

Effect of covid-19 pandemic on the socio-economic status, anxiety, and depression among youths in Kumi District, Uganda.

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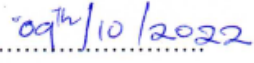
A Research dissertation Submitted to the Department of Educational, Organizational and Social Psychology in Partial Fulfillment for the award of a Degree in Bachelor of Industrial and Organizational Psychology of Makerere University

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Declaration

I, Cindney Ray hereby declare to the best of my knowledge that this research dissertation submitted to Makerere University is my piece of work, original and designed by me, and has never been submitted either in partial or in full to any academic institution of higher learning for academic purposes or any award.

Signature..... 

Date..... 

Cindney Ray

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Approval

I certify that this research dissertation, which was carried out under the title “Effect of covid-19 pandemic on the socio-economic status, anxiety, and depression among youths in Kumi District, Uganda” has been under my supervision and is now ready for submission to the school of psychology with my due approval.

Signature:



Date:

09/16/2022

Dr. Muwonge Vincent

Supervisor

Dedication

I dedicate this work to my parents, siblings, and my dear supervisor who have instilled in me a passion to learn, and provided continuous encouragement along the way.

Acknowledgment

Special thanks goes to the Almighty God who has been my provider, protector and has seen me throughout my academic journey till this moment. I would also like to a vote of thanks to my university supervisor for his commitment, academic guidance, dedication and supervision throughout the process of this report writing. I would like to thank all my classmates and well-wishers for their prayers and contributions in one way or another.

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Abstract

Background: Uganda is ranked among the top six countries in Africa in rates of depressive disorders while anxiety and depression resulting from low economic status is the second leading cause of death among youths 10-34 years of age. This problem has been worsened by the Covid-19 pandemic, thus this study aimed to determine the effect of Covid-19 pandemic on the socio-economic status, anxiety and depression among youths in Kumi District, Uganda

Method: This was a cross-sectional survey involving collection of data from the youths in Kumi district. This study used questionnaires to interview a total of 278 participants. Collected data was entered and cleaned in Microsoft excel 2016 and exported to SPSS (Version 21) for further analyses. Descriptive analysis to report personal data and Pearson correlational analysis was done to assess the relationship between Socio-economic status, Anxiety and Depression among the youths in Kumi district.

Results: We found that there was significant relationship between socio-economic status and anxiety ($r = -0.593$, $p = 0.00$). here was significant relationship between socio-economic status and depression ($r = -0.361$, $p = 0.00$), and there was significant relationship between anxiety and depression ($r = -0.216$, $p = 0.00$).

Conclusion: Socio-economic status, Anxiety and Depression are important factors that influence youths in Kimu district.

Key words: Socio-economic status, Anxiety, Depression, Youths

Chapter One:

Introduction

Background

The Covid-19 pandemic has continued to widen the already existing income gaps worldwide and several socioeconomic impacts have been reported. According to World Vision report, about 10% of the global population live with extremely low socio-economic status and are surviving on \$1.90 a day or less (Wijekoon et al., 2021). Low socio-economic status has various manifestations including lack of income and productive resources sufficient to ensure sustainable livelihood, hunger and malnutrition, ill health, limited or lack of education or access to basic services, increased morbidity and mortality from illness, homeless and inadequate housing, unsafe environment, social discrimination, lack of decision making and low social and cultural life. These indicators have been escalated by the effect of Covid-19 pandemic, that has disrupted global economy and cause several other effects (Li et al., 2020).

In Africa and many developing countries, out of the total of 4.6 billion people in developing countries, 1.2 billion people live on less than a dollar a day, thus live in extreme low economic status (Khan et al., 2020). The effect of low economic status across these regions vary among the different age groups, with more prevalence among the older and young population, but less prevalence of poverty among the youths. However, the Covid-19 pandemic has escalated this problem.

In Uganda, the 2012 poverty status report indicates that 24% of Ugandans live below the poverty line and have a low socio-economic status. In Kumi, over 70% of the people live a low socioeconomic status, and survive on less than a dollar a day. This is evidenced by the low literacy

levels, poor housing conditions where majority slip under grass thatched houses, limited access to safe and clean drinking water, poor roads among others (Naume, 2018).

Anxiety, depression and low socio-economic status tend to be “traveling partners” since evidence shows that low economic status is associated with volatile income and expenditures, the resulting worries and uncertainty can worsen a person’s living status and health, leading to anxiety and depression (Ridley et al, 2020). The proportion of the global population with anxiety disorders in 2015 was estimated to be 3.6% accounting for 264 million people, and this number has since then increased due to the Covid-19 pandemic.

