among the students, while it was found to be a significant predictor of substance abuse among the students. Substance abuse was also found to be a significant predictor of depression among the students. Majority of respondents were in the age range of 20-25.

CHAPTER FIVE

Discussion, Conclusion and Recommendations.

Introduction.

Prevalence of substance abuse although well studied in developed countries, has not been fully explored in Makerere University. Although no biological indicator was used to validate the drug use status reported by the students, the likelihood of under reporting by illicit drugs users was minimized by assuring confidentiality of the information gathered from the survey. The students responded voluntarily. This chapter presents the discussion, conclusion and recommendations of the study.

Discussion.

The discussion is presented in relation to the specific objectives of the study. The purpose of this study is to establish the relationship between peer pressure, substance abuse and depression among male students in Makerere University.

The specific objectives were to:

1. To establish the relationship between peer pressure and substance abuse.
2. To establish the relationship between substance abuse and depression.
3. To establish the relationship between peer pressure and depression.

Prevalence of peer pressure.

A bigger number of the respondents (42.1%) indicated that they did not experience any pressure from their peers, or were not sure (21.6%). Many of the respondents however, indicated that they indeed experienced peer pressure (36.2%). They indicated that they were at times pressured to things they may not want to do for example, smoking marijuana and going out with friends on weekends, among others. This shows that there is peer pressure among students in Makerere University.

Prevalence of substance abuse.

Results of the study indicated that substance abuse was prevalent among the students. The results further revealed that 35.3% of the respondents abuse or have abused both prescription and non-prescription drugs. The results agree with the Uganda Youth Development report (Link, 2008) which indicated that 60% of students use drugs. Similar results were obtained from a survey carried out by Abbo (2016) to determine the nature and extent of alcohol and substance abuse among school going youths in northern and central Uganda. Results from this study indicated that 70.1% of young people in this study had ever abused substances only once, and a third had used it regularly. Also, the low prevalence of substance abuse in the current study may be attributed to the school setting of most colleges which provide a somewhat regulatory environment to the students, which limits them from overly abusing drugs and alcohol.

Peer pressure and substance abuse.

The current study hypothesized that there is a significant relationship between peer pressure and substance abuse. The results of this study agreed with this hypothesis, confirming that indeed, peer pressure and substance abuse are significantly related. Results from previous studies concur with the current results for instance, Peltzer (2016) indicated that peer involvement and peer conformity were associated with alcohol use.

The findings of this study are well collaborated in literature by Allen (2012), reporting that peer pressure significantly predicts substance abuse. Adolescents who have a high resistance to peer pressure have fewer substance using friends. Furthermore, Lundborg (2006) showed that peer substance use had a significant positive effect on probability of an adolescent's alcohol and drug use. Given the fact that youth spend a large portion of their time in the company of their peers, it is not surprising that peer pressure is linked to substance abuse.

Substance abuse and depression.

The results of the study showed a significant association between depression and abuse of drugs.

Peer pressure and depression.

Results from the study showed that peer influence and depression are not significantly related.

Conclusion.

The central aim of the study was to determine the relationships between peer pressure, substance abuse and depression among male students at Makerere University. Descriptive information of the respondents was collected, as well as inferential data on peer pressure, substance abuse and depression among the students. Previous research was highlighted and problem behavior theory was discussed to form the theoretical basis for the study.

The study revealed that 36.24% of the students experienced pressure from their peers, and 35.33% abuse or had abused prescription and/or drugs before. The results also showed that 31.22% of the students experienced symptoms of depression. The study also suggested that the students understood what peer pressure was Peer pressure was found to be a predictor of substance abuse among students, and substance abuse in turn is a predictor of depression among the students. This study will assist in an increased understanding of the phenomenon to empower the planning of future interventions.

Limitations.

The data was collected from 50 respondents only, and therefore may not be generalized to the entire population of male students at the university. Moreover, the sample was limited to male students in their third year. The current sample used self-administered questionnaires, which are not always considered reliable in terms of participants' true opinions and the tendency to provide socially desirable responses. The instrument itself requires further investigation in the college student context to further examine the validity and reliability of the scale among college students. The study did not take into consideration other risk factors that may allow college students to engage in substance abuse like family environment, thus more research is needed in this area.

