

**POVERTY AND DEPRESSION AMONG CONGOLESE IMMIGRANTS IN
MAKINDYE DIVISION, KAMPALA, UGANDA**

BY

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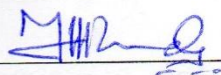
DECLARATION

I declare that this dissertation is my original work and has never been presented for a Degree or any academic award in any University or institution of higher learning.

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APPROVAL

I confirm that the work reported in this dissertation was carried out by the Candidate under my supervision as a University Supervisor.

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DEDICATION

I dedicate this research work to my beloved Husband Mr.Twinomujuni Michael for the love, and financial support he rendered to me throughout my studies.

Special dedication is also made to my Parents, workmates, class mates and friends who gave me love, moral support and encouragement.

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LIST OF ACRONYMES/ ABBREVIATIONS

ADF	Allied Democratic Forces
CBO	Community Based Organization
CBT	Cognitive Behavioural Therapy
CDC	Centres for Disease Control
CVI	Content Validity Instrument
GBV	Gender Based Violence
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IDP	Internal Displaced Persons
IMF	International Monetary Fund
IOM	International Organization for Migration
KCCA	Kampala City Council Authority
MDG	Millennium Development Goals
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OECD	Organization for Economic Cooperation and Development
OPM	Office of the Prime Minister
PLCC	Pearson Linear Correlation Coefficient
PTSD	Post- Traumatic Stress Disorder

SD	Standard Deviation
SPSS	Statistical Package for Social Scientists
UAE	United Arab Emirates
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
USA	United States of America
WHO	World Health Organization
WPR	World Population Review

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ABSTRACT

This study aimed at examining the effects of poverty on depression among Congolese Immigrants in Makindye Division, Kampala, Uganda. With the following Objectives: to examine the causes of poverty among Congolese immigrants in Makindye division; determine the indicators of poverty among Congolese immigrants in Makindye division; to assess the indicators of depression among Congolese immigrants in Makindye division and to investigate the relationship between poverty and depression among Congolese immigrants in Makindye division, Kampala, Uganda. The study was underpinned by the Cognitive theory. Employed Descriptive Correctional design and considered both quantitative and qualitative approaches of data collection. Key informant interview guide was designed and administered to key informants to capture qualitative information. Data from questionnaire were edited and coded then entered in a computer and SPSS program was used to analyse it. Findings revealed that the causes of Poverty among Congolese Immigrants in Makindye Division, Kampala district had the overall mean of 2.6772 and standard deviation of 0.87861 estimated to 89.4%. This implies that Congolese immigrants are poor as a result of pre-migration and post- migration effect majorly caused by war in their country of origin. Poverty has influenced Depression among Congolese immigrants in Makindye division with the findings from the indicators of poverty overall mean rated to 2.6795 and Standard deviation of 1.37412 estimated to 51.4%. For the relationship there was a significant relationship between Poverty and Depression. With ($r = 0.466$, P-Value score 0.01). This means that not only Poverty influenced Depression but there are other factors like mental illness, stress and anxiety though even depression can influence one into being poor. The study recommended that the Government of Uganda through the Office of the Prime Minister should ensure that self-reliance of Congolese immigrants is at the core of Government policies and programs. That is to say: if the above recommendation is considered, it would combat the immigrant's dependency syndrome, enabling them to think creatively and work for progress.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This part of the study covers the Background of the study, Statement of the Research problems, Scope of the study, Objectives, Research questions and Hypothesis, Significance of the study and the definitions of the key terms.

1.1 Background to the Study

The purpose of this background was to provide the basis of the study. To this effect, it was presented in four perspectives: historical, theoretical, conceptual and contextual. Poverty is a serious social issue that needs to be addressed. The danger of it is that it leads to dependency among Congolese immigrants which more often affects their psychological wellbeing. It is clear that the conditions of poverty in Congolese immigrants influence depression. The historical perspectives outline the evolution of the problem. In the theoretical perspective, the theory that informs the study was explained. At the conceptual level, the key study variables that have to do with are explained. The contextual perspective dealt with the situation analysis.