Depression is also another outcome of low socio-economic status. At a global level, over 300 million people are estimated to suffer from depression, equivalent to 4.4% of the world’s population, and about 29.19 million people in Africa suffer from depression (WHO, 2017). Within a given location, those with the lowest incomes are typically 1.5 to 3 times more likely than the rich to experience depression or anxiety (CDC, 2018). The lifetime prevalence of anxiety in youths is reported to be as high as 32% and responsible for 6,200 suicide deaths in 2017 among youths from 15 to 24 years of age, and the second leading cause of death among individuals 10-34 years of age in U.S (dos Santos et a., 2021).

In Uganda, specifically Kumi District, less attention has been given to study about the socio-economic status of youths, in addition to anxiety and depression among them. This study sought to fill this knowledge gap and the findings will hopefully be used for not only academic qualification, but also help policy makers during decision making in attempts to boost socio-economic status among these group of Ugandans amidst or post Covid-19 pandemic.

Statement of the Problem

Uganda is ranked among the top six countries in Africa in rates of depressive disorders (4.6%) according to Miller et al., (2020), while 2.9% live with anxiety disorders (WHO, 2017). Furthermore, anxiety and depression resulting from low economic status is the second leading cause of death among youths 10-34 years of age. This problem has been worsened by the Covid-19 pandemic, that has devastated the global and nation's economy. However, in low- and medium-income countries like Uganda where economic status is low, more attention is given to poverty among older people and child poverty while less attention is given to youths (WHO, 2019). In Kumi, there is limited information regarding the socio-economic status, anxiety and depression among youths in Kumi District, thus hindering informed decision and sustainable policy making regarding the socio-economic boosting for youths in this district.

Study purpose

To determine the effect of Covid-19 pandemic on the socio-economic status, anxiety and depression among youths in Kumi District, Uganda.

Study objectives

The specific objectives of the study were:

1. To assess the effect of Covid-19 pandemic on the socio-economic status of the youths in Kumi District, Uganda.
2. To assess the relationship between socio-economic status and anxiety among youths in Kumi District, Uganda.
3. To assess the relationship between socio-economic status and depression among youths in Kumi District, Uganda.

Research questions

- i) What are the effects of Covid-19 pandemic on socio-economic status of the youths in Kumi District, Uganda?
- ii) What are the relationships between socio-economic status and anxiety among youths in Kumi District, Uganda?
- iii) What are the relationships between socio-economic status and depression among youths in Kumi District, Uganda?

Scope of the study

Geographical scope: This study was conducted concentrate in Kumi District, Uganda. This area was chosen because it it's one of the most ignored districts by the researchers and less developed. This study has hopefully shed light on this subject and maybe help inform concerned parties to help boost the livelihood of the youths in this area.

Contextual scope: The study focused on determining the socio-economic, anxiety and depression among youths of the study area. This utilized both male and female individuals who were around in the area during the Covid-19 pandemic.

Time scope: This study accomplished the process of writing research proposal between Jun 2022-Sep 2022, and final submission of the proposal was in Sep 2022. Data collection was done in Oct 2022-Nov 2022, and dissertation writing ran from Nov 2022-Dec 2022. The final submission of the research report was in Dec 2022.

Significance of the study.

- i) To policy makers: This study is of great importance to the researcher, Uganda, to policymakers and to organisations working towards youth socio-economic boosting in Uganda. The study did not simply concentrate on socio-economic status in general; rather, its focused is youth socio-economic status with an emphasis on anxiety and depression.
- ii) To future researchers: The findings of this research has generated new knowledge which was kept in the institution's library as secondary data and served as starting point for future research.

