



DEPRESSION AMONG OUT-OF-SCHOOL ADOLESCENTS IN RURAL UGANDA: PREVALENCE AND ASSOCIATED FACTORS IN KAYUNGA DISTRICT

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ABSTRACT

Background: Depression among out-of-school adolescents is a global challenge that needs serious attention. Across different sub-Saharan countries, depression among out-of-school adolescents has been associated with the risk of mood disorders, poor dietary habits, violent behaviour, drug and substance abuse, alcohol consumption, unprotected sex, sexually transmitted infections, and suicidal ideation. In Uganda, out-of-school adolescents are among the populations that are severely affected by depression, most particularly in Kayunga district, Uganda. Hence, the current study aimed at investigating the prevalence and factors associated with depression among out-of-school adolescents in Kayunga district.

Methods: The study used a cross-sectional design, involving both quantitative and qualitative approaches. The sample size of the study was 374 respondents. Proportionate stratified sampling and Simple random sampling techniques were used to select the primary respondents.

Results: The study found that the prevalence of depression among out-of-school adolescents was 32.0%. Multivariate analysis showed that several factors including sex (AOR = 1.979; 95%CI:1. 1.031-3.796; $p = 0.040 < 0.05$), marital status (AOR = 0.377; 95%CI:1. 0.198-0.717; $p = 0.003 < 0.05$), chronic illness (AOR = 2.067; 95%CI:1. 1.026-4.165; $p = 0.042 < 0.05$), social support (AOR = 0.296; 95%CI:1. 0.124-0.707; $p = 0.006 < 0.05$), social isolation (AOR = 3.693; 95%CI:1. 1.920-7.101; $p = 0.000 < 0.05$), self-esteem (AOR = 4.855; 95%CI: 1.488-15.845; $p = 0.009 < 0.05$) and anxiety (AOR = 9.709; 95%CI: 5.013-18.70; $p = 0.000 < 0.05$) were found to be statistically significant factors associated with depression among the out of school adolescents in the study. **Conclusions:** These findings highlight the complex nature of depression among adolescents, emphasizing the critical need for targeted interventions to address the diverse factors influencing mental health in this group.

KEYWORDS: Depression, Individual Factors, Social Factors, Psychological Factors, Out-of-school Adolescents, Kayunga District, Uganda.

1. INTRODCUTION

An adolescent is a person aged 10–19 years who is in the transitional stage of human development between childhood and adulthood, characterized by rapid physical, psychological, and social changes Globally, it is estimated that more than 280 million people are living with depression. Adolescents aged 10–19 years have an estimated prevalence of 16% of depression across the world, of which over 80% are out-of-school adolescents.[1]. This indicates that the depression among out of school adolescents is a global challenge that needs serious attention. Studies from various countries like the United States

[2], the United Kingdom [3] and Canada [2] have highlighted the adverse mental health effects experienced by adolescents. In some developing countries like Iran, the prevalence of depression among adolescents is as high as 72% [4]. While in Bangladesh, adolescents have been found to be significantly affected by disruptions to the social support, and their physical and mental well-being [5]. These findings indicate that depression among adolescents is a widespread issue with varying degrees of severity and impact across different countries.

In Sub-Saharan Africa, it is estimated that it was reported that depression accounts for over 29.19% cases, accounting for 9% of the global depression burden [6]. Still, studies from SSA have also documented a high prevalence of depression among adolescents, particularly the out of school [7]. It has further been discovered that in this region of SSA, major depressive disorders (MDD) among out of school adolescents account for 4.5%, generalized anxiety disorder (GAD) accounts for 3.5%, post-traumatic stress disorders (PTSD) accounting 8% and substance use disorders (SUD) contributing 1.3% [8]. In countries like Nigeria, a prevalence of 23.3% depression was reported [9]. It has been highlighted that across different sub-Saharan countries, depression among out of school adolescents has been associated with risk of mood disorder, poor dietary habits, violent behaviour, drugs and substance abuse, alcohol consumption, unprotected sex, sexually transmitted infections and suicidal ideation [10]. These statistics highlight the extensive and complex impact of depression on out-of-school adolescents in Sub-Saharan Africa.

In East Africa, a high prevalence of depression out of school among adolescents has been reported. For example, in Kenya, it was found that the prevalence of depression was 41.3% among the out of school adolescents/ youths [11]. In this region, it was found that more than 50% of out of school adolescents who suffer from depression are likely to experience depressive episodes in adulthood, and it has been documented that that individuals who suffered depression from an early age have 50% of the likelihood of suicidal attempts [12]. This indicates a significant risk of persistent depression and related mental health issues into adulthood among out-of-school adolescents in East Africa.