1.1.1 Historical Perspective

According to the International Organization for Migration, (2013) worldwide the migratory patterns have existed with in diverse social, political and economic contexts and driven by political factors, poverty, rapid population growth and the porosity of the international borders through which individuals become permanent residents or citizens of another country (IOM, 2013). The current global estimate is that there are 281 million international immigrants in the world which equates to 3.6 percent of the global population. The overall, estimated number of immigrants has increased over the past five decades (IOM, 2022). With an estimated 50.6 million immigrants, or slightly more than 15% of the 331.4 million individuals who were born there, the United States has the biggest immigrant population in the whole globe. Since 1965, there have been at least 400 percent more immigrants living in the US. Nearly every nation in the

globe is represented in the enormously diversified immigrant community of the United States (World Population Review, 2021).

According to Gallup's (2015) study, the correlation between poverty and chronic disease is alarmingly strong in the United States. Those who live in poverty have greater rates of depression, asthma, obesity, diabetes, hypertension, and heart attacks than those who don't: six out of the eight chronic health conditions studied. 30.9 percent of people living in poverty were affected by depression. Medical care, fresh vegetables, safe locations for exercise, and other things that assist alleviate depression are more difficult for those in poverty to get access to, than they are for the wealthy. As one researcher wrote in the report with these findings: "Depression could lead to a lack of resources and a lack of resources could lead to poverty; regardless, it is clear that people in poverty have twice the risk of being a victim of a potentially debilitating illness and one that could be impeding them from getting out of poverty (CDC, 2015). Even if depression is successfully treated, there may be a lingering part of it. It was found that even when depression is latent; it produces hyper-connected cognitive and emotional networks that are related with rumination, thinking about a problem over and over again, even if there is little hope for resolution. Poverty is linked to depression, which means that when poverty diminishes so does the prevalence of depressive symptoms. Inequality between the rich and the poor is being narrowed as part of the fight against poverty (CDC, 2015).

Variations in the origins and size of immigration flows are shaped by U.S. immigration laws but also by conditions in the migrants' homelands which lead them to search for better economic opportunities, social stability, safety, and to join family and friends (UNHCR, 2008). People decide to migrate for purposes of employment, study purposes and since the world began, immigration has largely increased as a result of serious human rights violations, persecution, and political, ethnic, religious and international armed conflict. However, immigration has led to economic marginalization, massive unemployment, and environment degradation and population pressure into the host countries while Poverty jeopardizes the mental wellbeing of immigrants' families which in turn adversely affects the mental health of their children (Shah, 2018).

With 11 million immigrants living in the United States, or around 25% of all immigrants, Mexico is the country with the largest immigrant population. Except for individuals whose ancestors came as slaves, immigration has played a significant part in shaping the United States

into the nation it is today. The bulk of people who call the "Great American Melting Pot" home are descended from immigrants, particularly from early pioneers (WPR, 2021). United Arab Emirates is the country with the most immigrants, accounting for 8.7 million people or approximately 89 percent of the total population. As a result, the UAE has one of the highest ratios of inhabitants who are immigrants to the whole population worldwide (World Population Review, 2021).

Depression results from a complex interaction of social, psychological, and biological factors. People who have gone through adverse life events (unemployment, bereavement, traumatic events) are more likely to develop depression. Depression can, in turn, lead to more stress and dysfunction and worsen the affected person's life situation. There are interrelationships between depression and physical health. For example, cardiovascular disease can lead to depression and vice versa (WHO, 2013). There is strong evidence that school-based and community-based programs can reduce depression in children as well as help them develop a healthy coping mechanism. Parental depressed symptoms may be reduced and their children's results may improve as a result of parental interventions. The prevention of depression through exercise programs for the elderly is also possible.

According to the World Health Organization, depression is the largest contributor to mental health problems (WHO, 2001). Immigrants in the Netherlands are at higher risk of depression and studies have explored various explanations such as the strain of migration, economic hardship or ethnic discrimination (De Wit et al., 2008). The living conditions of people living in the low- middle income countries have led them to flee to European high-income countries in order to get employment and a better life. Unfortunately, some immigrants do not meet their daily basic needs living in poverty that leads them to depression caused by failure to satisfy their needs. Immigrants' situations become protracted and require development aid as opposed to humanitarian assistance to satisfactorily meet the long term needs especially those forced to seek protection in another country for asylum or immigrants in order to secure their safety and their wellbeing (UNHCR, 2008).

