

Self-Esteem, Depression and Alcohol Use Among Third Year Students Doing Social Science
Students at Makerere University

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23/U/25693/PS

A Dissertation Submitted to Makerere University School of Psychology in Partial Fulfillment for
the Award of a Bachelor of Arts in Social Sciences of Makerere University

September 2026

Declaration

I Katiiti Rebecca, here by declare that the information provided in this dissertation is my original work and has not been presented for any academic award whatsoever in this or any other university or institution of higher learning university.

Signature.....

Date.....30th / 8 / 2026

Approval

This dissertation has been submitted for examination with the approval of the university supervisor.

Signature:

Date: 30/08/2026

Supervisor: Professor Grace Kibanja

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Dedication

I dedicate this dissertation to my father Kajjubi David, my mother Nambi Robinah, my brothers Isaac, Moses and my sister Catherine whose love, prayers, and unwavering support have been the foundation of my academic journey, and to all university students striving to balance the demands of academic life with their personal well-being, this dissertation is dedicated to you with much love.

Acknowledgements

I am grateful to the Almighty God for the strength and guidance throughout the development of this research report. I extend my sincere appreciation to my supervisor Professor Grace Kibanja for the invaluable guidance, patience, and constructive feedback offered during the preparation of this work. I also wish to thank my family, friends, and classmates for their continuous encouragement and support. Finally, I acknowledge the School of Psychology, Makerere University, for providing an enabling academic environment for this study.

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Abstract

This study examined the relationship between self-esteem, depression, and alcohol use among third-year Social Science students at Makerere University. Existing literature has established that these three constructs are interconnected, with self-esteem widely reported to influence depression, and depression, in turn, hypothesized to drive alcohol use as a coping mechanism, yet limited empirical attention had been paid to this pathway within the Ugandan university context. A correlational research design was adopted, and data were collected from 144 third-year students at the School of Social Sciences using a self-administered questionnaire comprising the Rosenberg Self-Esteem Scale, the Patient Health Questionnaire-9, and the Alcohol Use Disorders Identification Test. Data were analyzed using Pearson Product-Moment correlation coefficients to test the three research hypotheses. The findings revealed a very weak, statistically non-significant positive relationship between self-esteem and alcohol use ($r = .095$, $p = .257$), and a similarly weak, non-significant positive relationship between depression and alcohol use ($r = .064$, $p = .449$). A weak but statistically significant positive relationship was found between self-esteem and depression ($r = .358$, $p < .001$), although the direction ran counter to the predominantly inverse relationship reported in the literature. Overall, the hypothesized mediation pathway linking self-esteem to alcohol use through depression was not supported in this sample, suggesting that cultural, social, and religious factors may play a more proximal role in shaping alcohol use among Ugandan university students than individual psychological variables alone. The study recommends that university counselling services incorporate depression screening and culturally adapted self-esteem interventions, and that future research employ longitudinal designs and locally validated instruments

CHAPTER ONE INTRODUCTION

Background

University students experience various academic, social, financial, and personal challenges. These include heavy academic workloads, difficulties adapting to university life, relationship problems, peer pressure, and uncertainty about the future. Such challenges may affect students' psychological well-being and contribute to depression and alcohol use. Third-year students may experience additional academic and career-related pressure as they prepare to complete their studies.

Depression is a common mental health condition characterized by persistent sadness, hopelessness, loss of interest, anger, tiredness, anxiety, sleep disturbances, and poor concentration. It affects how individuals feel, think, and behave and may interfere with academic work, social relationships, and daily activities. The World Health Organization reported that millions of people worldwide experience depression (WHO, 2017). Lakdawala, Hankin, and Mermelstein (2007) observed that difficulties in adapting and socializing at university may contribute to depression. Thapa, Collishaw, Pine, and Thapar (2012) defined depression as a disorder involving emotional, behavioural, and cognitive patterns that cause significant impairment. Depression has also been reported among university students in Uganda. Kaducu (2017) noted that many university students experience depression, although it often remains unrecognized and untreated. Kinyanda, Abbo, Bohlin, Nyanabangi, and Levin (2013) reported the presence of depressive disorder syndrome in Uganda, with prevalence being slightly higher among females than males. Depression has also been associated with suicidal thoughts and behaviour among young people (Windfuhr et al., 2008).

Self-esteem refers to an individual's overall evaluation of their own worth. Students with high self-esteem may feel confident and capable of coping with academic and personal challenges,

whereas students with low self-esteem may experience feelings of inadequacy, hopelessness, and social withdrawal. Low self-esteem may therefore increase vulnerability to depression. Bha (2017) reported that self-esteem was related to depression among university students, with students who had low self-esteem being more likely to withdraw from academic and social activities.

Alcohol use is another concern among university students. Alcohol affects the central nervous system and can influence emotions, judgment, concentration, movement, and behaviour (Uganda Youth Development Link, 2008). Students may use alcohol because of peer influence, socialization, curiosity, or as a way of coping with stress and negative emotions. Rehm et al. (2009) described alcohol as a major contributor to disease, disability, and premature death. Alcohol use has also been reported among university students in different African countries (John-Lengba et al., 2004; Fekadu, Atalay, & Charlotte, 2007; Nkhoma & Maforah, 1994).

The relationship between depression, self-esteem, and alcohol use can be explained by the self-medication hypothesis. Students experiencing sadness, hopelessness, or low self-esteem may use alcohol to obtain temporary relief from emotional distress. However, continued or problematic alcohol use may worsen depression by affecting sleep, concentration, emotional regulation, and social relationships. Beck's theory of depression also explains how negative thoughts about oneself may contribute to depression and encourage unhealthy coping behaviours (Beck & Alford, 2009).

Previous studies conducted at Makerere University examined relationships between self-esteem, depression, substance use, and alcohol consumption among students. However, limited attention was given specifically to third-year students pursuing social science programmes. Therefore, this study examined self-esteem, depression, and alcohol use among third-year social science students at Makerere University.

Problem Statement

University students experience academic pressure, financial difficulties, relationship problems, peer influence, and challenges adapting to university life. These challenges may contribute to depression, low self-esteem, and alcohol use. Third-year students may experience additional academic and career-related pressure as they progress towards completing their studies. Depression is characterized by persistent sadness, hopelessness, loss of interest, tiredness, poor concentration, and feelings of worthlessness. Among university students, it may affect academic performance, social relationships, and daily functioning (WHO, 2017; Thapa et al., 2012). Difficulties in adapting and socializing at university may increase students' vulnerability to depression (Lakdawala, Hankin, & Mermelstein, 2007). In Uganda, depression among university students has been reported, although many cases remain unrecognized and untreated (Kaducu, 2017; Kinyanda et al., 2013).