Conceptual framework

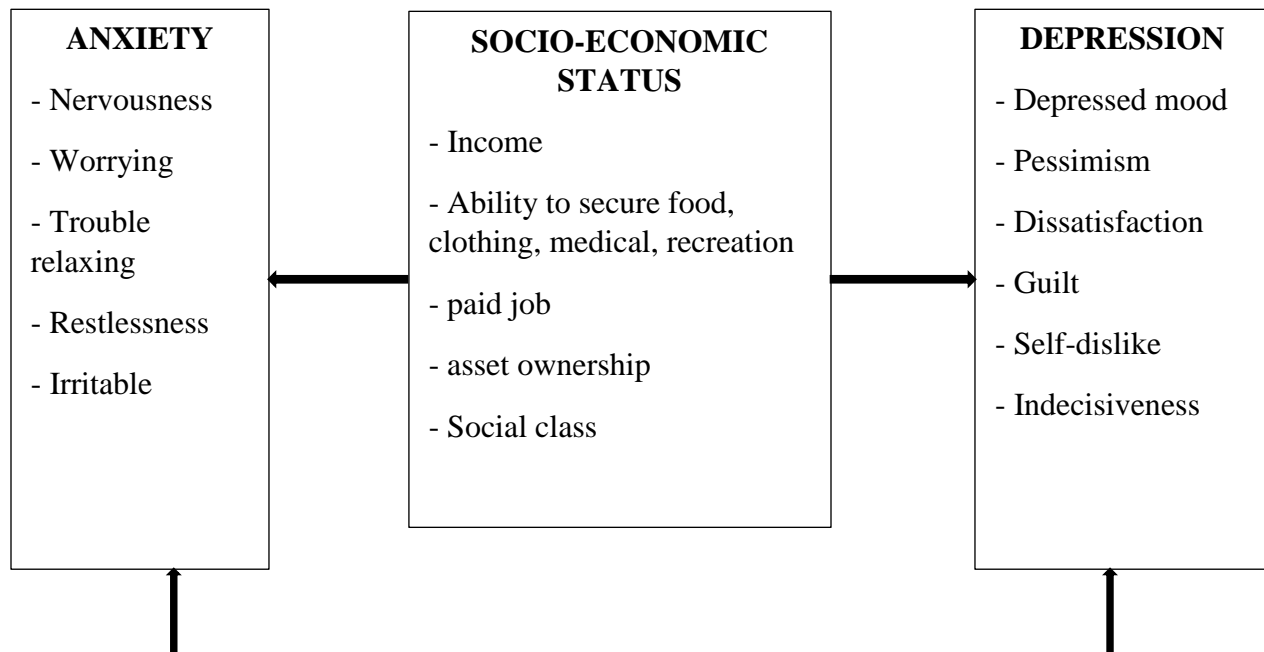


Figure 1: Conceptual framework showing the relationship anxiety, socio-economic status and depression.

In this study, a conceptual model connecting socio-economic status to anxiety and depression is proposed. Anxiety was determined using the Generalized Anxiety Disorder Assessment (GAD-7), which is a 7-item scale used to determine anxiety disorders in participants. Depression was assessed using a modified Beck Depression Inventory (BDI), as it was similarly used by Achibong et al., (2021). Socio-economic status was assessed based on the Asset Theory, which proposes that; assets, such as savings, income generating activities, and microenterprises, not only impact economic stability for individuals and households but also have important developmental, psychological and social benefits. (Karimli et al., 2019).

When an individual (youth) is unable to accumulate asset and meet their basic needs (poor), the resulting worries and uncertainty can worsen a person's living status and health, leading to anxiety and depression (Ridley et al, 2020). Therefore, socio-economic status, anxiety and depression are all interconnected, and accumulating evidence shows that anxiety, depression and socio-economic tend to be traveling partners (Ridley et al, 2020). It will follow a framework as schematically represented above.

Chapter Two

Literature Review

Introduction

This chapter encompasses of a review of the literature that has been carefully explored by a number of researchers basing on Covid-19 pandemic, socio-economic condition, anxiety and depression.

The Covid-19 pandemic

COVID-19 is a viral disease caused by the novel SARS CoV-2 virus, that originated from Wuhan-China and has spread across all major cities and countries all over the world (Wang, C, Horby, PW, Hayden, FG, 2020). The virus gained attention after clusters of pneumonia of unknown origin were reported in Wuhan, the Hubei province of China, on the 31st of December 2019 (Onyeaka, H., Anumudu, C. K., Al-Sharify, Z. T., Egele-Godswill, E., & Mbaegbu, 2021). The global spread of COVID-19 led the World Health Organization (WHO) to declare the outbreak a public health emergency of international concern and as a pandemic on the 11th of March 2020 (Cucinotta, D, Vanelli, 2020).

The spread and infection rate amongst countries and regions of the world has continually been on the rise. The disease is associated with different clinical manifestations ranging from non-specific mild symptoms such as headaches and fevers to severe pneumonia and eventually organ function damage (Onyeka et al., 2020). The most common specific symptoms related to the disease include fevers of different intensity, a persistent cough, fatigue, shortness of breath, muscle pain, sputum production and headache amongst others (Ge, H, Wang, X, Yuan, X, 2020). COVID-19

globally hit the world leaving a total of about 545,226,550 confirmed cases as of July 1 2022 including 6,334,728 deaths cases (WHO-2022)

Uganda registered her first case of Corona virus on the 21st of March 2020 and this was a 36-year-old male Ugandan from Dubai aboard Ethiopian airlines at 2:00 am detected by a high temperature (Ministry of Health) and since then the statistics of confirmed cases have been rising (Bell, D., Hansen, K. S., Kiragga, A. N., Kambugu, A., Kissa, J., & Mbonye). And Uganda confirmed 167,876 cases with about 3.621 deaths. Ministry of Health Uganda, (2022)

Although the health effect of the Covid-19 pandemic has been fairly limited in Uganda and other developing countries up to date, compared to other countries, the weak healthcare structures and high levels of co-infections mean that a widespread of the virus poses a great threat to lives (Bell et al., 2020). There is currently incomplete consensus on the scope to which countries like Uganda are protected from the worst effects of COVID-19.