In Uganda, the general population prevalence of depression among adolescents is reported to be 4.6%, and this is much higher among out of school adolescents than those still in school [13]. However, most studies in Uganda have concentrated on depression among in-school and hospital-based adolescents or HIV-infected adolescents [14].



Various factors have been associated with the high prevalence of depression among out of school adolescents in Uganda, including being female, level of education, orphan hood, family type, previous history of psychiatric illness, social isolation, low quality of social relationships, increased use of social media, internet use disorder, lack of physical activities/exercise, poverty, and substance abuse [12]. These factors demonstrate the complexity and variety of influences on depression among out-of-school adolescents in Uganda. However, little is known about how these conditions predispose out-of-school adolescent depression.

In Kayunga district, out-of-school adolescents are among the populations in Uganda that are severely affected by depression [15]. In reference to the report from the mental health department at Kayunga regional referral hospital, it shows that out of the 1,071 cases of depression received at the hospital in the year 2023, more than three-quarters of these cases (835, 78%) were among non-school-going adolescents from the communities [16]. Furthermore, the district has alarming rates of mental health issues (17%) among out-of-school adolescents (17), with a noticeable increase in drug abuse and suicide cases, all of which are believed to be linked to depression within this demographic [18]. In reference to the above background, it clearly shows that out-of-school adolescents in this region have greater concerns about depressive disorders. Regardless of this, evidence on depression and its potential correlation among out-of-school adolescents, particularly relevant to the Kayunga district setting, has been inadequately studied. Thus, the current study investigated the prevalence and factors associated with depression among out-of-school adolescents in Kayunga district.

2. METHODS

The study adopts a positivist approach, treating reality as objective and measurable, and employs quantitative methods to test hypotheses and generate generalisable findings [40]. A cross-sectional design was used [19], employing quantitative data collection strategies. The sample size was determined using the Yamane formula [20]. Both simple random sampling and stratified random sampling techniques were applied [21] to select 374 out-of-school adolescents. The four sub-counties comprising Bbaale County were categorised into four homogeneous strata, with each sub-county representing a stratum. Within each stratum, simple random sampling was used to select the study participants. All eligible adolescents were assigned unique numerical identifiers, and the Microsoft Excel application was used to generate 374 random numbers corresponding to these identifiers. Adolescents whose identifiers matched the numbers generated were selected for inclusion in the study. The study included boys and girls aged 12–19 years who had either never attended school or had dropped out. Adolescents under 12 years of age, or those who had attended school in the three months preceding the study, were excluded.

The study used a questionnaire survey for data collection [22], and the respondents were asked questions aligned to the study variables. One of the variables was background characteristics of age of respondent, sex, religion, level of education, marital status, head of household, history of mental illness, presence of

chronic disease and HIV status. The second category of variables was related to social factors that included substance use, alcohol consumption, social support and orphanhood, while the third category was psychological factors, which included stress, social isolation, family type, self-esteem, child neglect and anxiety. The outcome variable was the occurrence of depression among out-of-school adolescents.

Collected data was first sorted, edited, and cleaned before being entered into the computer system. The entire questionnaire was checked for completion to correct errors like recording information in the wrong places, numerical errors and incorrect answers by reviewing the information that is required in the schedule. The cleaned data were then entered into Microsoft Excel and thereafter exported into Statistical Packages for Social Scientists (SPSS) version 27.0 for Windows for analysis. Data was further cleaned in the SPSS software using frequencies and percentages, to remove the outliers, and the continuous variables like age were transformed and categorised. Statistical analysis was done at univariate, bivariate and multivariate levels. Descriptive statistics involved processing of frequency tables and proportions. At the same time, the Pearson chi-square test was undertaken to establish individual, social, and psychological factors associated with the depression status of out-of-school adolescents. The crude odds ratios were also processed at 95% confidence level. The binary logistic regression analysis was further conducted at the multivariate level to determine the factors that were independently associated with the depression status of out-of-school adolescents, as well as to control for confounding. Only factors with a p-value less than 0.05 were considered as independently associated with the depression status of out-of-school adolescents.

