

Self-Esteem, Depression and Substance Abuse among University school going Adolescents in  
Kampala District

Mwagalanyi Noor

19/U/4075/PS

A research Dissertation submitted to the School of Psychology in partial fulfillment of the  
requirement for the award of Bachelor of Community Psychology of Makerere University.

November 2022

## Declaration

I, MWAGALANYI NOOR hereby do declare that this information provided in this research dissertation is my own original work and has not been presented in any other institution for any academic award or in any other information. Where other researchers knowledge has been used acknowledgement has been made.

Signature:  .....


Date: 18 / January / 2023 .....

**MWAGALANYI NOOR**

**Student.**

### Approval

I accept that the candidate has been under my supervision and the research work presented is original and meets the minimum requirements for the award of a Degree in Bachelor of Community Psychology.

Signature ..... 

Date ..... 1/2/2023

Dr. Nyende Paul

### **Dedication**

I dedicate this research dissertation to myLate father, Ahamedh Magezi, my grandmother, Mrs. Madrine Nangendo, my mother, Mrs. Afisah Nampijja, my siblings, and my Lovely Fahmah Muhammad Nakawungu who have installed in me a passion to learn, and provided continuous encouragement along the way.

## **Acknowledgement**

I want to first give my at most appreciation to the Almighty God for the gift of life and provision all throughout my study years.

I would like to express my deepest gratitude to my Supervisor Dr. Paul Nyende for his un limited guidance, encouragement and support. Without his frequent comments, feedback and encouragement this dissertation would have not been possible.

I owe my deepest appreciation to my Grandmother and mother for their constant encouragement and that gave strength to carry on my studies. And finally, my heartfelt thanks to all those who participated in this study, without their efforts and contribution the study would have been not possible.

## Table of contents

Declaration .....	i
Approval .....	ii
Dedication .....	ii
Acknowledgement .....	iv
List of tables.....	viii
List of figures .....	ix
Abstract .....	x
Chapter One:Introduction .....	1
Background of the Study .....	1
Statement of the Problem.....	2
Purpose of the Study .....	3
Objectives of the Study.....	3
Scope of the Study .....	4
Geographical scope.....	4
Contextual Scope .....	4
Significance of the Study .....	4
Conceptual Framework.....	6
Chapter Two:Literature Review .....	7
Introduction.....	7
Stress, Low self-esteem, and Depression in Adolescents .....	7
Potential Drug Abuse in Adolescents .....	8
Relationship between Stress, Anxiety, and Depression with the Potential Drug Abuse n Adolescent.....	9

Chapter Three:Methodology.....	12
Introduction.....	12
Study Design.....	12
Population.....	12
Procedure.....	13
Reliability and validity of Research Instruments.....	13
Ethical Consideration.....	14
Data Analysis.....	14
Chapter Four:Results.....	16
Introduction.....	16
Demographic data of Respondents.....	16
Table 1: Frequencies of respondents’ Sex and Age.....	16
Self Esteem and Substance Abuse.....	17
Self Esteem and Depression.....	18
Depression and Substance Abuse.....	19
Chapter Five:Discussion, Conclusion and Recommendations.....	20
Introduction.....	20
Self-esteem and Substance Abuse among Adolescents.....	20
Self Esteem and Depression among adolescents.....	22
Substance abuse and Depression.....	24
Recommendations.....	27
Areas for Future Research.....	28
Limitations of the Study.....	29

References.....	30
Appendices.....	36
Appendix 1: Questionnaire .....	36



**List of tables**

Table 1: Frequencies of respondents' Sex and Age.....	16
Table 2: Correlation between Stress and Substance Abuse among Adolescents.....	17
Table 3: Correlation between Self esteem and Depression among Adolescents .....	18
Table 4: Correlation between depression and substance abuse among Adolescents.....	19

**List of figures**

Figure 1: A conceptual framework showing the relationship between self-esteem, depression and substance abuse among school going adolescents..... 6

## Abstract

The study was to examine the relationship between Self-Esteem, Depression and Substance

Abuse among University school going Adolescents in Kampala District

A study adopted a quantitative research approach with correlational method to determine the relationship between the study variables. Data was analyzed using SPSS version 23.

The results showed that there significant relationship between Self esteem and substance abuse among adolescents ( $r = .297^{**}$ ,  $p = .000 < 0.05$ ) The results also showed a strong relationship self-esteem and depression among adolescents ( $r = -.606^{**}$ ,  $p = .004 < 0.05$ ) The results also showed there is a relationship between depression and substance abuse among adolescents ( $r = .320^*$ ,  $p = .015 < 0.05$ )

Basing on this study, school going adolescents who avoid peer influence are better placed to overcome substance abuse. By providing counseling and peer education, the bad peer influence can be eradicated and instead peer groups be beneficial to adolescents in fighting substance abuse.

## Chapter One

### Background of the Study

Self-esteem is best understood as an overall assessment of oneself or as an assessment of particular aspects of oneself, such as one's intelligence, appearance, and social skills (Swann & Bosson, 2010). Self-esteem is the affective, or evaluative, component of the self-concept; it denotes how people feel about themselves, and should be distinguished from other parts of the self-concept and self-efficacy (such as self-knowledge efficacy) (Leary & Baumeister, 2000). A person with high self-esteem believes that they are deserving of respect but may not necessarily see themselves as superior to others. Conversely, low self-esteem contributes to a number of mental disorders, including anxiety, depression, and difficulties with learning and coping with setbacks (Orth).

In contrast, depression is one of the most common mental health issues among students at all educational levels, including high school, college, and university (Ibrahim, Kelly, Adams & Glazebrook, 2013), and it contributes significantly to the global burden of disease (Whiteford et al., 2013). The symptoms of depression, on the other hand, include a depressed mood, loss of interest or pleasure, decreased energy, guilt or a sense of low self-worth, disturbed sleep or appetite, and trouble concentrating (WHO, 2012). According to the WHO, depression is currently the fourth most common disease and is projected to overtake heart disease by 2020 (Tripkovi, Roje, Krni, Nazor, Karin, & apkun, 2015). For instance, studies have shown that between 8.6 percent and 21 percent of the adolescent population in Uganda, had symptoms of depressive disorder (Kinyanda, Kizza, Abbo, Ndyabangi, & Levin, 2013; Nalugya Sserunjogi, Rukundo, Ovuga, Kiwuwa, Musisi & Nakimuli-Mpungu, 2016).