Movements within Africa account for the vast majority of emigration from the continent. About one in four migrants from the macro-regions go to Europe, although Eastern and Western Africa

host the biggest number of immigrants, accounting for roughly 60 percent of all African migrants. South Africa and Côte d'Ivoire, on the other hand, had the biggest number of African immigrants in 2020. In terms of population, the net migration rates from South Sudan and Burundi are the most positive (Kamer, 2020). Africa is home to 40% of the world's population of concern. Immigrants, asylum seekers, internally displaced persons (IDPs), returned immigrants, and stateless individuals comprised 33 million people in 2019 (Kamer, 2020).

More people are internally displaced in Africa than everywhere else. These people are compelled to leave their homes yet remain inside the borders of their country. Asylum seekers are often compelled to flee their home countries due to a combination of economic hardship, political unrest, and acts of terrorism. The Horn of Africa and the Eastern part of Africa are home to the bulk of African immigrants. Uganda, Sudan, and Ethiopia make up this group (UNHCR, 2008). As immigrants flee to another country of asylum they come along with physical, psychological and social challenges caused by the effects of war (UNHCR, 1999). Five years after the genocide in Rwanda, some immigrants (women) resettled in the USA, it was reported that 51% were suffering from major depression disorders associated with war-related violent events experienced in their country of origin. Immigrants are exposed to danger and potentially traumatic events during the course of their flight. Therefore, many are already suffering from psychological and physical impairments when they arrive in their new countries of residence. These potentially stressful experiences and diminished quality of life are connected with the prevalence of a variety of psychiatric illnesses among immigrants (Miller et al., 2010). In which the conditions of poverty lead to high levels of stress, social exclusion, reduced access to social capital, malnutrition, obstetric risks, increased risk of violence and increased prevalence and worse outcomes of mental disorders (Patel, 2001). On the other hand, mental ill-health leads to increased health expenditure, reduced productivity, job loss and social drift into poverty.

Immigrants, who have crossed the borders of their states, are still as numerous in Africa with persistent conflicts in South Sudan, Somalia, the DRC, northern Mali, Libya, etc. In addition to these armed conflicts, there are political challenges from the powers that be, which are increasingly causing confrontation and exile from populations considered to be opponents of the ruling parties. In 2018, of the 20 million refugees in the world, a third, or nearly 7 million refugees were in Africa. A situation which is not about to improve with the continuous

temptation of the Presidents in certain African countries who are not willing to move out of power influencing wars and violence in their countries. It is in this rather gloomy context that the African Union Commission has decided to bring together States and all the actors involved on the subject to reflect on the durable solutions to be found for immigrants, returnees and internally displaced persons (UNHCR, 2019).

In the context of Uganda's generosity and good will to welcoming immigrants, Uganda is a mixed migration country acting as origin, transit and destination country. Historically it has been a destination for immigrants due to multiple instability crises in their origin countries (IOM, 2017). Uganda, on the other hand is known for its political stability, traditional hospitality and generous asylum policies, increasing its attraction for the seekers. This is as a result of both geography and instability in the neighbouring countries (Ongaro, 2017). Since 2010, there has been a steady increase of Congolese immigrant's arrivals to Uganda. The majority of arrivals come from the immediate neighbouring East African countries of Kenya, South-Sudan, Rwanda, Democratic Republic of Congo, Eritrea, Ethiopia, and Somalia; however, there are also more entries of residents from United Kingdom (IOM, 2013). Comparatively, Uganda's neighbours such as Kenya and Ethiopia have traditionally been more restrictive in allowing immigrants live in the urban settlements. Kenya relies on a system of encampment, where immigrants live in camps and Ethiopia has only recently expanded its out-of-camp policy to all immigrants although regulatory gaps remain. Kenya hosts over half a million immigrants, mainly from Somalia and South Sudan. Ethiopia hosts over 788,000 immigrants and it is the third largest Congolese immigrants hosting country in Africa (Easton, 2021).