Students may also use alcohol because of peer pressure, socialization, or as a way of coping with stress. Excessive alcohol use can affect concentration, judgment, behaviour, academic performance, and general well-being (UYDL, 2008; Rehm et al., 2009). Low self-esteem may increase depressive symptoms and encourage alcohol use as a coping mechanism. Continued alcohol use may then worsen depression and further lower self-esteem (Beck & Alford, 2009; Bha, 2017). Although related studies have been conducted at Makerere University, limited attention was given to the combined relationship between self-esteem, depression, and alcohol use among third-year social science students. Therefore, this study examined the relationship between self-esteem, depression, and alcohol use among third-year social science students at Makerere University

Purpose of the Study.

To examine the relationship between Self-esteem, depression and Alcohol use among third year students doing social science students at Makerere University

Objectives of the Study

1. To examine the relationship between self-esteem and alcohol use among third year students doing social science students at Makerere University
2. To examine the relationship between self-esteem and depression among third year students doing social science students at Makerere University
3. To examine the relationship between depression and alcohol among third year students doing social science students at Makerere University

Scope of Study.

The study was conducted at the School of Social Sciences, Makerere University Main Campus, in Kampala District, among third-year students from March to August 2026. The school was selected because of its large student population, which provided an adequate number of potential participants for the study. Third-year students were considered relevant because they may experience academic pressure, limited social support, and challenges related to self-esteem, depression, and alcohol use as they progressed towards completing their university education. The study was geographically limited to the School of Social Sciences and focused specifically on the relationship between self-esteem, depression, and alcohol use among the selected participants.

Significance of the Study.

The study was significant to university students because it provided an understanding of the relationship between self-esteem, depression, and alcohol use. The findings increased awareness of how low self-esteem and depressive symptoms could be associated with alcohol use

and other psychological difficulties. This information could encourage students to adopt healthier coping strategies, seek counselling services, and obtain timely psychological support when experiencing emotional or behavioral challenges.

The study was also significant to university counsellors and mental health service providers because the findings provided useful information for identifying students who may be at risk of depression, low self-esteem, and problematic alcohol use. The findings could support the development of appropriate counselling, early intervention, mental health awareness, and alcohol-use prevention programmes aimed at improving students' psychological well-being and academic functioning.

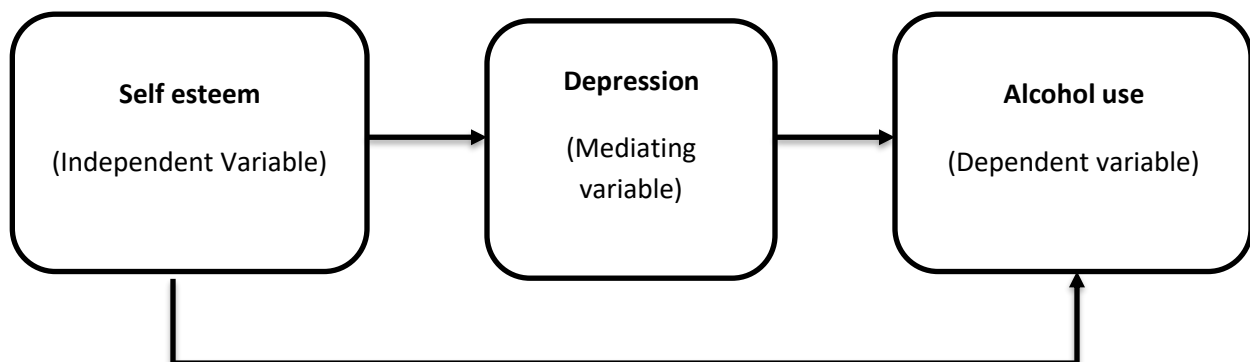
The findings were significant to university management and policymakers because they provided evidence that could inform the development and strengthening of student mental health policies and support services. The findings could guide the design of awareness campaigns, alcohol-use prevention programmes, and other interventions aimed at addressing depression, low self-esteem, and alcohol misuse among university students.

Finally, the study was significant to researchers and scholars because it contributed to the existing body of knowledge on self-esteem, depression, and alcohol use among university students. The findings provided empirical information that could serve as a reference for future studies, particularly within the Ugandan university context. The study also contributed to understanding the applicability of theories such as the self-medication hypothesis, tension-reduction theory, and stress-coping models in explaining the relationship between psychological factors and alcohol use among university students.

Conceptual Framework.

This study employed a conceptual framework based on a pathway approach to understand the relationship between self-esteem, depression, and alcohol use among Makerere University Social Science students. It positioned self-esteem as the independent variable that directly influenced depression (the mediating variable). Both self-esteem and depression were hypothesized to predict alcohol use (the dependent variable), suggesting that students with lower self-esteem experienced higher levels of depression, which in turn led to increased alcohol consumption as a coping mechanism. Additionally, sociodemographic factors such as age, gender, and year of study were included as control variables to account for their potential influence on the primary relationships.

Figure 1; A Conceptual frame work



The conceptual framework illustrated the relationship between self-esteem, depression, and alcohol use among third-year Social Science students at Makerere University. Self-esteem was the independent variable, representing how students perceived and valued themselves, while depression was the mediating variable that explained how self-esteem influenced alcohol use. Alcohol use was the dependent variable and represented the outcome that was affected by students' levels of self-esteem and depression.

CHAPTER TWO LITERATURE REVIEW

Introduction

This chapter encompasses a review of literature that was carefully examined by various researchers, focusing on the relationships between self-esteem and depression, depression and alcohol use, and self-esteem and alcohol use.

Self-Esteem and Depression among University Students

Self-esteem is commonly understood as a person's global evaluation of his or her own worth, that is, the extent to which the self is regarded favorably or unfavorably (Rosenberg, 1965). Two theoretical traditions help to explain why it is so closely linked to depression. Beck's (1967) cognitive model proposes that negative core beliefs about the self, formed early in life and activated by stressful experiences, generate the negative automatic thoughts that sustain depressed mood. Sociometer theory holds that self-esteem works as an internal gauge of social acceptance, so that repeated experiences of rejection or failure lower self-esteem and leave a person open to depressive feelings (Leary & Baumeister, 2000). For university students, whose academic performance, friendships, and future prospects are continually evaluated, both accounts imply that self-esteem is closely tied to emotional well-being.

Self-esteem, defined as an individual's overall sense of self-worth, plays a critical role in mental health outcomes, particularly depression. Research consistently demonstrates a strong negative correlation between self-esteem and depressive symptoms in university students, where lower self-esteem predicts higher depression severity. A meta-analysis of longitudinal studies by Sowislo and Orth (2013), which covered 77 studies on depression, found that the prospective effect of low self-esteem on depression ($\beta = -.16$) was significantly stronger than the effect of depression on self-esteem ($\beta = -.08$). These findings support the vulnerability model, which holds that low self-esteem contributes to depression, over the scar model, which holds that depression erodes self-esteem. Orth and Robins (2013), reviewing this evidence, reached the same conclusion. Applied to university students, the vulnerability model suggests that low self-esteem leaves students more susceptible to depressive episodes under the academic and social stressors common in university settings.