Besides the uncertainty of COVID-19 on the general student population, the situation could be more challenging for university students regarding their life engagement, contentment, dreams attainment, career outlook and even their typical academic progression (Soest TV, Bakken A, Pedersen W, & Sletten MA, 2020). Moreover, there is emerging evidence on how college students encounter extraordinary changes in the learning process and examination mechanisms and its impact on their well-being (Silva PG, de Oliveira CA, Borges MM, Moreira DM, Alencar PN, & Avelar RL, 2020).

Socio economic impact of Covid-19 among youths

Research findings have shown that Covid-19 was likely to have had a particularly detrimental impact on the estimated four million children and young people already living in

poverty in the United Kingdom (Chanchlani et al., 2020). Furthermore, it has been estimated that 1.7 million children aged 10-17 years are living in a household with problem debt, and an estimated 2.1 million children of the same age are living in a household where there has been difficulty paying bills (The Children's Society 2020).

Some urban youths in slums are homeless while others live in rented and crowded living conditions without access to water, sanitation and hygiene facilities for good hand washing and hygiene practices that reduce transmission and exposure to the coronavirus (Mbiyozo, 2020). With restricted movements that were imposed together with the stringent security measures that were instituted to enforce adherence to safety measures, it was very hard to follow these guidelines.

The aspect of social distancing, self-isolation and enhanced hygiene have also been reported to be socially challenging for youths in some urban settings due to lack of access to hand washing facility (Kluge et al., 2020).

The pandemic increased social stigma and social isolation of foreign youths or youths who have been staying in other countries (United Nations). The fact that COVID-19 is perceived as “imported”; coming from either foreigners or nationals that travelled abroad makes the population and authorities suspicious of foreigners. Research indicates that stigma limits compliance with established control measures, health-seeking, and access to services and may lead to further spread of the virus (Manderson & Levine, 2020).

For the youths that do not know local languages of a particular location, World Health Organisation (WHO) argued that lack of culturally and linguistically accessible information and services related to COVID-19 may increase risks of contracting and spreading the virus among vulnerable populations (Kluge et al., 2020).

The pandemic also limited access to services such as reproductive and psychosocial support services (Castro & Florence, 2020).

Economically, the pandemic created income insecurity among youths as restrictions were imposed in a bid to reduce the spread of COVID-19 (Rasul et al., 2021). This is because some youths in urban settings depend on the informal market economy and small enterprises such as tailors, hairdressers, traders and vendors of food and second-hand clothes. The pandemic directives did not pardon these small enterprises and has led to income insecurity (Howe et al., 2021).

Although this is perceived as a general problem in low and middle-income countries, given the high rate of unemployment in Uganda and it is among countries affected by extreme poverty, the situation is difficult for the youths who lack contingency livelihoods and social support networks that can serve as shock absorbers and coping resources (Bukuluki et al., 2020).

For youths with relatives working in other countries, the pandemic limited their informal social support systems through remittances such as cash transfers, and have been affected by job losses in many countries where their relatives are living and working due to COVID-19 (Bisong et al., 2020)

Studies have shown that many youths in low-income working households were disproportionately affected by the economic impact of Covid-19 due to the sectors they tend to work in. The impact on earnings and financial security has been among the most immediate impacts of Covid-19, particularly for those on low wages (Arndt et al., 2020).

Young people from families whose employment had not been disrupted, including those not working prior to the pandemic, it was reported that the pandemic worsened their financial situation (Child Poverty Action Group (Blundell et al., 2020).

Anxiety and Depression among youths during the Covid-19 pandemic

Worldwide depression has been significantly impacted by the coronavirus pandemic. The coronavirus-related disease caused by the SARS-CoV-2 virus has been spreading worldwide. Its many negative effects in the form of mental disorders are becoming more frequent, and this tendency looks set to continue (Biester, 2021).

According to a document from the World Health Organization entitled “The Mental Health Action Plan 2013–2020”, depression now accounts for 4.3% of the global burden of all diseases. The latest studies carried out during the pandemic confirm the significant impact that the COVID-19 pandemic has had on the mental health of individuals, causing anxiety and depressive symptoms (Reger et al., 2020).

When the impact of the COVID-19 pandemic on the depression and general mental health of young people in Ethiopia, India, Peru and Vietnam was done, it was found that young people with access to internet during the Covid-19 pandemic had low depression when compared to their counterparts without access to the internet. According to Porter et al., (2021), the rates of symptoms of depression among young people was found to be highest in Peru at 41% and lowest in Vietnam at 9%.

The pandemic has led to negative psychological consequences such as health anxiety (Horesh & Brown, 2020). This disorder is characterized by strong emotional responses (such as stress and anxiety) to the endless media reports, and it may cause physical symptoms including insomnia and palpitations.