Uganda has a long history of hosting immigrants hosting around 1.5 million immigrants, with the largest share from South Sudan. As of October 2021, there were around 944,000 immigrants from the neighbouring country South Sudan (Varrella, 2021). Followed by the Democratic Republic of Congo (DRC) with 450,000 immigrants while Burundians added up to roughly 52,000 immigrants, Somalia with 50,290 immigrants, Rwanda with 25,507 immigrants, Eritrea with 19,468 immigrants, Ethiopia with 3,868 immigrants Sudan with 3,554 immigrants and others with 741 immigrants (Statista, 2022). Although Uganda has introduced a progressive Congolese immigrants-hosting policy, allowing immigrants in Uganda freedom of movement, the right to work and establish businesses, and the right to access public services such as

education, their needs are still high. Poverty rate for the immigrants' population is more than twice as high as for the host communities (46% of immigrants are considered poor, compared to 17% of the hosts). Concerns like food have become an important aspect to think about because 07 out of 10 households run out of food or spend days without eating becoming a threat to many Congolese immigrants wellbeing. In addition, tension is increasing between the immigrants and host communities sustaining the large immigrant's population with limited support (UNHCR, 2021). In 2020 Covid – 19 pandemic experience worsened anxiety in the population of immigrants leading to mental disorders including depression (Anyayo, 2021). The challenge of social and financial instability caused by unemployment upon immigrants aggravates stress and depression and other mental distress (Jackson, 2018). Therefore, it is important to assess people's mental status at a given period so they can be guided on how they can manage it before it worsens into a mental illness.

In the context of Kampala district, large numbers of immigrants tend to seek opportunities in urban centres. According to the Office of the Prime Minister, it hosts a total number of 100,000 Immigrants and 27,676 Asylum seekers living in the capital city Kampala (OPM, 2022). These live in Kampala central, Makindye division, Rubaga division, Nakawa division, Kawempe division, Makerere University and Ssabagabo –Makindye (UNHCR,2022). These originate from countries such as, Somalia with the largest number of immigrants at 41,450, Democratic Republic of Congo with 26,898, Eritrea with 20,330, South Sudan with 6,109, Burundi with 4,936, Ethiopia with 3,485, Rwanda with 2,265, Sudan with 1,840, Pakistan with 227 and Turkey with 76 immigrants (UNHCR, 2022). These live a life of struggling and poverty, with regard to lack of supply, demand of basic services as well as household needs and insecurity compared to Ugandans leading to a burden of managing daily life style that contribute to depression and other mental health conditions (UNHCR, 2018). However, Jacobsen, (2022) research has shown that many immigrants cannot establish or maintain their livelihoods because they cannot exercise the rights to which they are entitled under international human rights, humanitarian law, and /or Congolese immigrant's law. Often, immigrants suffer from the absence of civil, social and economic assembly, fair trial, property rights and the right to engage in wage labour, self-employment and the conclusion of valid contracts, access to school education, access to credit, protection against physical and sexual abuse, harassment, unlawful detention and deportation.

UNHCR (2019) reviews that one cannot approach the subjects relating to immigrants in Africa without referring to Kampala, the Ugandan capital. The African Union Commission understood and from December 2 to 6, 2019, the African Union member states organised a dialogue, commemoration of the fifty (50) years of the OAU Convention governing the specific aspects of refugee problems in Africa and the ten (10) years of the African Union Convention on the protection and assistance to displaced persons in Africa. 2019 has been proclaimed in this sense by the African Union, the year of immigrants, returnees and internally displaced persons. The Kampala meeting made it possible to take stock of the mobilizations around this theme throughout this year and to review the bleak situation of refugees and internally displaced persons on the continent. (UNHCR, 2019).