Prior to undertaking this study, all the study participants were involved in a process of consent where the elderly persons who participated, or their caregivers, signed an informed consent form for study participation. The protocol was reviewed and approved by the Research Ethics Committee of Bugema University, and all the methods were carried out according to the Declaration of Helsinki and Uganda National Council for Science and Technology guidelines.

3. RESULTS

A total of 374 out-of-school adolescents were sampled, but received complete responses from only 338 respondents, with a response rate of 90.4%. Of the 338 respondents, more than half (55.3%) were females, almost two-thirds (64.2%) were aged 16 to 19 years, were married (65.7%), and had at most a primary level of education (65.1%). The individual characteristics of respondents are presented (Table 1).

**Table 1: Individual Characteristics of Respondents**

Variable & Categories		Frequency (n)	Percentages (%)
Age			
16.0 ±1.6	12-15 years	121	35.8
	16-19 years	217	64.2
Sex			
	Male	151	44.7
	Female	187	55.3
Marital Status			
	Unmarried	116	34.3
	Married	222	65.7
Education Status			
	At most Primary	220	65.1
	Post Primary	118	34.9
Relationship with the household head			
	Father	203	60.1
	Mother	84	24.8
	Other	51	15.1
History of mental illness			
	No	298	88.2
	Yes	40	11.8
Chronic illness			
	No	250	74.0
	Yes	88	26.0
HIV status			
	Positive	88	26.0
	Negative	219	64.8
	Unknown	31	9.2

Source: Primary Data (2024)

In Table 1, among the out of school adolescents, about 6 in 10 out of them had fathers as their household heads (60.1%), almost 9 in 10 respondents had no history of mental illness (88.2%), almost three-quarters had no chronic illness (74.0%), and almost two-thirds were HIV negative (64.8%).

The prevalence of depression among out-of-school adolescents is presented (Table 2).

Table 2: Prevalence of Depression among Out of School Adolescents

Variable & Categories		Frequency (n)	Percentage (%)
Depression	Not Depressed	230	68.0
	Depressed	108	32.0

Source: Primary Data (2024)

It is indicated in Table 2 that almost one-third of the out of school adolescents in the study were experiencing depression (108, 32%). This indicates that nearly one-third of the adolescent population surveyed is suffering from depression at a given time.

The social and psychological characteristics of respondents are presented (Table 3). In Table 3, most of the out of school adolescents were non-substance users (84.6%), almost 9 in 10 respondents were non-alcohol consumers (88.2%), most respondents had high social support (86.7%), and more than three-quarters of the respondents had both of their parents alive (77.5%). Also, most of the respondents were having moderate stress levels (61.2%), were not experiencing social isolation (71.6%), were having nuclear family type (57.1%), with high self-esteem (87.9%), as most were experiencing child neglect (84.3%), and majority were experiencing low.

The multivariate results of the factors associated with depression among out-of-school adolescents are presented (Table 4).


Table 3: Social and Psychological Characteristics of Respondents

Variable & Categories		Frequency (n)	Percentage (%)
Substance Use			
	No	286	84.6
	Yes	52	15.4
Alcohol Consumption			
	No	298	88.2
	Yes	40	11.8
Social Support			
	Low	45	13.3
	High	293	86.7
Orphan hood			
	Both alive	262	77.5
	One alive	65	19.2
	Both dead	11	3.3
Stress			
	Low	75	22.2
	Moderate	207	61.2
	High	56	16.6
Social isolation			
	No	242	71.6
	Yes	96	28.4
Family type			
	Nuclear	193	57.1
	Extended	124	36.7
	Other	21	6.2
Self Esteem			
	Low	41	12.1
	High	297	87.9
Child Neglect			
	No	53	15.7
	Yes	285	84.3
Anxiety			
	Low	241	71.3
	High	97	28.7

Source: Primary Data (2020)



Table 4: Multivariate Results of the Factors Associated with depression among the out of school adolescents