For school going youths, the COVID-19 pandemic has had a strong impact on the functioning of children and adolescents, in particular on their well-being and mental health. The

time immediately following school closures was extremely difficult. It was related to the experience of a severe crisis among many young people (Bilicki, 2020). It was a difficult and stressful experience for most young people. The life they knew thus far was radically changed almost overnight, and on many levels. This carried with it the risk that their basic needs would not be satisfied (Poleszak & Pyzalaski, 2020).

In a recent study conducted among young people using samples that had broad coverage of the poorer population in each country, internet access was found to have both positive and negative effects in the pandemic (Amsalem et al., 2021).

Youths who are students in China show that educational disruption significantly increased anxiety and social support was negatively correlated with the level of anxiety (Cao et al., 2020). In Jordan, youths who are female healthcare professionals, and have chronic disease were at higher risk of developing depression (Naser et al., 2020).

Hypotheses

Based on the above literature, it was clear that there exists relationship between socio-economic status, anxiety, depression. This study will attempt to prove the hypotheses below:

H_{0a}: There no relationships between socio-economic status and anxiety among youths in Kumi District, Uganda

H_{0b}: There are no relationships between socio-economic status and depression among youths in Kumi District, Uganda.

H_{0c}: There are no relationships between anxiety and depression among youths in Kumi District, Uganda.

Chapter Three

Methodology

Introduction

This chapter mainly focused on the methods and procedures which was used in the data collection. They include research design, population, sample size determination, research instruments, procedures, quality control, data management, data analysis reliability, validity and anticipated study limitations.

Study design

A correlation research design was employed in this study to establish the relationship between the socio-economic status, anxiety and depression among youths in Kumi District, Uganda. A correlational research design investigates relationships between variables without the researcher controlling or manipulating any of them (Seeram, 2019).

Study area

This study was carried out in Kumi District. This area is chosen because it the district where the researcher comes from and the process of data collection and obtaining necessary clearances was easy. The district is also one of the districts ignored for so long. Kumi District is a district in the Eastern Region of Uganda. Kumi District is bordered by Katakwi District to the north, Nakapiripirit District to the northeast, Bukedea District to the east, Pallisa District to the south, and Ngora District to the west and the town is located approximately 54 km by road, southeast of Soroti, the largest town in Teso sub-region.

Study population

Study sample was youths in Kumi District. The study population was determined using the Krejcie & Morgan (1970) chart. Since the total population of youths in Kumi was estimated to be over one thousand, this study recruited 278 participants, as this number was deemed statistically sufficient to give unbiased findings.

Sampling technique

Random sampling was used during selection of the workers to be recruited in the study. Random sampling is a part of the sampling technique in which each sample has an equal probability of being chosen. A sample chosen randomly is meant to be an unbiased representation of the total population (Mweshi et al., 2020).

Measuring Instruments

All participants will receive a self-administered questionnaire with four sections. These consisted of a personal data, as well as standardised questionnaire tools which have been previously validated by other studies: socio-economic status, anxiety and depression. Personal data: The first part consisted of questions pertaining to the population group; age group, gender, level of education, and marital status.

Anxiety was determined using the Generalized Anxiety Disorder Assessment (GAD-7), which is a 7-item scale used to determine anxiety disorders in participants. The GAD-7 score was calculated by assigning scores of 0, 1, 2, and 3, to the response categories of 'not at all', 'several days', 'more than half the days', and 'nearly every day', respectively, and adding together the scores for the seven questions. The scores of 5, 10, and 15 was taken as the cut-off points for mild, moderate and severe anxiety, respectively (Sapra et al., 2020).

Depression was assessed using a modified Beck Depression Inventory (BDI), as it was similarly used by Achibong et al., (2021). This included the following items: depressed mood, pessimism, dissatisfaction, guilt, self-dislike and indecisiveness. Responses for each of the questions was assigned scores. The questionnaire will consist of multiple-choice unambiguous questions. The respondents who could not understand the questions had the questions interpreted in the local language for them by the researcher since she was able to communicate effectively in the local vernacular. The scoring of each of the BDI-6 questions ranged from 1 to 5 and was transformed into a BDI original scoring from 0 to 3 (Achibong et al., 2021).

Data collection procedure

The researcher sought assistance from the supervisor and after approval from the College of Humanities and Social Sciences, the researcher identified the eligible participants (youths in Kumi District). Participation in the study was anonymous and voluntary. The researcher introduced herself to the respondents as she clearly explained the importance of the study given. Ethical considerations such as privacy and confidentiality of information was assured.

Data quality control

Reliability: The reliability of the data collection too (questionnaire) was established by carrying out a pilot study on youths in Kikoni area, Makerere University. Using a Cronbach coefficient, the researcher will correlate with the findings and the accepted reliability of the questionnaire, which was established to be satisfactory accordingly (Surucu, 2020).