In the context of Makindye division, there are 26107 immigrants living in Makindye in the areas of Bukasa, Buziga, Ggaba, Kabalagala, Muyenga, Katwe, Kibuli, Kisugu, Munyonyo, Nsambya, Nsambya Police Barracks, Salaama and Wabigalo (UNHCR, 2021). As self-settled urban immigrants they risk being misclassified as economic migrants. Lacking official Congolese immigrants 'status (unless they have been registered in a settlement), urban immigrants also often lack assistance (Easton, 2021). The place where these immigrants reside are inadequate, low income neighbourhoods that expose immigrants into other resettlement stressors that expose them too high levels of depression and Post traumatic stress disorders from war-related violent events experienced in their countries of origin, poverty and the current livelihood (UNHCR, 2015). According to the World Bank (2018), around 72% of immigrants are unemployed compared to 36% Nationals. The 09 out of 10 immigrants have not participated in any skill or job training programs hence unemployed. This influences them to move from one Organization to another such as Refuge and Hope International, Amani sasa and Jesuit Refugee Services seeking for help and rising tensions to the host communities as they compete for resources (Refuge and Hope International Report, 2021). Many immigrants are facing Poverty, due to cuts international funding, which increases pressure on the Ugandan government, leading to rising tensions between immigrants and host communities (Idris, 2018).

1.1.2 Theoretical Perspective

This research study was based on both Cognitive theory stated by Aaron Beck, (1979) and Hope theory by Snyder, (2002). Cognitive theory theorizes that depressed people have negative and hopeless thoughts or core beliefs about themselves, their experiences in the world and their future (Beck et al., 1979). The choice to use Cognitive Behavioural Theory (CBT) was based on the notion that human beings can be understood by studying their internal processes of thinking, feeling and behaviour. The triad refers to thoughts about self, world and future. In all the three instances depressed individuals tend to have negative views. Thus, a depressed individual would tend to think he/she is a worthless person living in a futile and unforgiving world with a hopeless future. Beck's work also led to the identification of particular patterns of habitual and maladaptive thinking that he called errors of thoughts. For example, where an individual quickly thinks, on the basis of limited evidence, draws a conclusion that others don't like him/her because he is an immigrant, this thinking lowers his/her mood, developing unhelpful thinking. Given the fact that immigrants experience traumatic events in the past and negative thoughts about themselves, the theory will help to create a link between the past traumatic stress events and current events in the assessment of a person's psychological well-being.

Whereas Hope theory by Snyder (2002) was adopted as the basis for the theoretical frame work of this study, Hope theory derives pathways to desired goals and it motivates one to think, develop ability to start and continue on a chosen pathway (Snyder, 2002). Hope theory has mainly been applied to individuals but it has applicability to large populations (Bernardo, 2010). Having hope in difficult situations such as poverty is applicable to social work practice in that a deep appreciation for such surmountable odds is needed to make systematic change in immigrant's mind set. The theory of hope therefore seeks to provide guidance in understanding how an individual's mind set can be changed towards poverty reduction and increase of economic opportunities.

1.1.3 Conceptual Perspective

The conceptual perspective covers two major variables as follows: Poverty as an influencing factor and an independent variable and Depression among immigrants as a dependent variable. According to the United Nations (1998), poverty is a violation of human dignity since it denies

options and possibilities. It indicates an inability to contribute successfully in society on a fundamental level. It implied to not having enough to feed and clothe a family, not having access to a school or clinic, not having land to produce food or a job to support oneself, and not having credit. It also implied instability, helplessness, and marginalization for people, families, and communities. It signifies vulnerability to violence and often entails living in marginal or vulnerable surroundings without access to clean water and sanitation. Iceland and Bauman (2004) discovered that income poverty is more strongly associated with certain hardship measures, such as food insecurity, difficulty paying bills, strongly associated with lack of settle, medical, and fear of crime.

Depression is therefore a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self- worth, disturbed sleep, appetite, and poor concentration (WHO, 2012). According to the World Health Organization, common mental diseases include: Melancholy, depression, anxiety, and post-traumatic stress disorder. PTSD is more prevalent among immigrants exposed to hardship among the host community. Before and during their migration trip, during their settlement and integration, immigrants may be subjected to a variety of stressors that influence their mental health and well-being (WHO, 2021). Immigrants' mental health should be addressed by creating inclusive and accessible promotion programs, integrating mental health into general health care, and assuring prompt depression diagnosis, treatment, and rehabilitation. Immigrants make beneficial contributions to society, but they are unable to realize their full potential unless they are in excellent mental health.