Variable	Depression		CoR [CI]	AoR [CI]
	No %	Yes %		
Age				
12-15years	74.4	25.6	1	1
16-19years	64.5	35.5	1.5967[0.974-2.617]	1.328[0.687-2.567]
Education Status				
At most Primary	66.8	33.2	1	1
Post Primary	70.3	29.7	0.849[0.523-1.379]	0.813[0.412-1.607]
Sex				
Male	75.5	24.5	1	1
Female	62.0	32.0	1.886[1.174-3.030]	1.979[1.031-3.796] *
Marital Status				
Unmarried	56.0	44.0	1	1
Married	74.3	25.7	0.337[0.175-0.646]	0.377[0.198-0.717] **
History of mental illness				
No	71.5	28.5	1	1
Yes	42.5	57.5	3.390[1.725-6.662]	1.204[0.478-3.032] ***
Chronic illness				
No	73.2	26.8	1	1
Yes	53.4	46.6	2.383[1.440-3.943]	2.067[1.026-4.165] *
Alcohol Consumption				
No	71.5	28.5	1	1
Yes	42.5	57.5	3.390[1.725-6.662]	1.362[0.520-3.566]



6.662]

Social Support

Low	51.1	48.9	1	1
			0.434[0.	
			230-	0.296[0.124
High	70.7	29.4	0.821] *	-0.707] **

Orphan hood

Both alive	72.5	27.5	1	1
			2.406[1.	
			378-	
			4.200]	1.674[0.785
One alive	52.3	47.7	**	-3.572]
			2.199[0.	
			651-	1.132[0.186
Both dead	54.6	45.4	7.430]	-6.902]

Stress

Low	82.7	17.	1	1
			2.490[1.	
			283-	
			4.833]	1.615[0.714
Moderate	65.7	34.3	**	-3.651]
			3.577[1.	
			610-	1.476[0.485
High	57.1	42.9	7.98] **	-4.488]

Social isolation

No	75.6	24.4	1	1
			3.	
			234[1.9	
			69-	
			5.311]	3.693[1.920
Yes	49.0	51.0	***	-7.101] ***

Self Esteem

			3.051[1.	
			242-	4.855[1.488
Low	85.4	14.6	7.494] *	-15845] **
High	65.7	34.3	1	1

Child Neglect

No	52.8	47.2	1	1
			0.460[0.	
			253-	1.534[0.613
Yes	70.9	29.1	0.836] *	-3.838]

Anxiety

Low	83.0	17.0	1	1
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	10.894[			
	6.310-			
	18.810]	9.709[5.013		
High	30.9	69.1	**	-18.70] ***
Significant at 5%		* $p < 0.05$, ** $p < 0.01$, * $p < 0.01$		

Table 4 shows that among the individual factors, sex of the adolescent, marital status and presence of chronic illness were significantly associated with depression among the out of school adolescents. It was found that the odds of occurrence of depression among female adolescents were about twice higher compared to those of male adolescents (AOR = 1.979; 95%CI:1. 1.031-3.796; $p = 0.040 < 0.05$). Whereas the odds of occurrence of depression among out-of-school adolescents who were married were 2.7 times lower compared to those who were still single (AOR = 0.377; 95%CI:1. 0.198-0.717; $p = 0.003 < 0.05$), regarding chronic illness, the odds of occurrence of depression among out of school adolescents who had a chronic illness were twice higher compared to those who did not have a chronic illness (AOR = 2.067; 95%CI:1. 1.026-4.165; $p = 0.042 < 0.05$). The individual factors such as age of the participant (AOR = 1.328; 95% CI: 0.687 - 2.567; $p = 0.399$), their education level (AOR = 0.813; 95% CI: 0.412-1.607; $p = 0.553$), and history of mental illness (AOR = 1.204; 95% CI: 0.478-3.032; $p = 0.694$) were not statistically significant.

In relation to social factors, only social support was significantly associated with depression among the out-of-school adolescents. It was found that the odds of depression among out of school adolescents who had high social support were 3.4 times lower compared to those with low social support (AOR = 0.296; 95%CI:1. 0.124-0.707; $p = 0.006 < 0.05$). The social factors such as alcohol consumption (AOR = 1.362; 95% CI: 0.520-3.566; $p = 0.530$), and orphan hood (AOR = 1.674; 95% CI: 0.785-3.572; $p = 0.183$) were not statistically significant.

Table 4 additional results regarding psychological factors also show that social isolation (AOR = 3.693; 95%CI: 1.920-7.101; $p = 0.000$) was statistically significant. The odds of depression among out-of-school adolescents who had social isolation were 3.7 times higher compared to those without social isolation. Self-esteem was a strong significant factor associated with occurrence of depression among the out of school adolescents, where the odds of occurrence of depression among out of school adolescents who had low self-esteem increased to 5 times higher compared to those who had high self-esteem (AOR = 4.855; 95%CI: 1.488-15.845; $p = 0.009 < 0.05$). In the same regard, anxiety had a strong significant association with occurrence of depression among the out of school adolescents, whereby the odds of occurrence of depression among out of school adolescents who had high anxiety were about 10 times higher compared to those who had low anxiety (AOR = 9.709; 95%CI: 5.013-18.70; $p = 0.000 < 0.05$). On the other hand, stress (AOR = 1.615; 95%CI: 0.714-3.651; $p = 0.249$) and child neglect (AOR = 1.534; 95%CI: 0.613-3.838; $p = 0.361$) were not significant after controlling for confounding.