Recommendations.

. Based on the results of this study, the following are additional recommendations.

1. There is need for further study of specific issues including the different age, gender and geographical requirements of college students in relation to factors that influence substance abuse.

2. There is need for more sophisticated analyses with larger representative samples.
3. The university should put in place measures to make access to drugs like marijuana, cigarettes and alcohol difficult to access and retain within the university premises.
4. Future research should intensify investigation into various factors of substance abuse and depression, especially how these factors relate together and their potential moderator effects on substance abuse, and depression.

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Appendix I: Questionnaire.

Introduction.

This questionnaire aims at obtaining data on peer pressure, substance abuse and depression among students at Makerere University. This study is strictly for research purposes and your information will be kept confidential.

SECTION A: BIOGRAPHY.

1. Sex.

A. Male

B. Female

2. Age range

A. 18-20

B. 20-25

C. 25-30

3. How would you describe your relationship your friends?

A. Very close

B. Close

C. Not close.

SECTION B: PEER PRESSURE.

Place a tick under the response that suits you the most.

Disagree

Not Sure

Agree

1

2

3

	I feel pressure from my friends to.	1	2	3
1.	Study hard, do my work etc.			
2.	Take different classes from those my friends take.			
3.	Smoke marijuana.			
4.	Be social, do things with other people.			
5.	Try to be tough.			

6.	Have a steady boyfriend or girlfriend (opposite sex).			
7.	Drink beer or liquor.			
8.	Be part of one or more of the “crowds” at campus.			
9.	“Party” (be rowdy).			
10.	Go out with friends on weekends.			
11.	Do things to impress members of the opposite sex.			
12.	Give lecturers a hard time.			
13.	Not do any hard drugs.			
14.	Not cut classes.			
15.	Have the same opinion about things my friends do.			
16.	Not go to parties.			
17.	Get drunk or get “buzz”.			

SECTION C: SUBSTANCE ABUSE.

These questions refer to the past 12 months. Circle your response.

- | | | |
|--|-----|----|
| 1. Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. Have you abused prescription drugs? | Yes | No |
| 3. Do you abuse more than one drug at a time? | Yes | No |
| 4. Can you get through a week without using drugs (other than those required for medical reasons?) | Yes | No |
| 5. Are you always able to stop using drugs when you want to? | Yes | No |
| 6. Do you abuse drugs on a continuous basis? | Yes | No |
| 7. Do you try to limit your drug abuse in certain situations? | Yes | No |
| 8. Have you had “blackouts” or “flashbacks” as a result of drug abuse? | Yes | No |
| 9. Do you ever feel bad about your drug abuse? | Yes | No |
| 10. Does your boyfriend or girlfriend or parents ever complain about your involvement with drugs? | Yes | No |
| 11. Do your friends or relatives know or suspect you abuse drugs? | Yes | No |
| 12. Has drug abuse ever created problems between you and your boyfriend/ girlfriend or parents? | Yes | No |
| 13. Have you ever lost friends because of your drugs? | Yes | No |
| 14. Have you gotten into fights under the influence of drugs? | Yes | No |
| 15. Have you engaged in illegal activities to obtain drugs? | Yes | No |

SECTION D; DEPRESSION

For each instrument, please indicate how often you have felt this way in the past week or so by selecting the option you most agree with.

Disagree Not Sure Agree
 1 2 3

	Item	1	2	3
1.	My appetite was poor.			
2.	I could not shake off the blues.			
3.	I had trouble keeping my mind on what I was doing.			
4.	I felt depressed.			
5.	My sleep was restless.			
6.	I felt sad.			
7.	Nothing made me happy.			
8.	I felt like a bad person.			
9.	I lost interest in my usual activities.			
10.	I slept my more than usual.			
11.	I felt like I was moving too slowly.			
12.	I felt fidgety.			
13.	I wished I were dead.			
14.	I wanted to hurt myself.			
15.	I was tired all the time			
16.	I lost a lot of weight without trying to.			
17.	I had a lot of trouble getting to sleep.			
18.	I could not focus on the important things.			

Thank you for taking part in this study