According to the United Nations, (2021) immigrants are people who move from their countries willingly to settle in another country permanently and work without any restrictions. They normally have reasons wanting to resettle, move for financial betterment, education, prosperity, or to be united with family. ‘Immigrant’ is not a term normally used in all countries, it is commonly used by United States. It refers to all the people who are living in a country they were not born. Hundreds of thousands of people around the world leave their homelands and travel to other countries. Many are fleeing places because of war, hunger, famine and persecution. However, immigrants face barriers once they arrive in a new country (New York State Immigrant Action, 2021). For this cause it is important to examine the causes and indicators of

Poverty that have influenced depression as a result of failing to solve the challenges facing immigrants.

1.1.4 Contextual Perspective

In Makindye division, the majority of Congolese immigrants reside among impoverished Ugandan populations in places with overcrowded housing, inadequate sanitation, and limited access to water, low-quality schools, and minimal health services. They reside in slums where they can afford to pay rent on inexpensive housing. They live in distress, frustration and miserable, especially when it comes to providing basic needs for their families, they are not able (Refuge and Hope International Report, 2021). They fail to pay rent, purchase medicine and paying school fees for their children. Their lack predicts poverty and being vulnerable in the sense that they need to be supported. As they decide to register as urban immigrants, they are expected to take care of themselves and their families. However, when they settle in the urban settlement they find life difficult without work. Others don't have academic or professional documents which hinders most of them from getting employed even if they were skilled. This leads to dependency on Humanitarian Organizations to support them as they rotate from one organisation to another requesting for food, medical care, shelter and capital to start up small businesses of their choices such as selling dry and salted fish and tailoring, selling jewellery, mushrooms and vegetables to earn a living. Some of them are hired as casual labourers, house helpers and are paid little money for just a meal that they are unable to save. While others decide to rent one house, occupied by three to four families trying to save money (Refuge and Hope International Report, 2021).

Language barrier is also a problem that one has to either enrol for English lessons or learn with in their communities for years. For this reason, Congolese immigrants suffer from poverty and due to the long-time effect; they develop depression which affects their psychological wellbeing leading to mental illness, persistent sadness, worries and continuous stress. In Makindye Division, most of the Congolese immigrants have decided to engage in destructive behaviours such as prostitution, stealing gambling, child trafficking and child labour which have led them to contracting HIV/AIDS, sexually transmitted infections and death. It is against this background that there is need to keenly examine the

causes and indicators of poverty on depression among Congolese immigrants. Studies conducted in this field so far have not provided enough data to identify assess and prove beyond doubt the indicators of depression among Congolese immigrants as suggested to be examined in Makindye division, Kampala, Uganda.

1.2 Statement of the problem

Everybody in Uganda and anywhere else would like to have enough source of income in order to do away with poverty and depression regardless of being an immigrant or not. However, Uganda is a low –income country and among the poorest countries in the world. Oweri (2020), reviews that Uganda's absolute poverty is officially defined as a condition of extreme deprivation of human needs of individuals or households to meet or access the minimum requirements for a decent human being such as nutrition, health, literacy and shelter (Oweri, 2020). It is a recurring problem for Congolese immigrants including those living in Makindye Division (Refuge and Hope International Report, 2022). About half of the population of Immigrants (48%) are living in poverty compared to 17% Nationals (World Bank, 2018). The majority of Immigrants in Kampala District depend on Humanitarian aid as their main source of survival.

Despite the efforts being made by the Uganda Government the conditions of Congolese immigrants manifests poverty, misery and frustration with the worsening circumstances they endure on a daily basis. What exists within their home is: they sleep hungry, they are sick, many are evicted from homes, 03 to 04 families living together, others sleeping in churches as a shelter, children are dropped out of school, early marriages, many are unemployed, and completely hopeless as some have adopted to commit suicide as a way to solve their unresolved problems (Refuge and Hope International Report, 2021). Therefore, there is need for a serious economic intervention by the Government and NGO's that should, enable Congolese Immigrants recover from poverty.