Validity: This study will ensure that there is content validity through giving the questionnaires to experts to judge the questions, after which a content validity index (CVI) was

computed. The decision rule of the CVI was used as an acceptance instrument, and if the computed CVI is greater than 0.7, then it was considered valid (Surucu, 2020).

Data management

Data was entered and cleaned in Microsoft excel 2016 and exported to SPSS (version 21) for analysis. Descriptive statistics was used to variables such as gender, age group, marital status, and education level.

Data analysis

The analysis of the personal data was done by descriptive statistics and the result was presented as frequencies and proportions. Pearson correlation between the variables was determined so as to assess the relationship between the socio-economic status, anxiety and depression among youths in Kumi District, Uganda.

Chapter Four

Results and Interpretation

Introduction

This chapter presents the results of the study in line with the study objectives and hypotheses. Results are presented in a following manner, first highlighting respondent's background information. Lastly Pearson Product Moment Correlation Coefficient (PPMCC) results are presented in accordance with stated hypotheses

Personal data of the participants

This study interviewed a total of 278 participants in Kumi district. Of these, 69.42% were females while 30.42% were males. This could be due to the fact that most males are inclined to participating in such studies due to their busy schedule or feeling shameful. Majority of the participants were aged between 25 and 40 years old. This could be because most younger participants were at school by the time of collecting the data. Also, majority of the participants were married (71.58%), and it was attributed to the fact that most of the participants were older and in their marriage ages. In terms of education level, 39.57% of the participants were illiterate.

Table 1: Personal data of the participants.

Variable	Frequency (N)	Proportion (%)
Gender		
Female	85	30.58
Male	193	69.42
Age group		
18--24	68	24.46
25-40	210	75.54
Marital status		
Single	79	28.42
Married	199	71.58
Education level		
Illiterate	110	39.57
Primary	64	23.02
Secondary	73	26.26
Tertiary	31	11.15

Source: Collected data

Inferential Statistics

This section comprises of results analysis carried out on the relationships between economic status, anxiety and depression among the youths in Kumi district.

Hypothesis Testing

Hypothesis One: Relationship between socio-economic status and anxiety among youths in Kumi.

The first null hypothesis stated that, there is no significant relationship between socio-economic status and anxiety among youths in Kumi. Pearson's Product Moment Correlation Coefficient was used to test the hypothesis and the results are shown in Table 2.

Table 2: Correlation between socio-economic status and anxiety

		Socio-economic	Anxiety
Socio-economic	Pearson Correlation	1	-0.593
	Sig.(2-tailed)		0.00*
	N	278	278
Anxiety	Pearson Correlation	-0.593	1
	Sig.(2-tailed)	0.00	
	N	278	278

* Significant at 95% C.I

The results in Table 2 indicate that there was significant relationship between socio-economic status and anxiety, and the relationship had a negative but moderate correlation ($r = -0.593$, $p = 0.00$). Therefore, the null hypothesis was rejected and it's concluded that there is significant relationship between socio-economic status and anxiety among the youths in Kumi district.

Hypothesis Two: Relationship between socio-economic status and depression

The second null hypothesis stated that there is significant relationship between socio-economic status and depression among the youths in Kumi district. Pearson's Product Moment Correlation Coefficient was used to test the hypothesis and the results are shown in Table 3.

Table 3 : Correlation between socio-economic status and depression

		Socio-economic status	Depression
Socio-economic status	Pearson Correlation	1	-0.361
	Sig.(2-tailed)		0.00*
	N	278	278
Depression	Pearson Correlation	-0.361	1
	Sig.(2-tailed)	0.00*	
	N	278	278

* Significant at 95% C.I

The results in Table 3 above shows that there was significant relationship between socio-economic status and depression, and this correlation was negative but moderately correlated ($r = -0.361$, $p = 0.00$). Therefore, the null hypothesis was rejected and it's concluded that there is significant relationship between socio-economic status and depression among the youths in Kumi district.

Hypothesis Three: Relationship between anxiety and depression

The third null hypothesis stated that there is significant relationship between anxiety and depression among the youths in Kumi district. Pearson's Product Moment Correlation Coefficient was used to test the hypothesis and the results are shown in Table 4.

Table 4: Correlation between anxiety and depression

		Anxiety	Depression
Anxiety	Pearson Correlation	1	-0.216
	Sig.(2-tailed)		0.00*
	N	278	278
Depression	Pearson Correlation	-0.216	1
	Sig.(2-tailed)	0.00*	
	N	278	278

* Significant at 95% C.I

The results in Table 4 above shows that there was significant relationship between anxiety and depression, and this correlation was negative and weakly correlated ($r = -0.216$, $p = 0.00$). Therefore, the null hypothesis was rejected and it's concluded that there is significant relationship between anxiety and depression among the youths in Kumi district.