The relevance of this relationship is underscored by how common depression is among university students. In a systematic review of 24 studies, Ibrahim et al. (2013) found that reported prevalence rates ranged from 10% to 85%, with a weighted mean of 30.6%, and concluded that students experience depression at rates substantially higher than those in the general population. Evidence from Uganda points in the same direction. In an early study at Makerere University, Ovuga et al. (2006) found that 16.2% of newly admitted students ($n = 253$) reported depressed mood on the 13-item Beck Depression Inventory, a significantly higher proportion than among new students in the Faculty of Medicine. More recently, Olum et al. (2020) reported that 21.5% of medical students at the Makerere University College of Health Sciences met the PHQ-9 threshold for depression, with worry about academic performance emerging as a significant correlate (adjusted odds ratio = 2.52). These findings show that depression is a real concern on Ugandan campuses and that academic pressure, which also bears directly on how students evaluate themselves, is among its correlates.

Empirical studies among diverse student populations reinforce this link. For instance, in a cross-sectional study of Hong Kong university students ($n=1,119$), Lun et al. (2018) reported that 68.5% exhibited mild to severe depressive symptoms, which were inversely associated with self-esteem levels. Students with higher self-confidence and satisfaction in academic performance showed fewer depressive symptoms, highlighting self-esteem's protective role. Similarly, the analysis by Huang et al. (2024) on adolescent girls with polycystic ovary syndrome (including university aged participants) found that low self-esteem correlated with elevated depression scores, though not always with anxiety or quality of life. This suggests that self-esteem's impact on depression may be domain specific, influenced by factors like body image or academic competence. (Yuxin Li et al 2024)

Local evidence on the specific link between self-esteem and depression is thin and not entirely consistent. Two unpublished undergraduate dissertations in community psychology at Makerere University illustrate the point. Kalulu (2022), working with 100 undergraduates, found that social support was significantly related to both self-esteem and depression but that self-esteem and depression were not significantly related to each other. Najib (2023), in contrast, surveyed 150 students and reported a

significant relationship between self-esteem and depression, alongside a negative relationship between social support and depression. Differences in sampling, measurement, and analysis may account for these discrepancies, but they also show that the relationship should not simply be assumed to hold among Ugandan students, which strengthens the case for testing it directly.

Gender differences are notable in this relationship. A scoping review by Schraml et al. (2024) on helicopter parenting and psychological adjustment in university students indicated that females experience stronger associations between low self-esteem and depression, mediated by reduced autonomy and self-efficacy. (Valentina Lucia 2025) Moksnes and Espnes (2012) similarly reported that self-esteem was more protective against depressive symptoms for female adolescents than for male adolescents. In a study of Chinese adolescents transitioning to university, Ho et al. (2018) found that resilience and self-esteem buffered depressive symptoms, with correlations of $r = -0.50$ for self-esteem and depression. However, cultural contexts matter where a systematic review on Indian university students by Sharma et al. (2024) identified low self-esteem as a key category among psychosocial issues, alongside depression and anxiety, affecting academic performance. (Mubashir Gull et al.2025)

Procrastination and social media addiction further complicate this dynamic. A study by Sirois et al. (2022) on Swedish university students showed that severe procrastinators with low self-esteem reported higher depressive symptoms and lower quality of life. Similarly, an analysis by Zhao et al. (2024) linked social media addiction to lower self-esteem and higher depression among students. These findings underscore self-esteem's mediating role in depression, particularly in tech-savvy university environments.

Longitudinal evidence supports causality. Orth et al. (2008) analyzed two large longitudinal datasets, each with four assessments spanning ages 15 to 21 and 18 to 21 years, and found that low self-esteem predicted subsequent depression whereas depression did not predict subsequent self-esteem, a pattern that held for both men and women. Kuster et al. (2012) further showed in a five-wave longitudinal study that rumination mediates the prospective effect of low self-esteem on depression, which suggests that low self-esteem raises the risk of depression partly by encouraging repetitive negative thinking. Interventions targeting self-esteem, such as cognitive behavioral therapy (CBT), have shown efficacy in

reducing depression. A review by Das et al. (2016) on adolescent mental health interventions reported that school-based CBT improved self-esteem and decreased depressive symptoms. However, inconsistencies exist; some studies, like those on adults with intellectual disabilities, show mixed evidence on self-esteem levels but confirm co-occurrence with depression. (J Intellect Disabil Res.2023)

Methodological limitations include reliance on self-report measures like the Rosenberg Self-Esteem Scale and Beck Depression Inventory, which may introduce bias. Cross-cultural variations also warrant caution, most studies are from Western or Asian contexts, with limited data from African universities. Nonetheless, the robust negative association positions low self-esteem as a key risk factor for depression in university students, informing preventive strategies in research proposals.

In summary, the reviewed studies indicate that low self-esteem is consistently associated with depressive symptoms among university students, and longitudinal evidence favors the interpretation that low self-esteem contributes to depression rather than merely resulting from it. Prevalence studies at Makerere University confirm that depressive symptoms are common in the student population. However, studies that examine self-esteem and depression together among Ugandan undergraduates are few, small, and unpublished, and their results conflict. Little is known about how the relationship operates among third-year Social Science students, who are approaching the end of their studies and the transition to work. This gap provides the rationale for testing the relationship between self-esteem and depression in the present study.

Depression and Alcohol Use among University Students

Depression and alcohol use often co-occur in university students, with depressive symptoms predicting increased alcohol consumption as a maladaptive coping strategy. The self-medication hypothesis posits that students drink to alleviate negative affect, leading to hazardous patterns. A cross-sectional study in Hong Kong by Lun et al. (2021) found that 57.9% of students had mild to severe depressive symptoms, associated with moderate- to high-risk drinking (43.2%). Probable depression was linked to higher stress and avoidance coping, which mediated alcohol use.

The self-medication hypothesis has been developed into motivational models of drinking. Khantzian (1985) proposed that people use psychoactive substances to relieve painful emotional states, and Cooper et al. (1995) later advanced a motivational model in which alcohol is used to regulate both positive and negative emotions. Cooper (1994) distinguished four drinking motives, namely enhancement, coping, social, and conformity, and Kuntsche et al. (2005), in their review of why young people drink, showed that the reasons people give for drinking are important predictors of how much they drink and of the problems that follow. Within this framework, depressive symptoms are expected to strengthen coping motives, so that students who feel low drink to escape or dampen negative feelings.