Due to the high rates of use and unfavorable long-term effects for users, adolescent substance use is also becoming a larger social issue (Johnston, O'Malley, Bachman, & Schulenberg,

2011; SAMHSA 2012; Van Hasselt et al. 2005). For today's youth, the prevalence of smoking, binge drinking, and marijuana use is relatively high (Johnston et al., 2011). As an illustration, a study conducted in a few secondary schools in Northern and Central Uganda found that approximately 70.1% of the respondents had ever used alcohol or other drugs. Only 39.1% of people regularly used drugs. Alcohol was most frequently used (23.3%), followed by cigarettes (9.2%), kuber (10.8%), khat (10.5%), aviation fuel (10.1%), and cannabis (9.2%). (5.9 percent). In 2016 (Abbo, Okello, Muhwezi, Akello, & Ovuga).

As a result, low self-esteem has been linked to a higher risk of engaging in risky behaviors like depression, poor health, and social deviance (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; Trzesniewski, Donnellan, Moffitt, Robins, Poulton, & Caspi, 2006; Sowislo & Orth, 2013). Additionally, studies have shown a link between relatively low self-esteem and the start of substance use (Veselska, Geckova, Orosova, Gajdosova, van Dijk & Reijneveld, 2009; Zamboanga, Schwartz, Jarvis & Van Tyne, 2009). While the evidence is mounting, other studies have found no correlation at all (Kokkevi, Gabhainn & Spyropoulou, 2006). For this reason, research has shown that adolescent depression and substance abuse are significantly correlated (Chinet, Bernard, Monique, Mathieu, Jacques, Giusi, & Olivier, 2006; Clark, Ringwalt & Shamblen, 2011). Thus, the purpose of this study is to investigate how depression, substance abuse, and self-esteem are related among university adolescents.

### **Statement of the Problem**

Student substance abuse poses a grave threat to society and is linked to an increase in illness and fatalities (Measelle, Stice & Springer, 2006). Meanwhile, depression affects a significant portion of Ugandan teenagers and students, with negative repercussions for their wellbeing and professional advancement (Nalugya-Sserunjogi et al., 2016). Additionally, due to the high usage

rates and unfavorable long-term effects for users, substance abuse among adolescents is a growing social issue (e.g. Abbo et al., 2016). Research has shown that more than 90% of adults with current substance use disorders began abusing illicit drugs before the age of 18, but only 50% of those started before the age of 15. (Donovan, 2004). Due to low self-esteem, which is characterized by low evaluation, failure, low self-worth, dissatisfaction, and a sense of being useless, depression rates among school-age adolescents may have increased. As a result, this has led to hopelessness, suicidal thoughts, and substance use. Therefore, it is crucial and urgent for various organizations, including ministries, universities, and parents generally, to implement effective interventions to reduce student substance abuse before it worsens to an unmanageable level.

### **Purpose of the Study**

The study aimed at examining the relationship between self-esteem, depression and substance abuse among University Students.

### **Objectives of the Study**

The research will be guided by the following objectives;

1. To examine the relationship between self-esteem and depression among University Students.
2. To examine the relationship between self-esteem and substance abuse among University Students.
3. To examine the relationship between depression and substance abuse among University Students.

## **Scope of the Study**

### **Geographical scope**

The study will focus on University students in the central region of Kampala district, specifically from Makerere University which is located on Makerere Hill, one of the many hills on which Kampala, the Capital City of Uganda, is built. The main Campus is about 5 km to the North of the City Centre covering an area of 300 acres. This is because a good number of adolescents are prone to low self-esteem, depression and some abuse drugs due to the many stressors of life they go through.

### **Contextual Scope**

This study focused on self-esteem, depression and substance abuse. Under self-esteem, components of high and low self-esteem; depression is operationalized as a mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration (WHO, 2012). Lastly, substance abuse is described as the use of prescribed or over-the-counter drugs in excess of the directions, and any nonmedical use of drugs ((Skinner, 1982).

### **Significance of the Study**

The study as it may be important in the acquisition of a degree of Community Psychology as it is the University's prerequisite that every student on this academic programme must do research on a selected topic and area of study. Their first preparation is to write a research proposal that guides them in coming up with a dissertation that involves data entry and analysis, which is viewed as the final completion of the research work.

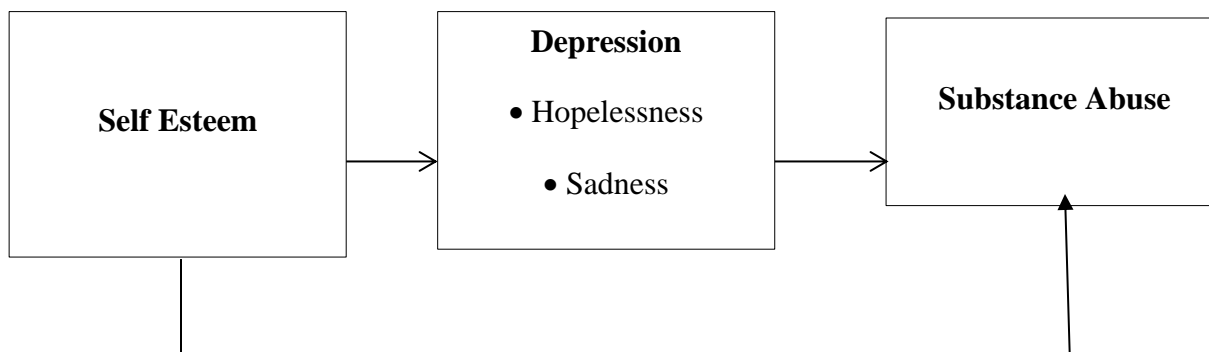
Depression is a problem in Uganda and requires intensive research in order to plan proper intervention. This study hopes to help clinicians/counselors working with adolescents to develop proper programs and intervention strategies that will focus on helping the adolescents who are both victims of depression and substance abuse.

This study hopes to contribute by adding to the literature of self-esteem, depression and substance abuse among school going adolescents and can also serve as a guide avenue in terms of other studies especially to the student's fraternity who wish to advance with their studies adopting the same variables.

Findings from this study may help government, policy makers and civil society organizations to craft appropriate programs that address the causes of depression among adolescents while promoting awareness about the dangers of substance abuse today and how to deal with such addictions.



## Conceptual Framework



**Figure 1: A conceptual framework showing the relationship between self-esteem, depression and substance abuse among school going adolescents.**

According to the conceptual framework above, self-esteem is directly related to depression and substance abuse among adolescents. Therefore, low self-esteem may lead to depression evidenced as a feeling of worthlessness, guilt and hopelessness which in turn may lead to substance abuse such as marijuana, cigarette and cocaine among adolescents. Lastly, low self-esteem may directly lead to increased substance abuse among adolescents.

Therefore, low self-esteem causes various mental disorders such as depression, anxiety and learning problems, difficulties in dealing with failures, losses and other setbacks (Orth & Robins, 2013). Such mental disorders for example, depression in turn increases the likelihood of substance use (Goldstein et al., 2009; Merikangas et al., 2010). On the other hand, self-esteem predicts the likelihood and extent of substance abuse (Zamboanga et al., 2009).