Chapter Five

Discussion

Introduction

This chapter presents the discussion of the study findings which are in line or not in line with the study objectives. This chapter also presents a conclusion and recommendations.

Discussion

Under this section, the relationship between economic status, anxiety and depression was extensively discussed.

Relationship between socio-economic status and anxiety

I found that there was significant relationship between socio-economic status and anxiety, among youths in Kumi.

This finding agrees with the prediction of Chanchlani et al., (2020) in their research findings that showed that Covid-19 was likely to have had a particularly detrimental impact on the estimated four million children and young people already living in poverty. Most youths in Kumi district do live in poverty and have low socio-economic status which is very closely associated with anxiety.

The youths who are older could be having families have been estimated to be having household with problem debt and finds difficulty paying bills which was further worsened by the Covid pandemic (The Children's Society 2020). This resultantly results into anxiety, thus explaining the observation for my study.

The finding of my study can also be explained by the fact that some urban youths are homeless while others live in rented and crowded living conditions without access to water, sanitation and

hygiene facilities (Mbiyozo, 2020). With restricted movements that were imposed together with the stringent security measures that were instituted to enforce adherence to safety measures towards the Covid pandemic, it was very hard to follow these guidelines and resultantly led to anxiety.

The finding of my study also could have resulted from the fact that the youths that do not know local languages of a particular location was argued by World Health Organisation (WHO) to lack of culturally and linguistically accessible information for boosting their economic status during Covid pandemic (Kluge et al., 2020). As a result, these youths felt lonely and misinformed that increased their anxiety level due to fear of treating themselves due to low socio-economic status.

Relationship between socio-economic status and depression

I found that there was significant relationship between socio-economic status and mental well-being among youths in Kumi. My finding can be explained by the fact that the pandemic created income insecurity among youths as restrictions were imposed in a bid to reduce the spread of COVID-19 and as a result it led to massive depression among them (Rasul et al., 2021). This is because some youths in urban settings depend on the informal market economy and small enterprises such as tailors, hairdressers, traders and vendors of food and second-hand clothes. The pandemic directives did not pardon these small enterprises and has led to income insecurity and the effect can be seen in the significant relation between socio-economic status and depression (Howe et al., 2021).

My finding could have resulted from the fact that given the high rate of unemployment in Uganda and it is among countries affected by extreme poverty, the situation is difficult for the youths who lack contingency livelihoods and social support networks that can serve as shock absorbers and

coping resources (Bukuluki et al., 2020). As a result, there is surge in depression among the vulnerable people such as the youths who have just began a family.

A study by Arndt et al., (2020) reported that the impact on earnings and financial security has been among the most immediate impacts of Covid-19, particularly for those on low wages (Arndt et al., 2020). In long term, this led to depression among the affected youths, which agreed with the findings of my study.

Young people from families whose employment had not been disrupted, including those not working prior to the pandemic, it was reported that the pandemic worsened their financial situation (Child Poverty Action Group (Blundell et al., 2020).

Relationship between anxiety and depression

Also, I found that there was significant relationship between anxiety and depression among the study participants. My finding is in agreement with report that indicated that worldwide depression has been significantly impacted by the coronavirus pandemic with many negative effects in the form of mental disorders are becoming more frequent, and this tendency looks set to continue (Biester, 2021). The latest studies carried out during the pandemic confirm the significant impact that the COVID-19 pandemic has had on the mental health of individuals, causing anxiety and depressive symptoms (Reger et al., 2020).

My finding also agreed with Horesh & Brown, (2020) who reported that the pandemic led to negative psychological consequences such as health anxiety This disorder is characterized by strong emotional responses (such as stress and anxiety) to the endless media reports, and it may cause physical symptoms including insomnia and palpitations which is very closely associated with depression too.

The finding of my study also agrees with findings of Bilicki, (2020) who reported that for school going youths, the COVID-19 pandemic had a strong impact on the functioning of children and adolescents, in particular on their well-being and mental health. The time immediately following school closures was extremely difficult and it was related to the experience of a severe crisis such as depression and anxiety among many young people (Bilicki, 2020).

Another in China also found similar findings as my finding in that it was reported that youths who were students in China showed that educational disruption significantly increased anxiety and depression while social support was negatively correlated with the level of anxiety (Cao et al., 2020). In Jordan, youths who are female healthcare professionals, and had chronic disease were at higher risk of developing depression (Naser et al., 2020).

Chapter Six

Conclusion and Recommendations

Conclusion

Socio-economic status, anxiety and depression are important and are significantly related to each other among the youths in Kumi district. We found a significant relationship between socio-economic status and anxiety, and also a significant relationship between anxiety and depression among the youths in Kumi district. And also found that there was a significant relationship between anxiety and depression among our participants.

Recommendations

Given the findings, we recommend the following:

To the government of Uganda: The study recommends the government of Uganda to use this information in understanding the nature of anxiety, socio-economic status and depression among youths in Uganda.