4. DISCUSSION

The study revealed that nearly one-third (32%) of out-of-school adolescents in Kayunga District were experiencing depression (Table 2). This indicates that nearly one-third of the adolescent population surveyed is suffering from depression at a given time. This is a relatively high prevalence rate, and it highlights the urgent need for comprehensive mental health strategies targeted at adolescents in Kayunga district, Uganda. The elevated rate observed in this study may point to specific contextual factors affecting this population or could reflect broader trends in adolescent mental health that warrant attention. In line with the findings above, in Ethiopia, it was also found that about one-third of the students (32.2%) were depressed [23]. This is also almost similar to another study done in northern Uganda, where it was found that almost one-thirds of the adolescents (29.4%) were experiencing depression [12]. Whereas, still in Uganda, in a study done among adolescents at Naguru Teenage Information and Health Centre the prevalence of depression among the adolescents was 17.54% [14].

The study revealed that the sex of the adolescent was significantly associated with depression among the out-of-school adolescents. The out-of-school adolescent girls were more likely to become depressed compared to the boys. This was attributed to the premenstrual problems, for example, most females with premenstrual syndrome (PMS), and these may have symptoms such as abdominal bloating, breast tenderness, headache, anxiety, irritability and many others, all of which are likely to contribute to depression among the female adolescents. This result was consistent with another study in Ethiopia, where it was found that female sex had a strong significant association with depression, where being female was four times more likely to be depressed when compared with being male [24]. This is also in agreement with findings of another study done in Brazil, where it was found that females were about twice more likely to be depressed than the males [25]. Similarly, in another study done in South Africa, it was shown that the female sex stood a higher chance of experiencing depression than the male sex [7]. In contrast to current findings above, from a cross-sectional study done in Saudi Arabia, it was found that although depression was more prevalent among males (5.1% than females (3.5%)), sex of the respondent had no significant relationship with depression [26].

In this study, married out-of-school adolescents were less likely to get depressed than single ones. This could be attributed to the fact that unmarried adolescents, especially teenage mothers, tend to suffer from stigma and shame in traditionally living rural communities. Community and family efforts to promote marriage for these mothers to avoid social stigma increase feelings of depression. This finding is similar to findings from a study done in northern Uganda among out-of-school adolescents, where marital status was a significant factor associated with depression among these out-of-school



adolescents [12]. While contrary to the current study findings, from a related study conducted in Uganda at Naguru Teenage Information and Health Centre, findings indicated that no significant association was observed between marital status and depression [14]. Also in Bangladesh, marital status was not significantly associated with depression [27].

Chronic illness status was a significant factor associated with depression at both bivariate and multivariate levels, as the odds of occurrence of depression among out-of-school adolescents who had a chronic illness were twice as high as those who did not have a chronic illness. This implies that the presence of a chronic disease in adolescents is associated with a higher likelihood of developing depression than the absence of a chronic disease. This is because adolescents with chronic health conditions face a special set of physical and emotional challenges. They may be scared that their condition will get worse, and they may be dealing with pain, either from their condition or from its treatment. In some cases, treatments or procedures associated with managing the condition can be very demanding. Adolescents may also feel "different" from their peers, and their schedules for family, school and social life may be disrupted. The study findings above are in agreement with findings from a similar study done in Cameroon that determined the prevalence and predisposing factors associated with depression among medical students, where findings showed that the presence of a chronic disease increased the likelihood of having depression among the students [28]. Similarly, in Ethiopia, it was also identified that being diagnosed with chronic disease significantly influenced depression [29]. This is also similar to another study that found that the presence of chronic conditions positively influenced depression [30]. Also in China, findings showed that the respondents who had chronic diseases that included cardiovascular disease, cerebrovascular disease, insomnia, and Chronic gastroenteritis displayed a higher likelihood of encountering symptoms indicative of depression [31].