Evidence from Ugandan universities supports this picture. In a cross-sectional study of 1,000 students, Kamulegeya et al. (2020) estimated that 31% of students used alcohol, including 17.3% who were low-risk drinkers, 4.5% who engaged in heavy episodic drinking, and 8.9% whose drinking amounted to alcohol misuse. Students with alcohol misuse were more likely to be male and to report significant depressive symptoms on the Self-Reporting Questionnaire (SRQ-20), while heavy episodic drinkers tended to report higher academic stress, although that association reached only the .10 level of significance. The authors concluded that maladaptive drinking patterns are common among Ugandan university students and called for peer-led psychological interventions within student health services.

Prevalence rates are alarming. In Portugal, a 2026 study by Oliveira et al. reported low alcohol risk but high depressive symptoms post-pandemic, with psychological distress correlating with alcohol consumption. Similarly, in Japan, a 2025 study by Suzuki et al. showed that excessive drinking patterns correlated with depression in college students. Reviews of the young-adult literature likewise show that depressive symptoms and problematic drinking frequently co-occur, although the pattern of findings is mixed (Pedrelli et al., 2016).

Gender and racial differences modulate this link. Among Black college students, adverse childhood experiences predicted depression, which mediated alcohol use via coping motives. A U.S. study by Geisner et al. (2023) found that depressive symptoms predicted alcohol consequences through drinking to cope,

with stronger effects in females. In Spain, Garcia et al. (2021) reported that depressive symptoms and personality traits like neuroticism increased binge drinking risk.

Studies of the coping pathway show how depressive symptoms may translate into drinking. Holt et al. (2013) found that depressive symptoms increased the risk of drinking to cope among college students, and Kenney et al. (2015) found that this risk was particularly marked among female students, which is consistent with evidence that women are more likely than men to use alcohol to manage emotional states (Nolen-Hoeksema, 2012).

Longitudinal data reveal bidirectional effects. A prospective study by Mushquash et al. (2013) showed that baseline depression predicted alcohol problems one year later, with alcohol use exacerbating depression. During COVID-19, Fruehwirth et al. (2021) observed increased depressive symptoms and alcohol use, mediated by loneliness. Barriers to help-seeking compound this; a 2025 study found that 20% of students with depression or hazardous drinking cited cost and stigma as barriers.

The direction of the relationship remains contested. In a 25-year birth cohort study in New Zealand, Fergusson et al. (2009) found that individuals with alcohol abuse or dependence were 1.9 times more likely to also meet criteria for major depression, and their causal models fitted best when alcohol problems led to depression rather than the reverse. Boden and Fergusson (2011) reached a similar conclusion in their review, judging the literature to suggest that increasing involvement with alcohol raises the risk of depression. Hammerton et al. (2023) found that alcohol dependence at age 18 predicted depression at age 24 in a British cohort, whereas the frequency and quantity of drinking alone did not. Other studies point the opposite way. McKenzie et al. (2011) found that adolescents with moderate to high levels of depression and anxiety symptoms were at greater risk of alcohol abuse or dependence in young adulthood, and a genetic study by Polimanti et al. (2019) using Mendelian randomization reported a causal effect of major depression on alcohol dependence, with no evidence for the reverse. Taken together, these findings suggest that the association is probably bidirectional (Pedrelli et al., 2016), and that its direction may depend on factors such as the severity of drinking, the stage of development, and gender.

Coping styles mediate the relationship. Avoidance coping linked depression to alcohol use in a 2024 study by Bravo et al. Protective behavioral strategies (PBS) buffer this, Foster et al. (2011) found that PBS reduced consequences among depressed students. However, not all studies find linear associations; a 2024 review by Geisner et al. questioned curvilinear links, with moderate drinking sometimes associated with lower depression.

Methodologically, studies use tools like the PHQ-9 for depression and AUDIT for alcohol, but self-report biases and cross-sectional designs limit causality inferences. Differences in how depression is defined also make comparison difficult: Ovuga et al. (2006) used a Beck Depression Inventory cut-off of 10, Olum et al. (2020) used a PHQ-9 cut-off of 10, and Lun et al. (2018) counted any mild to severe symptoms, which partly explains the wide variation in reported prevalence. Cultural factors, such as in African contexts, are underrepresented, though emerging data from Uganda (Kamulegeya et al., 2020) suggest similar patterns. This section shows that depression and alcohol use are closely linked among university students, although the direction of the relationship is still debated. In Uganda, few studies have examined this link among Social Science students, which provides the rationale for testing it in the present study.

Self-Esteem and Alcohol Use among University Students

The relationship between self-esteem and alcohol use is complex, with evidence for both negative and positive associations depending on context. Low self-esteem is often linked to higher alcohol consumption as a coping mechanism, but some studies show high self-esteem correlating with risky drinking due to social confidence. A cluster analytic study by Gierski et al. (2020) of 343 French college students found that those with alcohol use disorders (AUD) fell into two subgroups: one with low self-esteem, high impulsiveness, mood symptoms, and drinking to cope, and another with high self-esteem and low levels of anxiety and depressive symptoms. The authors cautioned against assuming that AUD is always associated with low self-esteem.

Three explanations are commonly offered for these mixed associations. First, students with low self-esteem may drink to cope with negative self-evaluations and the distress they produce, a pathway

consistent with the coping motive described in motivational models of drinking (Cooper et al., 1995). Second, sociometer theory (Leary & Baumeister, 2000) suggests that students who feel less socially accepted may drink to fit in, since alcohol features in many student social settings. Third, the source and stability of self-esteem may matter as much as its level, so that students whose self-worth depends on appearance or the approval of others may drink more than those whose self-worth rests on internal standards, whatever their overall self-esteem (Crocker, 2002; Neighbors et al., 2004).

Evidence for the second pathway comes from Schick et al. (2022), who studied 196 female undergraduates who had drunk alcohol in the previous month. Higher self-esteem was associated with weaker coping and conformity motives, yet self-esteem was not itself significantly related to the amount of alcohol consumed. Instead, conformity motives predicted heavier drinking only among students with low self-esteem, leading the authors to suggest that raising self-esteem may help students who drink to fit in.

Contingent self-esteem, where worth is tied to external factors, adds a further complication. Luhtanen and Crocker (2005) examined level of self-esteem, narcissism, and contingencies of self-worth together in 620 college students; level of self-esteem alone was not clearly related to alcohol use, which is one reason later work has paid closer attention to how self-worth is grounded. In a diary study, Zeigler-Hill et al. (2010) showed that low implicit self-esteem led to more drinking on days with negative interactions.

The distinction between kinds of self-esteem helps to explain the inconsistent findings. Lewis et al. (2007) found that morally based self-esteem, which rests on living in accordance with one's values, was associated with weaker endorsement of drinking motives among college students, whereas Neighbors et al. (2004) reported that self-esteem contingent on other people's appraisals was positively related to all four drinking motives and to frequency of alcohol use. Schick et al. (2020) similarly found, in a study of American Indian adolescents, that self-esteem drawn from internal sources was protective against alcohol use, while self-esteem drawn from what others think of the self conferred risk. Zeigler-Hill et al. (2013) added that, among 623 undergraduate drinkers, high self-esteem that was contingent on meeting personal standards was linked to more alcohol-related negative consequences than high self-esteem that was not contingent.