To policy makers: We recommend the use of these findings in ensuring an active approach towards designing approaches to boost the socio-economic status of youths in Kumi and Uganda as a whole, as it will improve on their anxiety and depression.

To other researchers: We recommend that the information from this study should be used to enrich their literature and there is need for similar studies to be done in other areas such as Northern and Western Uganda to aid in generalization.

Limitations to the Study

Due to dearth of time and resource limitations, it was not possible to conduct a large scale study in very many study sites. Therefore, results might vary in case the study is conducted in other districts in Uganda too.

We also believe some respondents gave false information since the responses were self-administered and we had no way of judging the responses.

Areas for Further Research

There is need to conduct further studies so that the literature base is enriched to help other scholars in systematic review.

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Appendix 1:

Questionnaire

Makerere University School of Psychology

Instruction

Dear respondent, I am Ray, a student of Makerere University pursuing Bachelor in Industrial and Organization Psychology, and this questionnaire is designed to help in collection of data required for completion of the above degree. There is no direct benefit to the participants. However, the findings of the study shall be used to enrich the literature and for academic and research purposes only. Kindly answer all the questions honestly and checking in the appropriate box.

Section A: Personal data (Fill in or Tick the choice from the categories below).

Item	Coding category	Responses (till or fill in)
1. Gender	Male	
	Female	
2. Age group of respondent (years)	Young (18-24)	
	Middle age (25-40)	
	Older (> 40)	
3. Marital status	Single	
	Married	

4. Highest Education Level	Illiterate	
	Primary	
	Secondary	
	Tertiary institution	

Section B: Socio-economic status

The following questions will assess your socio-economic status. Answer it accordingly and honestly. On a scale of 1 to 5, 1 being 'Very bad' and 5 being 'very good', rate your feeling based on the following items. Please circle the number that applies:

Scale	1	2	3	4	5
	Very bad	Bad	Neutral	Good	Very good

a)	Financial ability of securing good education	1	2	3	4	5
b)	Financial ability of securing good clothing.	1	2	3	4	5
c)	Financial ability of securing the health expenditure.	1	2	3	4	5
d)	Financial ability of securing good food and fruits	1	2	3	4	5
e)	Financial ability of securing recreation and travels	1	2	3	4	5
f)	I have accumulated assets such as land, cars and rentals	1	2	3	4	5
g)	My monthly income is good	1	2	3	4	5

h)	I have a paid job	1	2	3	4	5
i)	My social class is good	1	2	3	4	5
Total						

Section C: Anxiety

On a scale of 1 to 4, 1 being 'not at all' and 4 being 'nearly every, were you bothered by any of the following problems during the Covid-19 pandemic? Please circle the number that applies:

Scale	1	2	3	4
	Not at all	Several days	More than half the days	Nearly everyday

a)	I was feeling nervous, anxious or on edge?	1	2	3	4
b)	I was not being able to stop or control worrying?	1	2	3	4
c)	I was worrying too much about different things?	1	2	3	4
d)	I had Trouble relaxing?	1	2	3	4
e)	I was being so restless that it is hard to sit still?	1	2	3	4
f)	I was becoming easily annoyed or irritable?	1	2	3	4
g)	I was feeling afraid as if something awful might happen?	1	2	3	4
Total					

Section D: Depression

On a scale of 1 to 5, 1 being 'strongly disagree' and 5 being 'strongly agree', rate your feeling based on the following items. Please circle the number that applies:

Scale	1	2	3	4	5
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree

a)	I am blue or sad all the time and I can't snap out of it.	1	2	3	4	5
b)	I am not particularly pessimistic or discouraged about the future.	1	2	3	4	5
c)	I feel bored most of the time	1	2	3	4	5
d)	I feel I have accomplished very little that is worthwhile or that means anything	1	2	3	4	5
e)	I don't feel particularly guilty	1	2	3	4	5
f)	I feel bad or unworthy practically a good part of the time	1	2	3	4	5
g)	I am disappointed in myself	1	2	3	4	5
h)	I am less sure of myself now and try to put off making decisions	1	2	3	4	5

Total						
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Appendix 2:

Work plan

Activity	Time frame
1. Topic selection and problem identification	Mar 2022-May 2022
2. Writing research report	Jun 2022-Augt 2022
3. Final report submission	Sep 2022
4. Data Collection	Oct 2022-Nov 2022
5. Data analysis and report writing	Nov 2022-Dec 2022
6. Submission of research report	Dec 2022

Appendix 3:**Expenses**

No	Item	Amount (Ugx)
1	Transport	50,000
2	Printing	20,000
3	Spring file	5,000
4	Lunch	20,000
5	Binding	15,000
	Grand total	110,000/=

Appendix 4:

Sample size determination

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970