The odds of occurrence of depression among out-of-school adolescents who had high social support were 3.4 times lower compared to those with low social support. This explains that receiving high social support from an adolescent decreases the likelihood of developing depression. This is likely because the adolescent years are characterised by stress and transitional change, and receiving support at this age is of particular importance as adolescents strive to negotiate everyday stressors such as academic pressures, parental, peer and romantic relationships, as well as manage pubertal changes. The findings above are supported by findings from another study in Vietnam, which showed that higher levels of perceived social support were associated with lower levels of depression, suggesting that social support plays a protective role against depression in this population [32]. Whereas, it is highlighted from a study [33] that both family and friend support were independently associated with lower levels of depression among adolescents, highlighting the importance of both types of support networks. About social isolation, the odds of occurrence of depression among out-of-school adolescents who had social isolation were 3.7 times higher compared to those without social isolation. This implies that social isolation increases the chances of adolescents getting depressed. This is because social isolation is caused by a lack of social connections that help young people feel included and respected among their peers, and the lack of

these important connections results in poor mental health outcomes such as depression, anxiety, self-harm, suicidal ideation, and an increased risk of substance abuse. Similar to findings above, a study in Iran also found that adolescents who reported higher levels of social isolation were more likely to experience depression, suggesting that social isolation is a significant risk factor for depression in this population [4]. Similarly, from Uganda, a study done in Kamuli district showed that adolescents who reported feeling socially isolated were at a higher risk of developing depression, highlighting the importance of social connections in preventing mental health issues among adolescents [18]. Whereas, in Bangladesh, it was discovered that adolescents who used social media to maintain social connections were less likely to experience depression, suggesting that social media can serve as a protective factor against the negative effects of social isolation [34].

Regarding self-esteem, the odds of depression occurrence among out-of-school adolescents who had low self-esteem increased to 5 times higher compared to those who had high self-esteem. This implies that the presence of low levels of self-esteem in the adolescent increases his/ her likelihoods of developing depression. Low self-esteem can reduce the quality of a person's life in many ways, including Negative feelings – the constant self-criticism can lead to persistent feelings of sadness, depression, anxiety, anger, shame or guilt. The above findings are supported by other scholars [35] arguing that low self-esteem is among the causes of depression among adolescents [35]. In the same regard, other scholars [36] discovered that low self-esteem is an enduring vulnerability for developing depressive symptoms, and self-esteem in early adolescence was a predictor of depressive symptoms in late adolescence as well as early adulthood [36]. In a study done in Vietnam [32], researchers also discovered that low self-esteem significantly influenced depression among these adolescents.

About the anxiety variable, the odds of occurrence of depression among out-of-school adolescents who had high anxiety were about 10 times higher compared to those who had low anxiety. This implies that the existence of high levels of anxiety in adolescents increases his/her likelihood of developing depression. This is because usually people who have high anxiety disorders struggle with intense and uncontrollable feelings of anxiety, fear, worry, and/or panic, and these feelings can interfere with daily activities and may last for a long time, hence depression. In line with the current study findings above, another scholar [37] also found that individuals with anxiety disorders were 3 times more likely to develop depression compared to those without anxiety disorders, which highlighted the potential for one disorder to predispose an individual to the other. Whereas elsewhere [38], it was found that individuals with anxiety at baseline were more likely to develop depression at follow-up, and vice versa. This is still in agreement with another study [39] that highlighted high levels of anxiety being associated with a more chronic and severe course of depression, highlighting the importance of addressing anxiety in the treatment of depression.

5. CONCLUSIONS

The study revealed a significant prevalence of depression (32.0%) among out-of-school adolescents in Kayunga District, indicating that depression is a considerable mental health challenge out of school adolescents. The research identified



several factors significantly associated with depression, including sex, marital status, chronic illness, social support, social isolation, self-esteem, and anxiety. These findings highlight the complex nature of depression among adolescents, emphasising the critical need for targeted interventions to address the diverse factors influencing mental health in this group.

1. RECOMMENDATIONS

The Government of Uganda, through the Ministry of Gender, Labour and Social Development and the Ministry of Health, should adopt a coordinated, multisectoral approach to reduce social isolation and improve mental health outcomes among adolescents particularly those out of school by strengthening social safety nets, promoting integration into community activities through well-funded youth centers and recreational facilities, expanding accessible district-level mental health screening and treatment for anxiety and depression, and implementing gender-sensitive mental health interventions that respond to the distinct needs of male and female adolescents.

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