Gender also appears to shape the association. In a prospective study, Walitzer and Sher (1996) found that self-esteem was related to alcohol use across the college years among women but not among men. Blank et al. (2016), surveying final-year university students, likewise reported that the association between self-esteem and alcohol use differed between male and female students. Kalina et al. (2023) found that a model linking relationship-contingent self-esteem to alcohol-related problems through stress and impaired control over drinking explained more of the variance in women ($R^2 = .48$) than in men ($R^2 = .28$).

Systematic reviews support inverse links. A 2020 review by Kim et al. on health risks found low self-esteem associated with alcohol use ($r = -0.20$ to -0.30). In Spain, a study by Fernandez-Gonzalez et al. (2010) linked low self-esteem to alcohol dependence in adolescents. However, contradictions exist, since some studies report no clear association between the level of self-esteem and alcohol use (Luhtanen & Crocker, 2005) and others link high self-esteem to alcohol use disorders in certain students (Gierski et al., 2020).

Stress and coping mediate. Backer-Fulghum et al. (2012) showed contingent self-esteem predicted alcohol problems via stress. Protective behaviors reduce risks; Martens et al. (2005) found self-protective strategies inversely associated with problems in females. During COVID-19, dietary self-monitoring (linked to self-esteem) predicted hazardous drinking.

Longitudinal studies like Liu et al. (2019) indicate low self-esteem in young adulthood predicts later alcohol issues, especially in men via substance use mediation. A systematic review by K.K.(2020) emphasized associations between self-esteem and alcohol-related topics.

Research with younger samples suggests that self-esteem may matter even before students reach university. Higher global self-esteem has been associated with later initiation of alcohol use among adolescents (Patrick & Schulenberg, 2010; Richardson et al., 2013; Veselska et al., 2009), which suggests that its protective role may begin well before university. In Uganda, evidence on self-esteem and alcohol use is limited. Nitunga et al. (2024) measured alcohol use with the AUDIT and self-esteem with the Rosenberg Self-Esteem Scale among 366 undergraduates at Kampala International University's Western Campus. About a third (33.1%) reported using alcohol, 18.6% were at higher risk of alcohol use disorder,

and 7.9% had low self-esteem. The authors concluded that interventions should address alcohol use disorders while promoting positive self-esteem among university students in Uganda.

Gaps include limited focus on implicit self-esteem and cultural variations, and few tests of the relationship in African university samples. Taken together, the evidence suggests that self-esteem is related to alcohol use in ways that depend on gender, on the source and stability of self-esteem, and on drinking motives, which supports treating self-esteem as a moderator in alcohol use models. Because the direction and strength of the association vary across samples, it is important to test it directly among third-year Social Science students at Makerere University.

Conclusion and Implications for Research

The literature revealed interconnected pathways among the study variables. Low self-esteem was associated with depression, which was linked to alcohol use, while alcohol use could further undermine self-esteem, thereby perpetuating the cycle. Integrated models, such as mediation analyses, were considered useful for examining these relationships. Previous research also revealed gaps in underrepresented regions such as Uganda, particularly regarding the use of longitudinal designs and objective measures. Interventions aimed at enhancing self-esteem were identified as potentially useful in reducing depression and alcohol-related risks and informing university-based mental health programmes. Overall, the literature review provided a basis for examining the relationships among self-esteem, depression, and alcohol use among university students.

Research Hypothesis

- i. There is no significant relationship between self-esteem and alcohol use among third year students doing social science students at Makerere University
- ii. There is no significant relationship between self-esteem and depression among third year students doing social science students at Makerere University
- iii. There is no significant relationship between depression and alcohol among third year students doing social science students at Makerere University

CHAPTER THREE METHODOLOGY

Introduction

This chapter focuses on the methods and procedures used in data collection. These included the research design, study population, sample size determination, research instruments, data collection procedures, quality control measures, data management, data analysis plan, reliability and validity assessments, as well as anticipated challenges and limitations.

Research Design

A correlational research design was used in the study to establish the relationships between self-esteem, depression, and alcohol use among university students. Correlation was used as a statistical measure to determine whether the study variables were related and to establish the strength and direction of the relationships between them (Yung & Huang, 2008). The correlational design was appropriate because it enabled the researcher to examine naturally occurring relationships among the variables without manipulating them. It also provided a basis for determining the proportion of variance shared between the variables through the coefficient of determination. However, correlation did not establish causation, meaning that a strong relationship between variables could not be interpreted as evidence that one variable caused another.

Population of the study

The target population of the study comprised 230 third-year students from the School of Social Sciences, College of Humanities and Social Sciences, Makerere University Main Campus. The population included both male and female students enrolled in the third year. From this population, a sample of 144 students was selected to participate in the study. Therefore, the 144 students represented the sample size and not the total population of the study. The students were

selected because they were the target group for examining the relationship between self-esteem, depression, and alcohol use.

Sample size

The target population for the study consisted of 230 third-year students enrolled at the School of Social Sciences, Makerere University Main Campus. This population was used to determine an appropriate and representative sample size for the study. The sample size was calculated using the guidelines developed by Krejcie and Morgan (1970), which consider the total population, the desired confidence level, the assumed population proportion, and the acceptable margin of error. The 5% margin of error was selected because of the limited time, financial resources, and logistical constraints associated with the study. The calculation produced a minimum sample size of 143.52, which was rounded up to 144 participants. Therefore, 144 third-year students were considered sufficient to participate in the study and provide the data required to examine self-esteem, depression, and alcohol use.

Sampling procedure

The study used convenience sampling to select participants from the School of Social Sciences. The researcher approached available and willing students by sending them an online questionnaire link until the required sample size of 144 respondents was obtained. This technique was suitable because it enabled easy access to participants, saved time and costs, and simplified the data collection process. Participation in the study was voluntary, and respondents were assured of confidentiality and anonymity.

Measuring Instruments

Self-administered questionnaires were developed based on the constructs defined above. The questionnaire measured self-esteem, depression, and alcohol use among third-year Social

Science students at Makerere University. The questionnaire comprised three standardized scales. A 10-item Rosenberg Self-Esteem Scale (RSES) was used to measure self-esteem among students in the College of Humanities and Social Sciences. A 9-item Patient Health Questionnaire-9 (PHQ-9) was used to measure the level of depressive symptoms among the students. A 10-item Alcohol Use Disorders Identification Test (AUDIT) was used to assess the level of alcohol use among the students.