## **Chapter Two**

### **Literature Review**

#### **Introduction**

This chapter contains the review of literature on what other researchers have so far written about the study variables and their relationships.

The high prevalence of mental problems and behavioral deviations experienced by adolescents is due to the fact that they are starting to be considered normal as part of exploring the identity of adolescents (Keyes et al., 2015)

#### **Stress, Low self-esteem, and Depression in Adolescents**

In his study (Zheng et al., 2016) documented that 357 adolescents (42.4%) experienced stress, and 484 participants (57.6%) were not stressed. Stress that occurs in adolescents is caused by an uncomfortable family environment, schoolwork, and stressors from teachers and peers. Adolescents also experience mental and physical development, which causes an increased burden on the mind, causing stress (Miller & Prinstein, 2019). Stress is characterized by significant brain changes, high levels of stress, and the emergence of psychopathology that increases the vulnerability of psychiatric disorders (Sheth et al., 2017). Stress that occurs in adolescence is accompanied by depression and anxiety (Duarte et al., 2019). On the other hand, adolescents are not stressed because they have good coping skills, a sense of optimism, and support, and family resilience (Han et al., 2018). Also, adolescents with high self-esteem can also reduce the burden of problems that make them stressed (Uba et al., 2013). In terms of anxiety level, the present study showcased that most of the 603 adolescents (71.6%) experienced anxiety. Anxiety is a feeling of fear that is unclear and unsupported by the situation, and no object can be identified as a stimulus (Videbeck, 2020). This happens a lot to adolescents because they are worried about the future,

hopes, and desires that have not been clearly designed (Liu et al., 2019). Anxiety often occurs in women, which affects daily survival and is associated with weakness and helplessness (Craske et al., 2017). Concerning the depression level, our data indicated that 591 adolescents (70.4%) experienced depression, particularly mild depression. The prevalence of major depression is higher in late adolescence because of the many responsibilities that must be resolved both to teachers and parents (Lawrence et al., 2015). This stage is a period of identity construction, freedom of life, a transition to adulthood, much pressure from school, and the social environment engagement, thereby leading to a risk of experiencing mental health problems (Yeomans& Christensen, 2016). Higher education levels and academic stress can also play an essential role in determining adolescent mental health (Subramaniam et al., 2018). High levels of academic stress are a significant risk factor for depression (Assana et al., 2017). Besides, depression occurs due to psychological conditions, relationship problems with friends, parents, teachers, financial, and physical health problems (Magklara et al., 2015).

### **Potential Drug Abuse in Adolescents**

The potential drug abuse in adolescents may be due to peer influence, coupled with curiosity and pleasure when using substances is then accepted in social interactions (Gopiram& Kishore, 2014). This occurs in various developed and developing countries with this type of substance (Mehanović et al., 2020), as in Switzerland, adolescents tend to use alcohol and marijuana (Huang et al., 2014), opioids in Bosnia (Jelena, 2013), and marijuana in Taiwan (Lin et al., 2017). Peer pressure has also contributed to the relapse of drug use in Bangladesh (Rahman et al., 2016). The potential drug abuse in adolescents begins with a family lifestyle for smoke activities and alcohol consumption (Wangdi&Jamtsho, 2019). Adolescents with a family history of alcohol and drug users are more at risk, so particular interventions are needed to prevent them

from potential drug abuse (Das et al., 2020). The only factor for hampering the use of drugs among adolescents is an affective relationship in the family, leading to high self-esteem and positive emotions (Ólafsdóttir et al., 2018).

Adolescents with high levels of marijuana use are at a higher risk of experiencing mental disorders such as anxiety and depression (Duperrouzel et al., 2018; Subramaniam et al., 2018). Also, drug involvement has a significant indirect effect on suicidal behavior through anxiety, depression, and hopelessness (Thompson et al., 2005). Drug abuse also inhibits cognitive and emotional development, and it alters neurochemical activity in the brain, biological mechanisms, coping, negatively impacts life, and well-being (Esmaealzadeh et al., 2018). Meanwhile, drug abuse's potential factors are younger, men, stress, personality (antisocial personality disorder), self-esteem, social environment, knowledge gap, and peers of drug users (Moltisanti et al., 2018; Pei et al., 2020; Yang & Xia, 2019). This happens because the social environment shapes adolescents' ability to deal with stressors and coping (Pei et al., 2020).

## **Relationship between Stress, Anxiety, and Depression with the Potential Drug Abuse n**

### **Adolescent**

Adolescence is a developmental stage where drug abuse is often found in high school students starting with alcohol use (Johnston et al., 2019). Men are more at risk because they have more freedom to socialize than women (Moustafa et al., 2020). At this stage, there are neurobiological changes that cause more sensitivity, changes in brain performance that regulate stress and emotion, which can potentially lead to increased susceptibility to psychopathology in adolescents (Wakeford et al., 2018). Adolescents with high self-esteem can better overcome problems that become stressors from family, friends, and the environment (Uba et al., 2013). Good social relationships with the family, environment, and friends affect adaptive coping strategies in

dealing with negative emotions or life challenges (Pei et al., 2020). Adaptive coping strategies by seeking social support are effective stress management that does not harm health and is not at risk for drug abuse in adolescence (Sudraba et al., 2015). Based on the finding, it was concluded that there was no significant relationship between the level of anxiety and the potential drug abuse in adolescents. Anxiety in adolescents is not a strong factor in increasing the frequency of alcohol consumption, drug abuse, smoking, and addiction (Bartel et al., 2018). In line with the previous study, these results showed that Anxiety level was not associated with risk factors for alcohol and drug abuse (Jurk et al., 2015; Malmberg et al., 2013). Although anxiety does not affect alcohol abuse, intervention for anxiety can indirectly reduce alcohol addiction behavior (Olthuis et al., 2015). The use of alcohol, drugs, and smoking is a coping strategy to avoid problems that are thought to reduce anxiety (Ohannessian, 2014). Adolescents facing problems should use adaptive anxiety management strategies to prevent drug use (Stapinski et al., 2016). Based on the study results, it can be concluded that there is no significant relationship between the level of depression and the potential for drug abuse in adolescents. Depression and drug use in adolescents are caused by predisposing genetic factors and biological mechanisms that alter neurochemical activity in the brain (Esmaeelzadeh et al., 2018). Another causative factor is influenced by the peer relationship condition (Mason et al., 2019), alcoholism, and problem-solving skills (Hernandez et al., 2016). This disconnection is because adolescents have adaptive coping for problem-solving, access to mental health services, get social support, and know the negative effects of drugs (Wasil et al., 2020). So that when someone faces a problem, he can use coping as a cognitive and behavioral effort to manage external or internal demands (Zhang et al., 2018). Adaptive coping is because adolescents have physical health, positive beliefs or views, problem-solving skills, social skills, adequate social support, and sufficient material assets. Adolescents can use adaptive coping

patterns by taking the positive side of a situation to be emotionally calmer, think clearly, use problem-solving skills, and social support to solve their problems (Stuart, 2016)

## **Chapter Three**

### **Methodology**

#### **Introduction**

The sections that included in this chapter are the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis

#### **Study Design**

The study used a descriptive correlation design that is to say both qualitative and quantitative methods of data collection. It is Quantitative in the sense that it was based on methodological principles of description, and use of statistical measurements. Qualitative data were presented in tables (Wildler, 2002). It was correlational because it established the relationship between depression and drug abuse. It was cross sectional because data was collected from all respondents within the same period of time. It was ex post facto as it involved events that have already taken place and may be related to present conditions.