1.3 Purpose of the study

This research thesis aimed at examining the influence of poverty on depression among Congolese Immigrants in Makindye Division, Kampala, Uganda.

1.4 Specific Objectives

This research study aimed at achieving the following objectives:

- (i) Examine the causes of poverty among Congolese immigrants in Makindye division, Kampala, Uganda.
- (ii) Determine the indicators of poverty among Congolese immigrants in Makindye division, Kampala, Uganda.
- (iii) Assess the indicators of depression among Congolese immigrants in Makindye division, Kampala, Uganda.
- (iv) Investigate the relationship between poverty and depression among Congolese immigrants in Makindye division, Kampala, Uganda.

1.5 Research questions

- (i) What are the causes of Poverty among Congolese immigrants in Makindye division, Kampala, Uganda?
- (ii) What are the indicators of Poverty among Congolese immigrants in Makindye division, Kampala, Uganda?
- (iii) What are the indicators of depression among Congolese immigrants in Makindye division, Kampala, Uganda?
- (iv) What is the relationship between poverty and depression among Congolese immigrants in Makindye division, Kampala, Uganda?

1.6 Research hypotheses

There is a significant relationship between poverty and depression among Congolese immigrants in Makindye division, in Kampala, Uganda.

1.7 Scope of the Study

1.7.1 Geographical Scope

The study site was Makindye. Makindye division is specifically bordered by Kansanga, Kabalagala and Kisugu to the north, Muyenga to the north east, Kiwafu to the east, Bunga to the south-east, Konge to the south, Lukuli to the south-west, Kibuye to the west, and Nsambya to the north-west (Akol, 2019). The study was comprised of Congolese immigrants residing in Makindye division in Kampala district because of its vast number of Congolese immigrants living in that location (Nyende, 2021). Further still there was evidence that a number of them seek for food, medical, rent assistance and financial support within various relief organizations on Ggaba road for example; Refuge and Hope International, Amani sasa, Yarid, Jesuit Congolese immigrants Services, Norwegian Congolese immigrants Council and Africa Humanitarian Action. According to Nyende, (2021) pointed out that more Congolese immigrants are located in Kansanga, Katwe, Nsambya and Makindye and it's from that location that Congolese immigrants seek social assistance from Organizations in order to survive; this promoted the need for this study because the researcher wanted to establish why more Congolese like staying in Makindye Division than other Divisions.

1.7.2 Theoretical Scope

This research study was based on both Cognitive theory stated by Beck, (1979) and Hope theory by Snyder, (2002). Cognitive theories attempted to explain the understanding of thoughts and feelings and their resulting behaviour. In recent years, there has been increased interest in application of these theories in the areas of education, sociology, health, criminology and psychology with the hope that understanding individual's thoughts and feelings improves the services offered in these areas. Depressed people have negative and hopeless thoughts or core beliefs about themselves, their experiences in the world and their future (Beck et al., 1979). The choice to use Cognitive Behavioural Theory (CBT) was based on the notion that human beings can be understood by studying their internal processes of thinking and feeling and their resulting behaviour.

Whereas, according to Snyder (2002), Hope theory derives pathways to desired goals and it motivates one to think and have the ability to start and develop a systematic change in mind set

towards poverty reduction and increase of economic opportunities. Therefore, the two theories were used because there was so much relevance in providing guidance in understanding how an individual's mind responses from the past unpleasant experience into a pleasant and better person.

1.7.3 Content Scope

The research study focused on Poverty as an independent variable and depression among Congolese immigrants as dependent variable. The dependant variable in this study was operationalized as an effect of the independent variable which was poverty. The study examined the causes and indicators of poverty. Depression was identified by the causes and indicators of depression which were assessed. The significant relationship between the independent variable and dependent variable was also investigated and carried out among Congolese immigrants in Makindye division.