The questionnaire items were measured using a five-point Likert scale, where 1 = Strongly Agree, 2 = Agree, 3 = Not Sure, 4 = Disagree, and 5 = Strongly Disagree. The questionnaire was structured into four sections, and respondents were required to indicate their degree of agreement with each statement by ticking one of the five response alternatives. Section A collected respondents' socio-demographic and personal information. Section B contained items measuring self-esteem, Section C contained items measuring depression, and Section D contained items measuring alcohol use.

Quality Control

Reliability: The reliability of the questionnaire was established by conducting a pilot study at the School of Social Sciences. The pilot study comprised 28 respondents, representing approximately 20% of the target sample size. Cronbach's alpha coefficient was computed for each scale to assess the internal consistency and reliability of the questionnaire. The reliability findings were compared with the accepted reliability level, with a coefficient of 0.90 considered satisfactory (Amin, 2005).

Validity: The content validity of the questionnaire was ensured through a review process involving a supervisor from the School of Psychology at Makerere University. The supervisor examined the questionnaire items for relevance, clarity, and appropriateness to the study

population. The content validity index (CVI) was used to assess the validity of the questionnaire. The questionnaire items were developed and structured in accordance with the study objectives to ensure that they adequately measured the intended constructs.

Data management

The researcher used the variables of age, year of study, sex, and marital status to describe the demographic characteristics of the respondents. Data collected from the questionnaires were coded and entered into the computer using the Statistical Package for Social Sciences (SPSS) for analysis.

Data Analysis

The researcher coded the data and transformed it to generate frequency and percentage tables illustrating the respondents' demographic data. In addition, a Pearson Product-Moment Correlation Coefficients were generated to test the relationships between self-esteem and alcohol use, depression and alcohol use, as well as self-esteem and depression among third-year Social Science students. Pearson Product-Moment Correlation Coefficient was used because the study sought to determine the strength and direction of the relationships between the study variables. The p-value was used to determine whether the observed relationships were statistically significant, with the significance level set at 0.05 ($p < .05$).

Problems faced

Some respondents failed to cooperate by being negative towards the questionnaires provided by the researcher, while others might not have provided genuine answers to the items in the questionnaire. Some respondents also delayed completing and submitting the online questionnaires, partly due to challenges associated with internet connectivity and data costs, which resulted in additional time being spent on data collection.

CHAPTER FOUR: RESULTS

Introduction

This chapter presents the results of the study in line with the research objectives. It begins with the response rate and the demographic characteristics of the respondents, followed by the findings on the three specific objectives, namely: the relationship between self-esteem and alcohol use, the relationship between self-esteem and depression, and the relationship between depression and alcohol use among third-year social science students at Makerere university.

Response Rate

A total of 144 questionnaires were administered to third-year social science students at Makerere university. All 144 questionnaires were fully and properly completed and returned, yielding a response rate of 100%. This response rate provided a sufficiently large and representative sample on which to base the statistical analyses undertaken in this study.

Demographic Characteristics of Respondents

This section presents the demographic characteristics of the 144 respondents, including their age, sex, year of study, marital status, place of residence during semester, religion, and primary source of financial support, summarized in Table 4.1

Table 4.1: Demographic Characteristics of Respondents (N = 144)

Variable	Category	Frequency	Percent
Age Group	18 – 20 years	6	4.2%
	21 – 23 years	63	43.8%
	24 – 26 years	67	46.5%
	27 years and above	8	5.6%
sex	Female	66	45.8%
	Male	78	54.2%
Marital Status	In a relationship	38	26.4%
	Married	3	2.1%
	Single	103	71.5%
Place of Residence	Other	24	16.7%
	Own home	49	34.0%
	Private hostel	54	37.5%
	University Halls	17	11.8%
Religion	Christian	128	88.9%
	Muslim	11	7.6%
	Traditional/Other	5	3.5%
Primary Source of Financial Support	Other	11	7.6%
	Parents/Guardians	89	61.8%
	Part-time employment	34	23.6%
	Scholarship/Bursary	10	6.9%
Total		144	100.0%

Note. N = 144.

As presented in Table 4.1, the majority of respondents were aged 21-23 years (43.8%) and 24-26 years (46.5%), together accounting for 90.3% of the sample. Smaller proportions of respondents were aged 18-20 years (4.2%) and 27 years and above (5.6%). This indicates that the respondents were fairly typical in age for third-year undergraduate students. Regarding sex male respondents constituted a slight majority (54.2%) compared to their female counterparts (45.8%), indicating a fairly balanced representation of both sexes in the study. In relation to the year of study all 144 respondents (100.0%) were in their third year of study, consistent with the study's specific focus on third-year university students.

Marital status of respondents indicated that the majority of respondents (71.5%) were single, while 26.4% were in a relationship and a small proportion (2.1%) were married. This reflects the predominantly unmarried status typical of undergraduate student populations. In line with the place of residence the largest proportion of respondents resided in private hostels (37.5%), followed by those living in their own homes (34.0%), other residence arrangements (16.7%), and university halls of residence (11.8%). This suggests that most students in the sample lived off-campus rather than in university-provided accommodation.

Regarding religion the majority of respondents were Christian (88.9%), with smaller proportions identifying as Muslim (7.6%) or as Traditional/Other (3.5%). For the primary source of financial support, the majority of respondents relied on parents or guardians as their primary source of financial support (61.8%), followed by part-time employment (23.6%), other sources (7.6%), and scholarships or bursaries (6.9%). This indicates that most students in the sample were still financially dependent on family support.

Correlation of Self-Esteem and Alcohol Use among third year students doing social science students at Makerere University.

This section presents finding on the relationship between self-esteem and alcohol use among third-year social science students at Makerere university in line with the first objective of the study. Pearson's correlation analysis was conducted to determine the strength, direction, and significance of the relationship between the two variables. The null hypothesis tested was:

H01: There is no statistically significant relationship between self-esteem and alcohol use among university students.

Table 4.2: Pearson Correlation between self-esteem and alcohol use

Variables	N	r	p
self-esteem and alcohol use	144	.095	.257

Note. **Correlation is not significant at the 0.01 level (2-tailed).

As shown in Table 4.2, Pearson's correlation analysis revealed a very weak, positive relationship between self-esteem and alcohol use among third-year social science students at Makerere university, which was not statistically significant ($r = .095$, $p = .257$, $N = 144$). This indicates that, within this sample, levels of self-esteem were not meaningfully associated with levels of alcohol use. Since the p-value ($p = .257$) is greater than the .05 significance threshold, the null hypothesis (H01) was not rejected. It was therefore concluded that there is no statistically significant relationship between self-esteem and alcohol use among third-year social science students at Makerere university

Correlation of Self-Esteem and Depression among third year students doing social science students at Makerere University

This section presents findings on the relationship between self-esteem and depression among third-year social science students at Makerere university in line with the second objective of the study. Pearson's correlation analysis was conducted to determine the strength, direction, and significance of the relationship between the two variables. The null hypothesis tested was: H02: There is no statistically significant relationship between self-esteem and depression among university students.