#### **Population**

The study population was the school going adolescents because school have a good number of adolescents who abuse drugs.

#### **Sample**

The study considered a sample of one hundred (100) respondents (university students). Simple random sampling, a probability selection method was used to select the sample because this technique ensured that every student has a chance of being part of the study sample given the fact that almost the entire university population is prone to stress, depression and drug abuse.

## **Instruments and Measures**

The data was collected using a self administered questionnaire. The questionnaire has four sections. Section A contains Bio data (Background Information) of the respondents, Section B (Self-Esteem) had 10 items that were developed by Rosenberg, (1965) C (Patient Health Questionnaire [PHQ-9]) has 9 items was used to measure depression and Section D (Substance Abuse) For the purpose of this study, the DAST-10 instrument consisted of questions screening for abuse of substances other than alcohol among adolescents. The Drug Abuse Screening Test (DAST-10) was a 10 item self-report scale that screens for the abuse of substances (Addiction Research Foundation, 1982).

## **Procedure**

Before going to the field, an introductory letter was got from the School of Psychology and Mental Health Department and this helped to introduce the researcher to the target population. The researcher went to the field and introduces herself by names, to the target population later. The objectives and the purpose of the study is explained to the students and their willingness to participate with their consent and it started off.

## **Reliability and validity of Research Instruments**

The interviews were semi-structured, additional stimulus and probing questions asked to further understand the participant's response. Supplementary time were taken during each interview to make sure that the client is okay with continuing to discuss the topic. The instruments that were used are reliable as they consistently obtain the same results when different researchers ask the demographic questions and interview questions. The interview guide and demographic questionnaire is valid as it shows real-life results. This led to the participants solely answering questions about Self-Esteem, Depression and Substance Abuse among University Students



## **Ethical Consideration**

The researchers of this study made every effort to guarantee that participants' confidentiality. During the interview process, both the participant and researcher are required to be in a room alone, where no other individual were able to hear the conversation. This allowed the interview to stay confidential.

Consent forms were read out loud and researchers verbally asked for the participant's consent. Participants were assured of complete confidentiality in the start of the study. Hence, this chapter provides all the steps that were taken to ensure all data collected was to maintain protected and confidential.

## **Data Analysis**

Demographic data was analyzed using descriptive statistics. Descriptive statistics explain certain levels of measurements like the average (central tendency), spread (dispersion), and the idea of normal distribution. Descriptive statistics are ideal for examining the data that was obtained in this study as it describes detailed characteristics of the demographic data that was provided by the participants.

The frequency and percentage distribution was used to determine the profile of the respondents. The means and interpretations were applied for the levels of depression and drug abuse.

Frequencies and proportions were provided for all the comments that are related to the themes. Finally, the demographic data gathered will be taken from an excel sheet and analyzed using descriptive statistics.



## Chapter Four

### Results

#### Introduction

This chapter presents the research findings and interpretation of the results. The correlation between the three variables which were, to examine the relationship between self-esteem and substance abuse, to examine the relationship between depression and substance abuse and to examine the relationship between self-esteem and depression among adolescents and they were investigated using Pearson's correlation.

#### Demographic data of Respondents

Respondents were asked to indicate their sex and age. Frequencies were obtained and computed into percentages as shown in the Table 1.

**Table 1: Frequencies of respondents' Sex and Age.**

Variables	Responses	Frequencies	Valid Percentages (%)
Gender	Male	62	41.3
	Female	88	58.7
Age	Above 30 years	2	1.3
	25-29 years	3	2.0
	20-24 years	91	60.7
	15-19 Years	54	36.0

Results in Table 1 show that majority of the respondents were females (58.7%) while males constituted of 41.3% of the respondents in the study. The results continue to show that majority of the respondents were aged between 20-24 years (60.7%), followed by respondents aged between 15-19 years with a percentage of (36%), respondents aged 25-29 years constituted 2% while the least were respondents aged above 30 years with a percentage of (1.3%).

### Self Esteem and Substance Abuse

Pearson's Product Moment Correlation Coefficient was used to determine the significance of the relationship between Self esteem and Substance Abuse, the results were as follows.

**Table 2: Correlation between Stress and Substance Abuse among Adolescents**

		Stress	Substance Abuse
Stress	Pearson Correlation	1	.297**
	Sig.(2-tailed)	.	.000
	N	150	150
Substance Abuse	Pearson Correlation	.297**	1
	Sig.(2-tailed)	.000	.
	N	150	150

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

Correlation results in Table 5 show that there is a significant relationship between Self esteem and substance abuse among adolescents ( $r = .297^{**}$ ,  $p = .000$ ). The p value (.000) is smaller than 0.05 in magnitude ( $p = .000 < 0.05$ ). Therefore, the alternative hypothesis is retained and it is concluded that there is a significant positive relationship between Self esteem and substance abuse among

adolescents. This implies that when adolescents are faced with life stressors that under estimate their self-esteem, they start using substances and drugs so as to avert their stress.

### Self Esteem and Depression

Pearson's Product Moment Correlation Coefficient was used to determine the significance of the relationship between self-esteem and Depression, the results were as follows.

**Table 3: Correlation between Self esteem and Depression among Adolescents**

		Self-esteem	Depression
Stress	Pearson Correlation	1	-.606**
	Sig.(2-tailed)	.	.004
	N	150	150
Depression	Pearson Correlation	-.606**	1
	Sig.(2-tailed)	.004	.
	N	150	150

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

Correlation results in Table 6 show that there is significant relationship between self-esteem and depression among adolescents ( $r = -.606^{**}$ ,  $p = .004$ ). The p value (.004) is smaller than 0.05 in magnitude ( $p = .004 < 0.05$ ). Therefore, the alternative hypothesis is retained and it is concluded that there is a significant relationship between self-esteem and depression among adolescents. The results showed a negative correlation, this implies that when adolescents fail to cope up with the stressors in their day to day life, they get into depression.

### Depression and Substance Abuse

Pearson's Product Moment Correlation Coefficient was used to determine the significance of the relationship between Depression and Substance Abuse, the results were as follows.