Table 4.3: Pearson Correlation between self-esteem and depression

Variables	N	r	p
self-esteem and depression	144	.358**	$p < .001$

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

As shown in Table 4.3, a weak, positive, and statistically significant relationship was found between self-esteem and depression among third-year social science students at Makerere university ($r = .358$, $p < .001$, $N = 144$). This indicates that students with higher self-esteem scores tended to also report somewhat higher depression scores in this sample.

It is worth noting that this positive direction runs counter to the inverse relationship most commonly reported in the literature, where higher self-esteem is typically associated with lower, not higher, levels of depression. This unexpected direction may reflect sample-specific dynamics, contextual factors among the third-year students studied, or aspects of how the constructs were measured, and warrants closer scrutiny and discussion in Chapter Five. Since $p < .001$ is less than .05, the null hypothesis (H02) was rejected. It was therefore concluded that there is a statistically significant relationship between self-esteem and depression among university students.

Correlation of Depression and Alcohol Use among third year students doing social science students at Makerere University

This section presents the finding on the relationship between depression and alcohol use among third-year social science students at Makerere university in line with the third objective of the study. Pearson's correlation analysis was conducted to determine the strength, direction, and significance of the relationship between the two variables. The null hypothesis tested was:

H03: There is no statistically significant relationship between depression and alcohol use among university students.

Table 4.4: Pearson Correlation between depression and alcohol use

Variables	N	r	p
depression and alcohol use	144	.064	p = .449

Note. **Correlation is not significant at the 0.01 level (2-tailed).

As shown in Table 4.4, a very weak, positive relationship was found between depression and alcohol use among third-year social science students at Makerere university, which was not statistically significant ($r = .064$, $p = .449$, $N = 144$). This indicates that, within this sample, levels of depression were not meaningfully associated with levels of alcohol use. Since the p-value ($p = .449$) is greater than the .05 significance threshold, the null hypothesis (H03) was not rejected. It was therefore concluded that there is no statistically significant relationship between depression and alcohol use among third-year social science students at Makerere university

CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This chapter discusses the findings from Chapter Four in relation to the literature reviewed in Chapter Two, draws conclusions, and offers recommendations for practice and future research. The study examined three objectives among third-year social science students at Makerere University: (1) the relationship between self-esteem and alcohol use, (2) the relationship between self-esteem and depression, and (3) the relationship between depression and alcohol use, using Pearson's correlation analysis with a sample of 144 respondents.

Discussion of Findings

Correlation of Self-Esteem and Alcohol Use among third-year social science students at Makerere university

The Pearson correlation analysis yielded a very weak, positive, and statistically non-significant relationship between self-esteem and alcohol use ($r = .095$, $p = .257$), leading to retention of the null hypothesis. This indicates that self-esteem levels were not meaningfully associated with alcohol use in this sample.

This result contrasts with much of the existing literature. Kim et al. (2020) reported inverse correlations between self-esteem and alcohol use ($r = -0.20$ to -0.30), and Fernandez-Gonzalez et al. (2010) linked low self-esteem to alcohol dependence among adolescents. However, the non-significant finding is not without precedent. Devaux et al. (2020) demonstrated considerable heterogeneity in this relationship among French college students, where both low and high self-esteem clusters were associated with alcohol use disorders, suggesting the relationship is not linear and is moderated by context.

Several factors may explain the current null finding. Makerere students may drink primarily for social reasons peer influence, celebration, or communal norms rather than as a coping mechanism for low self-worth. Additionally, Luhtanen and Crocker (2005) emphasized that it is contingent self-esteem, not global self-esteem as measured by instruments like the Rosenberg Self-Esteem Scale, that most strongly predicts alcohol misuse. The culturally embedded nature of alcohol use in Uganda, where drinking is governed more by social norms than individual psychological states, may also suppress any self-esteem–alcohol association. The homogeneity of the sample likely attenuated variance in both variables, reducing the probability of detecting a significant effect.

Correlation of Self-Esteem and Depression among third-year social science students at Makerere university

A weak but statistically significant positive relationship was found between self-esteem and depression ($r = .358$, $p < .001$), leading to rejection of the null hypothesis. Notably, this positive direction contradicts the well-established inverse relationship reported in the majority of the literature, where higher self-esteem is associated with fewer depressive symptoms.

Sowislo and Orth (2013) documented effect sizes of $r = -0.40$ to -0.60 for the prospective relationship between low self-esteem and depression, and Orth et al. (2008) confirmed that low self-esteem in adolescence predicted depression in early adulthood. The current finding diverges markedly from this consensus. Possible explanations include measurement artefact, whereby the instruments used may not have been adequately validated for Ugandan populations, producing distorted response patterns. It is also plausible that high-achieving third-year students who score well on global self-esteem simultaneously experience elevated depressive symptoms due to perfectionism, performance pressure, or career-related anxiety as graduation approaches — a

dynamic consistent with contingent self-esteem literature (Backer-Fulghum et al., 2012). The cross-sectional design further limits interpretation, as unmeasured confounders such as academic stress and social support may account for the unexpected direction. Despite the counterintuitive direction, the significant association confirms that self-esteem and depression are meaningfully linked in this sample and warrants further investigation.

Correlation of Depression and Alcohol Use among third-year social science students at Makerere university

The analysis revealed a very weak, positive, and statistically non-significant relationship between depression and alcohol use ($r = .064$, $p = .449$), leading to retention of the null hypothesis. This finding is inconsistent with the prevailing self-medication hypothesis, which posits that students drink to alleviate depressive symptoms. Pedrelli et al. (2015) found that depressed students were 1.5 to 2 times more likely to binge drink, and Mushquash et al. (2013) demonstrated that baseline depression significantly predicted alcohol problems one year later.

Several contextual factors may account for this discrepancy. The predominantly Christian (88.9%) and Muslim (7.6%) composition of the sample suggests that religious norms and community structures may serve as protective factors against alcohol use, even in the presence of depressive symptoms, redirecting distressed students toward spiritual coping rather than substance use. Financial constraints among students who rely on parents or guardians (61.8%) may also limit alcohol access, further decoupling the depression–alcohol link. Social desirability bias in self-reporting alcohol use in a conservative cultural context may have additionally suppressed the correlation. Since neither the self-esteem–alcohol nor the depression–alcohol relationships were significant, the preconditions for the hypothesized mediation model were not met, and the model is not supported in this sample.

Conclusions

Based on the findings and discussion, three conclusions are drawn. First, there is no statistically significant relationship between self-esteem and alcohol use among third-year social science students at Makerere University ($r = .095$, $p = .257$), suggesting that cultural, social, and contextual factors are more proximal determinants of alcohol use than self-esteem in this population. Second, there is a statistically significant positive relationship between self-esteem and depression ($r = .358$, $p < .001$), though the unexpected direction warrants further investigation into measurement validity, cultural interpretations of both constructs, and the specific stressors of third-year students. Third, there is no statistically significant relationship between depression and alcohol use ($r = .064$, $p = .449$), challenging the applicability of the self-medication hypothesis in this Ugandan context and pointing to the protective role of religion, culture, and economic constraints. Collectively, the findings do not support the theorized mediation model, indicating that pathways between self-esteem, depression, and alcohol use in this setting are more complex and culturally specific than Western-derived models predict.

Recommendations

Recommendations for Practice and Policy

Given the significant self-esteem-depression association, Makerere University should strengthen its counselling services to include depression screening and CBT-based self-esteem-building programmes adapted for the Ugandan cultural context. University wellness programmes should also leverage existing religious and peer support structures, as these appear to serve as protective factors against maladaptive coping. The university and government should consider expanding financial aid schemes to reduce economic stress, a likely confound in the depression–alcohol relationship.

Recommendations for Future Research

Future research should employ longitudinal designs to establish temporal and causal relationships between the three variables. Psychometric instruments should be validated and culturally adapted for the Ugandan context, as tools developed in Western settings may not accurately capture local psychological experiences. Broader, more diverse sampling across multiple disciplines, year groups, and institutions would improve generalizability. Mixed-methods approaches combining surveys with qualitative interviews would provide richer insight into the mechanisms underlying these relationships. Researchers should also examine additional predictors of alcohol use in this population, such as peer norms, gender roles, and access to alcohol, which may be more powerful contextual determinants than individual psychological variables.

Limitations of the Study

This study has several limitations. The cross-sectional design precludes causal inference, as correlations reflect associations at a single time point. Self-report measures introduce social desirability bias, particularly for alcohol use. The sample was restricted to third-year social science students at one institution, limiting generalizability. The psychometric properties of the instruments were not validated for the Ugandan context, raising measurement concerns. Finally, unmeasured confounders including academic stress, social support, peer influence, and religious practice may have moderated the observed relationships.

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Appendix I: QUESTIONNAIRE

SELF-ESTEEM, DEPRESSION AND ALCOHOL USE AMONG THIRD-YEAR SOCIAL SCIENCE STUDENTS AT MAKERERE UNIVERSITY

Researcher: Katiiti Rebecca

Registration Number: 23/U/25693/PS

Introduction and Informed Consent

You are being invited to take part in a study examining self-esteem, depression, and alcohol use among third-year Social Science students at Makerere University. This questionnaire will take about 15 to 20 minutes to complete. There are no right or wrong answers; please respond as honestly and accurately as you can, based on how you have generally felt or behaved.

Your participation is entirely voluntary, and you may stop at any point without giving a reason and without any consequence to you. You do not need to write your name anywhere on this questionnaire. All information you provide will be kept strictly confidential, will be used for academic research purposes only, and will be reported only in summarized form so that no individual respondent can be identified.

By proceeding to complete this questionnaire, you confirm that you are a third-year Social Science student at Makerere University, that you have read and understood the information above, and that you consent to take part in this study.

Please tick (✓) the box or circle the number that best applies to you, unless a question asks you to write your answer.

SECTION A: DEMOGRAPHIC INFORMATION

1. Age (in completed years); ☐ 18-20, ☐ 21-23, ☐ 24-26, ☐ 27 years and above

2. Sex: Male Female

3. Marital status:

☐ Single ☐ Married ☐ Divorced/Separated

4. Place of residence during the semester:

☐ University hall of residence ☐ Private hostel (off-campus) ☐ Own Home

5. Religion:

☐ Christian ☐ Muslim ☐ Traditional / other.

6. Primary source of financial support:

☐ Parents/Guardian ☐ Part time employment ☐ sponsorship/Bursary

SECTION B: SELF-ESTEEM (Rosenberg Self-Esteem Scale)

Below is a list of statements dealing with your general feelings about yourself. For each statement, tick the box that best shows how strongly you agree or disagree.

#	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1	On the whole, I am satisfied with myself				
2	At times, I think I am no good at all				
3	I feel that I have a number of good qualities				
4	I am able to do things as well as most other people				
5	I feel I do not have much to be proud of				
6	I certainly feel useless at times				
7	I feel that I'm a person of worth, at least on an equal plane with others				
8	I wish I could have more respect for myself				
9	All in all, I am inclined to feel that I am a failure				

#	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
10	I take a positive attitude toward myself				

Developer reference: Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). Acceptance and Commitment Therapy. Measures Package, 61.

SECTION C: DEPRESSION (Patient Health Questionnaire-9, PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? Tick the box that best applies.

#	Item	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1	Little interest or pleasure in doing things				
2	Feeling down, depressed, or hopeless				
3	Trouble falling or staying asleep, or sleeping too much				
4	Feeling tired or having little energy				
5	Poor appetite or overeating				
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down				
7	Trouble concentrating on things, such as reading the newspaper or watching television				
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual				
9	Thoughts that you would be better off dead or of hurting yourself in some way				

Source: Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9), 606–613.

SECTION D: ALCOHOL USE (AUDIT Alcohol Screening Tool)

The AUDIT (Alcohol Use Disorders Identification Test) is a screening tool for detecting risky and harmful drinking patterns. Please answer the following questions about your alcohol use during the past 12 months. Circle or tick the box that best describes your answer to each question, and enter the corresponding score in the Score column.

#	Question	0	1	2	3	4	Score
1	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
2	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3	How often do you have six or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5	How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6	How often during the last year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8	How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9	Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	

#	Question	0	1	2	3	4	Score
10	Has a relative, friend, doctor or other healthcare worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
TOTAL AUDIT SCORE							

Source: Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). AUDIT: The Alcohol Use Disorders Identification Test - Guidelines for Use in Primary Care (2nd ed.). World Health Organization.

Thank you for taking the time to complete this questionnaire.

END OF QUESTIONNAIRE

APPENDIX: II STUDY WORK PLAN

Table 3.2: Study Work Plan (March 2026 - August 2026)

Activity	March	April	May	June	July	August
Proposal development and literature review	✓					
Instrument pilot testing and refinement		✓				
Data collection			✓	✓		
Data cleaning and analysis				✓	✓	
Report writing and dissertation submission					✓	✓

APPENDIX III: Research Budget

Table 4.8: Estimated Research Budget

Item	Unit (UGX)	Quantity	Total (UGX)
Internet bundles for research	10,000	4 weeks	40,000
Airtime for pilot and reminder communication	5,000	4 weeks	20,000
Transport for departmental coordination	10,000	5 trips	50,000
Research assistant support (data cleaning and analysis)	50,000	1	50,000
Miscellaneous and contingency			50,000