**Table 4: Correlation between depression and substance abuse among Adolescents**

		Depression	Substance Abuse
Stress	Pearson Correlation	1	.320*
	Sig.(2-tailed)	.	.015
	N	150	150
Substance Abuse	Pearson Correlation	.320*	1
	Sig.(2-tailed)	.015	.
	N	150	150

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

Correlation results in Table 7 show that there is a relationship between depression and substance abuse among adolescents ( $r = .320^*$ ,  $p = .015$ ). The p value (.015) is smaller than 0.05 in magnitude ( $p = .015 < 0.05$ ). Therefore, the alternative hypothesis is retained and it is concluded that there is a relationship between depression and substance abuse among adolescents. This implies that when adolescents get depressed in life, they tend to resort to substance abuse as a solution to their issues in life.

## **Chapter Five**

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

#### **Introduction**

This chapter presents the discussion of the study results on relationship between self-esteem, Depression and Substance abuse among adolescents. It also presents the conclusion and recommendations.

#### **Self-esteem and Substance Abuse among Adolescents**

The first alternative hypothesis stated that there is a significant relationship between self-esteem and substance abuse among adolescents. The results of the study also indicated that there is a significant relationship between self-esteem and substance abuse among adolescents. This implies that when adolescents are stressed or faced with life stressors like academics, family conflicts and challenges and also relationship issues that undermine their self esteem, they are bound to resort to using and abusing substances and drugs as a stress remedy. The findings are in line and agreement with many researchers, and some of them are the following;

The findings are in agreement with Sinha, R., (2008) who argues that stress is a well-known risk factor in the development of substance abuse. A series of population-based and epidemiological studies have identified specific stressors and individual-level variables that are predictive of substance use and abuse. Furthermore, pre-clinical research also shows that stress exposure enhances substance abuse. In a study conducted in United States 75% of addicted adolescents reported experiencing moderate to high levels of stress in the past month and nearly half reported that their stress has increased in the past year (Sinha, R., 2008).

Gilman, S. E., (2001) also agrees with the findings when he stated that Stress is a major underlying factor in the manifestation of many mental disorders among adolescents including

substance abuse the socio-ecological model which takes into account the multifaceted interaction between individual, relationship, community, and societal factors, helps us to understand the risk factors or determinants of stress and other psychiatric disorders (Sword, W., 1999). Adolescents, who are in a vital period of development, both physically and psychologically, may experience high levels of stress (Cripps, K., & Zyromski, B., 2009), and the inability to deal with stress effectively may prove to be hazardous. This may very well depend upon the personality traits and the coping mechanisms an adolescent utilize to meet the stressor (Thoits, P. A., 1995). The perception and appraisal of stress relies on specific aspects of the presenting external or internal stimuli, personality traits, availability of internal resources (including physiological condition of the individual), prior emotional state (including beliefs and expectancies), and specific brain regions mediating the appraisal of stimuli as distressing, and the resulting physiological, behavioral, and emotional experiences and adaptive responses (Sinha, R., 2008).

There is a substantial literature on the significant association between acute and chronic stress and the motivation to abuse addictive substance by Sinha, R. (2008) is in agreement with the new finds where many of the major theories of addiction also identify an important role of stress in addiction processes (Kwako, L. E., & Koob, G. F., 2017). These range from psychological models of addiction that view drug use and abuse as a coping strategy to deal with stress, to reduce tension, to self-medicate, and to decrease withdrawal-related distress, to neurobiological models that propose incentive sensitization and stress allostasis concepts to explain how neuro adaptations in reward, learning, and stress pathways may enhance craving, loss of control, and compulsion, the key components in the transition from casual use of substances to the inability to stop chronic use despite adverse consequences (Milivojevic, V., & Sinha, R., 2018).



Additionally, this finding is also in agreement with the new results where it says there is also growing evidence that adolescents at risk for substance abuse who have experienced several stressors are more likely to show decreased emotional and behavioral control, and decreased self-control is associated with substance abuse and other maladaptive behaviors (Brady, M. A., 2015). Additionally, adolescents who abuse drugs are known to have decreased executive functioning, low behavioral and emotional control, poor decision making, and greater levels of deviant behavior and impulsivity (Wills, T. A., 2011).

In conclusion, the findings of the study were in agreement with the previous studies of different researchers which showed that there was a significant relationship between stress and substance abuse among adolescents. So it is concluded that stress and substance abuse are significantly related.

### **Self Esteem and Depression among adolescents**

The second alternative hypothesis stated that there is a significant relationship between self-esteem and depression among adolescents. The findings of the study also revealed that there is a significant relationship between stress and depression among adolescents. This implies that when life stressors among adolescents are not given much attention by the peers and family members through social and emotional support, they tend to get into depression where their interest in doing most of the things they loved is lost or becomes very low. This goes to all stakeholders in adolescents' lives that is, parents, care givers, teachers, and the government at large to ensure that life stressors among adolescents are handled in the right ways possible so as not to let them into depression. The above findings are in line and agreement with the previous researchers, this is discussed as follows;

Stress refers to a state of psychological and physical imbalance resulting from the disparity between situational demands and the individual's ability and motivation to meet the demands upon him or her (De Jonge, J., 2003). It is a process that puts the bodily systems under strain in order to cope with the environmental demands that bring about psychological and biological changes that could account for an illness (Engel, G. L., 1960). Hence Sadaghiani, N. S. K., et al (2013) agrees with the current finding where he argues that there is a strong link between stress and depression especially among adolescents in slums due to the fact they usually resort to short term and unhealthy coping mechanisms like alcohol consumption which don't only serve as a temporary solution but also resulting into problematic behaviors and psychological problems and sometimes death

According to Korte, S. M., et al., (2005), if the stress is continued or prolonged, it can leave adverse effects on body's immune, cardiovascular, neuroendocrine and central nervous systems. When chronic stress goes untreated it can result into serious disabilities like insomnia, weakened immune system, high blood pressure, anxiety and muscle pain. Hence, these results are in agreement with the current results as they argued that it can also play a role in developing major disorders like depression (Evidences have been found that the combination of emotional arousal and neuroendocrine stimulation due to prolonged stress causes chronic insomnia among adolescents (Pervanidou, P., & Chrousos, G. P., 2012) . In a cross-sectional study of a stress buffering model, Neff and Husaini (1980), re-ported that life events were more strongly related to depressive symptomatology for adolescents in slums (Hull, P. C., 2004).

Depression among other psychotic disorders is one of the most prevalent disorders with the lifetime prevalence of more than 17% in the general population (Perälä, J., 2007). Researchers have associated elevated cortisol level in bloodstream to be one of the major causes of major

depressive disorder as a result of HPA hyper activation (Handwerker, K., 2009). People with cognitive impairment, a distinct indicator of depression, have shown abnormalities in HPA activation Allison, D. J., & Ditor, D. S. (2014). The other way around HPA axis deregulation has been found in patients with severe depressive symptoms (Fornaro, M., et al., 2019). A recent literature review proposed that prolonged stress and pathological anxiety are responsible for causing structural degeneration in the brain and reduced functioning of hippocampus and the prefrontal cortex which in return increase the risk of development of disorders like depression (Lupien, S. J., et al., 2009).

Further researches have strengthened the proposition that depressive episodes develop after the occurrence of major negative life event by stating that stressful life events are usual for the beginning of depression among adolescents more so those living in slums with unfavorable conditions which all serve as life stressors to adolescents especially in developing countries including unemployment, poor housing, marital conflict, financial strains (Nock, M. K., 2010). Hence the above findings are in agreement with the current findings.

In conclusion, adolescents who encounter stressful life events like academic issues, parent-child discord and poor peer pressure are likely to suffer from depression as compared to their counterparts who are not faced with stress.

### **Substance abuse and Depression**

The third alternative hypothesis stated that there is a significant relationship between depression and substance abuse among adolescents. The findings of the study also revealed that there is a significant relationship between depression and substance abuse among adolescents hence the alternative hypothesis is retained, hence these findings imply that when adolescents have broken

into depression in most cases, due to lack of coping mechanisms like social support and resilience, they tend to start abusing drugs and substance as a solution to their life problems and stressors. These fresh findings are in line and agreement with most of the previous researchers and they include some of the following;

Galambos, N. L., (2004) agreed with the current findings when he agreed that depression is a period of at least two weeks when an adolescent has experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms (Approximately 70% of adolescents with depression have functional limitations that meet the criteria for serious emotional disturbance (Friedman, R. M., 1996). Drug abuse is a pattern of substance use that leads to the failure to fulfill responsibilities at work, home, or school and/or repeated use in situations in which it is physically hazardous (Marchesi, J. R., 2011).

Depression, one of the most prevalent mental health disorders, has been steadily increasing among adolescents in the US. In 2014 –2015, one in eight adolescents reported experiencing a major depressive episode (MDE) in the past year (Twenge, J. M., 2019) is in agreement with the current findings, for example,for adolescents, mental illnesses (depression) and substance use disorders often occur together. As many as 60% to 75% of adolescents with substance use disorders are estimated to have a co-occurring mental illness. In some cases, substance use may begin as a strategy for self-medicating to manage psychiatric symptoms (Cerullo, M. A., &Strakowski, S. M., 2007). Furthermore, among adolescents, depression is associated with poor health and behavioral outcomes, including higher risks of substance abuse, unsafe sexual practices, and violence and lower achievement on tests, lower teacher-rated grades, and poorer peer relationships (Bradley, B. J., & Greene, A. C., 2013).

Additionally, Age trends suggest that substance use is a developmental phenomenon, which increases almost linearly from early to late adolescence and alcohol is the most commonly abused substance (Young, S. E., et al., 2002). The reasons underlying the relationship between depression and drug abuse may vary according to the unique contribution a specific substance makes to the experience of depressed mood (Khantzian, E. J., 1997). For instance some studies suggest that marijuana may have unique contributions to the experience of depressed mood and yet marijuana use often co-occurs with alcohol use and existing research indicates that individuals who use both alcohol and marijuana experience higher rates of depression when compared to those who use either substance alone (Agrawal, A., 2012). For instance research studies indicate that excessive drinking can increase poor emotional health often manifesting as depression, stress, and anxiety that adversely affect interpersonal relationships, additionally, research has shown a strong link between addiction and the disruption of family relationships, including severe psychosocial and physical effects on family members described as depression, anxiety, and stress (Rozanski, A., 1999). Relatedly, a cross sectional study by (Brook, Brook, Zhang, Cohen, & Whiteman, 2002) found out Adolescent tobacco use and other substances was significantly associated with an increased risk of depression episodes.

According to Pradhan et al., (2013), depression is frequently found as comorbidity among adolescents who abuse substances. Most of the time it is reported as underdiagnosed and a majority of patients go untreated. Many studies have indicated that comorbid depressive symptoms play a major role in the prognosis of substance use disorder and the relapse has been found to be greater in patients who have a comorbid depression (Fang, H., et al., 2019). An adolescent who is suffering from depression may feel hopeless, lonely and gradually plunges into drug abuse and vice versa (Downey, A. M., 1991). This two way relation is a serious matter of concern for the patient, their

families, health services and society (Andersen, R. M., 1995). Recent research studies have confirmed the fact that depression and is a factor related to the substance use among adolescents. However, the presence of depressive symptoms may be considered also a consequence of the drug abuse. For example, the frequent use of alcohol among adolescents is associated with the presence of depressive symptoms (Swendsen, J. D., 2000). Also, more frequent cannabis use has been suggested to be associated with increases in rates of depressive symptoms (Turna, J., 2019).

In Uganda however, there is not much research that has been done and therefore the relation between depressive symptoms and drug abuse is not entirely clear, neither is there any clear evidence of whether it is the mental problem or the high risk of drug abuse which comes first among adolescents in slums, or whether all substances have the same emotional connection with the problem.

In conclusion the study results were in agreement with previous research studies that showed that there is a relationship between substance abuse and depression among adolescents. Substance abuse is a significant causal factor to depression that is; substance abuse exposes adolescents to social rejection and loss of control over their lives which increases their susceptibility to depressive symptoms and depression.

### **Recommendations**

The researcher made the following recommendations in line with the study findings;

Local council authorities should put in place counseling sessions for adolescents who are affected by stress since it may affect the overall functioning of adolescents in their day to day lives and in their relationships with other people around them.

Psycho education trainings should be provided to adolescents to equip them with diversity of skill on how to cope with stress and depression, negativity of substance abuse and how they can live a free and healthy life.

Media campaigns against substance abuse should be initiated by the government on internet platforms for example Facebook, Twitter, Instagram, condemning the use of drugs and showcasing their long term effect on one's health and physical wellbeing this will help to increase awareness especially in these slum areas like Katanga hence save adolescents from drug addiction.

Community workers these can range from community psychologists to other fields should turn their focus on the poor and desperate youth being eaten up by the vice of substance abuse and not only concentrate in urban areas as this will help reduce on the use of drugs .These can be inform of educational outreaches and rallies to create awareness on the effects of drug use

There should also be establishment of rehabilitation centers to help those who have broken down due to depression and substance abuse and addiction to get medication and also help in Katanga slums.

### **Areas for Future Research**

There is need to conduct a similar study in a rural settings of Uganda to observe if similar results or different results will be obtained since the experience in a rural setting may be even worse.

Future research is needed to carry out qualitative research on stress and depression among adolescents, with a big sample size to observe if it will have an impact on their substance and drug abuse.

**Limitations of the Study**

The researcher anticipated a methodology limitation since the designed questionnaire was closed ended which requires NO or YES without giving room to the explanations of respondents. It also involves self-reports which are subjected to reporting bias.

Slow and Non- response; since the researcher did not know the kind of respondents they were dealing with, some of them failed to respond to questionnaires, delay to fill them and others were be rear to be found. Therefore, this required the researcher to set an appropriate appointment with the respondents in order to ensure that data is availed in time.



## References

- Agrawal, A., Budney, A. J., & Lynskey, M. T. (2012). The co- occurring use and misuse of cannabis and tobacco: a review. *Addiction, 107*(7), 1221-1233.
- Allison, D. J., & Ditor, D. S. (2014). The common inflammatory etiology of depression and cognitive impairment: a therapeutic target. *Journal of neuroinflammation, 11*(1), 1-12.
- Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter?. *Journal of health and social behavior, 1*-10.
- Bradley, B. J., & Greene, A. C. (2013). Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *Journal of adolescent health, 52*(5), 523-532.
- Brady, M. A., Renzing, A., Douglas, T. E., Liu, Q., Wille, S., Parizek, M., ...& Warnke, P. H. (2015). Development of composite poly (lactide-co-glycolide)-nanodiamond scaffolds for bone cell growth. *Journal of nanoscience and nanotechnology, 15*(2), 1060-1069.
- Brook, D. W., Brook, J. S., Zhang, C., Cohen, P., & Whiteman, M. (2002). Drug use and the risk of major depressive disorder, alcohol dependence, and substance use disorders. *Archives of general psychiatry, 59*(11), 1039-1044.
- Cerullo, M. A., & Strakowski, S. M. (2007). The prevalence and significance of substance use disorders in bipolar type I and II disorder. *Substance abuse treatment, prevention, and policy, 2*(1), 1-9.

- Cripps, K., & Zyromski, B. (2009). Adolescents' psychological well-being and perceived parental involvement: Implications for parental involvement in middle schools. *RMLE Online*, 33(4), 1-13.
- D'Amico, E. J., & McCarthy, D. M. (2006). Escalation and initiation of younger adolescents'
- Milivojevic, V., & Sinha, R. (2018). Central and peripheral biomarkers of stress response for addiction risk and relapse vulnerability. *Trends in molecular medicine*, 24(2), 173-186. substance use: The impact of perceived peer use. *Journal of Adolescent Health*, 39(4), 481-487.
- Dahl, R. E. (2004). Adolescent brain development: a period of vulnerabilities and opportunities. Keynote address. *Annals of the New York Academy of Sciences*, 1021(1), 1-22.
- De Jonge, J., & Dormann, C. (2003). The DISC model: Demand-induced strain compensation mechanisms in job stress. *Occupational stress in the service professions*, 91, 43-74.
- Downey, A. M. (1991). The impact of drug abuse upon adolescent suicide. *OMEGA-Journal of Death and Dying*, 22(4), 261-275.
- Engel, G. L. (1960). A unified concept of health and disease. *Perspectives in biology and medicine*, 3(4), 459-485.
- Fan, F., Zhang, Y., Yang, Y., Mo, L., & Liu, X. (2011). Symptoms of posttraumatic stress disorder, depression, and anxiety among adolescents following the 2008 Wenchuan earthquake in China. *Journal of traumatic stress*, 24(1), 44-53.

- Fang, H., Tu, S., Sheng, J., & Shao, A. (2019). Depression in sleep disturbance: a review on a bidirectional relationship, mechanisms and treatment. *Journal of cellular and molecular medicine*, 23(4), 2324-2332.
- Fornaro, M., Anastasia, A., Novello, S., Fusco, A., Pariano, R., De Berardis, D., ...&Carvalho, A. F. (2019). The emergence of loss of efficacy during antidepressant drug treatment for major depressive disorder: an integrative review of evidence, mechanisms, and clinical implications. *Pharmacological research*, 139, 494-502.
- Friedman, R. M., Katz-Leavy, J. W., Manderscheid, R. W., & Sondheimer, D. L. (1996). Prevalence of serious emotional disturbance in children and adolescents. *Mental Health, United States*, 996, 71-89.
- Galambos, N. L., Leadbeater, B. J., & Barker, E. T. (2004). Gender differences in and risk factors for depression in adolescence: A 4-year longitudinal study. *International Journal of Behavioral Development*, 28(1), 16-25.
- Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American journal of public health*, 91(6), 933.
- Handwerker, K. (2009). Differential patterns of HPA activity and reactivity in adult posttraumatic stress disorder and major depressive disorder. *Harvard review of psychiatry*, 17(3), 184-205.
- Hull, P. C. (2004). *Race, ethnicity, and neighborhood effects on adolescent well-being*. Vanderbilt University.

- Husaini, B. A., Neff, J. A., Harrington, J. B., Hughes, M. D., & Stone, R. H. (1980). Depression in rural communities: Validating the CES- D scale. *Journal of community psychology*, 8(1), 20-27.
- Ifland, J. R., Preuss, H. G., Marcus, M. T., Rourke, K. M., Taylor, W. C., Burau, K. ... & Manso, G. (2009). Refined food addiction: a classic substance use disorder. *Medical hypotheses*, 72(5), 518-526.
- Khantzian, E. J. (1997). The self-medication hypothesis of substance use disorders: A reconsideration and recent applications. *Harvard review of psychiatry*, 4(5), 231-244.
- Korte, S. M., Koolhaas, J. M., Wingfield, J. C., & McEwen, B. S. (2005). The Darwinian concept of stress: benefits of allostasis and costs of allostatic load and the trade-offs in health and disease. *Neuroscience & Biobehavioral Reviews*, 29(1), 3-38.
- Kumar, K. S., Srivastava, S., Paswan, S., & Dutta, A. S. (2012). Depression-symptoms, causes, medications and therapies. *The Pharma Innovation*, 1(3, Part A), 37.
- Kwako, L. E., & Koob, G. F. (2017). Neuroclinical framework for the role of stress in addiction. *Chronic Stress*, 1, 2470547017698140.
- Lupien, S. J., McEwen, B. S., Gunnar, M. R., & Heim, C. (2009). Effects of stress throughout the lifespan on the brain, behaviour and cognition. *Nature reviews neuroscience*, 10(6), 434-445.
- Marchesi, J. R., Dutilh, B. E., Hall, N., Peters, W. H., Roelofs, R., Boleij, A., & Tjalsma, H. (2011). Towards the human colorectal cancer microbiome. *PloS one*, 6(5), e20447.

- Neria, Y., DiGrande, L., & Adams, B. G. (2011). Posttraumatic stress disorder following the September 11, 2001, terrorist attacks: a review of the literature among highly exposed populations. *American Psychologist*, *66*(6), 429.
- Wills, T. A., Pokhrel, P., Morehouse, E., & Fenster, B. (2011). Behavioral and emotional regulation and adolescent substance use problems: a test of moderation effects in a dual-process model. *Psychology of Addictive Behaviors*, *25*(2), 279.
- Nock, M. K. (2010). Self-injury. *Annual review of clinical psychology*, *6*, 3
- Perälä, J., Suvisaari, J., Saarni, S. I., Kuoppasalmi, K., Isometsä, E., Pirkola, S., ...& Lönnqvist, J. (2007). Lifetime prevalence of psychotic and bipolar I disorders in a general population. *Archives of general psychiatry*, *64*(1), 19-28.
- Pervanidou, P., & Chrousos, G. P. (2012). Metabolic consequences of stress during childhood and adolescence. *Metabolism*, *61*(5), 611-619.
- Pradhan, P., Lüdeke, M. K., Reusser, D. E., & Kropp, J. P. (2013). Embodied crop calories in animal products. *Environmental Research Letters*, *8*(4), 044044.
- Rozanski, A., Blumenthal, J. A., & Kaplan, J. (1999). Impact of psychological factors on the pathogenesis of cardiovascular disease and implications for therapy. *Circulation*, *99*(16), 2192-2217.
- Sadaghiani, N. S. K. (2013). The comparison of coping styles in depressed, anxious, under stress individuals and the normal ones. *Procedia-Social and Behavioral Sciences*, *84*, 615-620.

- Schulenberg, J. E., Merline, A. C., Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Laetz, V. B. (2005). Trajectories of marijuana use during the transition to adulthood: The big picture based on national panel data. *Journal of drug issues*, 35(2), 255-280.
- Shire, F. A. (2018). *Stress, depression and substance abuse among adolescents* (Doctoral dissertation, Makerere University).
- Sinha, R. (2008). Chronic stress, drug use, and vulnerability to addiction. *Annals of the new York Academy of Sciences*, 1141, 105.
- Spear, P. G., & Longnecker, R. (2003). Herpesvirus entry: an update. *Journal of virology*, 77(19), 10179-10185.
- Swendsen, J. D., & Merikangas, K. R. (2000). The comorbidity of depression and substance use disorders. *Clinical psychology review*, 20(2), 173-189.
- Sword, W. (1999). A socio-ecological approach to understanding barriers to prenatal care for women of low income. *Journal of advanced nursing*, 29(5), 1170-1177.
- Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next?. *Journal of health and social behavior*, 53-79.
- Rozanski, A., Blumenthal, J. A., & Kaplan, J. (1999). Impact of psychological factors on the pathogenesis of cardiovascular disease and implications for therapy. *Circulation*, 99(16), 2192-2217.
- Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. *Journal of abnormal psychology*, 128(3), 185.

- Turna, J., Syan, S. K., Frey, B. N., Rush, B., Costello, M. J., Weiss, M., & MacKillop, J. (2019). Cannabidiol as a novel candidate alcohol use disorder pharmacotherapy: a systematic review. *Alcoholism: Clinical and Experimental Research*, 43(4), 550-563.
- Vlahov, D., Galea, S., Ahern, J., Resnick, H., Boscarino, J. A., Gold, J., ...& Kilpatrick, D. (2004). Consumption of cigarettes, alcohol, and marijuana among New York City residents six months after the September 11 terrorist attacks. *The American journal of drug and alcohol abuse*, 30(2), 385-407.
- World Health Organization. (2000). *Working with street children: a training package on substance abuse, sexual and reproductive health including HIV/AIDS and STDs* (No. WHO/MSD/MDP/00.14). World Health Organization.
- Young, S. E., Corley, R. P., Stallings, M. C., Rhee, S. H., Crowley, T. J., & Hewitt, J. K. (2002). Substance use, abuse and dependence in adolescence: prevalence, symptom profiles and correlates. *Drug and alcohol dependence*, 68(3), 309-322.
- Neria, Y., DiGrande, L., & Adams, B. G. (2011). Posttraumatic stress disorder following the September 11, 2001, terrorist attacks: a review of the literature among highly exposed populations. *American Psychologist*, 66(6), 429.

## **Appendices**

### **Appendix 1: Questionnaire**

**MAKERERE UNIVERSITY**

**COLLEGE OF HUMANITIES AND SOCIAL SCIENCES (CHUSS).**

**SCHOOL OF PSYCHOLOGY**

I am by name MwagalanyiNoorof a third year student of Makerere University pursuing a bachelors degree of Community Psychology and i am kindly requesting a few minutes of your time to help me fill the attached questionnaires of my topic entitled self-esteem ,depression and substance abuse among students in, MakerereUnversity. I promise that ethical consideration shall be observed and information from the respondents to the researcher shall be treated with utmost confidentiality and privacy. It will strictly be used for academic purposes only.

Thanks a lot for your participation.

**Section A: Background Information**



1. Gender: (a). Male                      (b). Female

2.



3. Above 30 years    -29 years            20-24 years            15-19 years

## Section B: Self esteem

**Instruction: Please tick the most appropriate response**

No	Items	Strongly Disagree	Disagree	Agree	Strongly Agree
1	I feel stressed when I am home and at school				
2	I feel inadequate to deal with challenges in my life				
3	I'm more short tempered than I have never been				
4	I find myself withdrawing from friends and family members				
5	I feel lonely and isolated from the rest of the world				

6	I feel exhausted all the time				
7	I find myself thinking negatively in my life and studies all the time				
8	I find it difficult to find meaning in my life				
9	I find it difficult to get involved in making decisions at home				
10	I find myself blaming others for my problems.				

**Section C: Substance Abuse****Instruction: Please tick the most appropriate response**

No	Statement	Strongly Disagree	Disagree	Agree	Strongl y Agree
1	I have used drugs other than those required for medical reasons				
2	I have abused more than one drug at a time				
3	I can go through the week without using drugs				
4	My family has ever neglected me				
5	I have gotten into fights under the influence of drugs				
6	I have engaged in illegal activities to obtain drugs				
7	I have been arrested for possession of illegal drugs				

8	I have ever experienced withdrawal symptoms/felt sick when I stopped taking drugs				
9	I have medical problems as a result of my drug abuse (memory loss, convulsions, bleeding etc)				
10	I have been involved in a treatment program specifically related to drug use				

**Section D: Depression****Instruction: Please tick the most appropriate response**

No.	Items	Strongly disagree	Disagree	Agree	Strongly agree
1	am sad all the time				
2	I feel my future is hopeless and will only get worse				
3	As I look back, I see a lot of failures				
4	I can't get pleasure from the things I used to enjoy				
5	I feel quite guilty most of the time				
6	I feel am being punished				
7	Am disappointed in myself				
8	I blame myself for everything bad that happens				
9	I would like to kill myself				
10	I feel like crying but I can not				

**Thank you so much for your time**