1.7.4 Time Scope

This research study considered data from 2016 – 2022. The researcher considered a period of six years, because immigrants had increased in the area and moving to the urban settlements since 2016 to date (UNHCR, 2021).

1.8 Significance of the Study

The study will benefit a number of stakeholders namely:

Immigrants

This study is important to immigrants because they will be able to find ways of managing depression and poverty by learning how to manage and cope up with the situations and living a positive life style ready to start up businesses in their means, to be able to become self-reliant and sufficient. Therefore, the results of the study will give insight to Congolese immigrants to know how and why depression affects their psychological wellbeing and embrace strategic methods and services provided by social workers and counsellors regarding their emotions, thoughts and behaviour.

Social workers

The social work profession requires a body of scientific evidence supporting the effectiveness of interventions. Therefore, this study will help social workers to be able to handle immigrants depending on their individual concerns. The study will also give a clear insight to the social workers that when they are handling immigrants' affairs, they will be able to analyse their concerns in depth in order to help them make right decisions in their lives based on the scientific evidence.

Academicians

The main purpose of research was to get information, gather evidence and contribute to developing knowledge in a field of study. This study will help academicians as a stepping stone for further research about how poverty influences depression among immigrants.

Policy makers

This study is important to policy makers as they design policies regarding the safety and wellbeing of immigrants having known that poverty affects their mental health. As the government, stakeholders plan in support of growth and poverty reduction immigrants should be put into consideration through Humanitarian Organizations that reach them.

General Public

To the general public understanding what depression is helps them seek help for themselves and help for those affected as soon as possible, depression can affect anyone unknowingly. This research will help the general public to be aware of the dangers related with poverty and depression.

Researcher

This study has helped the researcher to build knowledge, facilitate learning, increase awareness, disprove lies, support truth, identify the needs of immigrants in their environment and evaluate the effectiveness of the social work services in meeting their needs.

1.9 Operational definitions of key terms.

Poverty

In the context of social work, Poverty refers to a social problem related to not having sufficient money and resources to maintain the basic necessities of life, such as food, clothing, shelter, education, medical services and among others. Absolute poverty is where an individual is unable to meet their immediate needs. In other words they do not have the minimum amount of income needed to meet the minimum requirements for an extended period of time.

Depression

In the context of social work, depression is a mood or emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life. A person who is depressed usually experiences several of the following symptoms: feelings of sadness, worries, hopelessness, lowered self-esteem, reduced energy, slowness of thought or action, loss of appetite and disturbed sleep or insomnia. All these may lead to other social problems like isolation, committing suicide and situations which may require social work intervention.

Immigrants

In the context of social work, immigrants are referred to as persons who move to a nation of which they are not nationals, because of political or other social problems, of which such problems may require social work intervention.

Congolese Immigrants

Congolese immigrants, these are people who move away from Congo to other countries like Uganda due to natural or man-made disasters. And in the social work context, such people need empathy aimed at ensuring survival of such Congolese and their families since they are considered as vulnerable in one way or the other.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed the theories advanced on poverty alleviation through micro saving strategy. The researcher also reviewed the relevant literature (from books and journals) and established its applicability and relevance of the study.

2.1 Theoretical Review

This research study was based on the Cognitive Theory proposed by Aaron Beck, (1979). Empirical studies in social work support cognitive behavioural theories, researchers and clinicians have also long acknowledged that cognition plays a critical role in the onset and maintenance of depressive disorders. Fifty years ago, Beck (1979) posited that biased acquisition and processing of information influences the system and cause depressive episodes. Beck argues that internal mental representations or schemes affect how depressed individuals will perceive themselves and the world around them. Depression is mostly the result of unfavourable interactions between a person and his or her environment (e.g., low rate of reinforcement or unsatisfactory social relations). These exchanges are affected by thoughts, actions, and emotions (Antonuccio, 1989).

Beck's cognitive theory (1979) is one of the most commonly recognized cognitive models of depression (Vázquez, 2000). Cognitive attributions, which can be specific/global, internal/external, and stable/unstable, are associated with learned helplessness (Hereto and Seligman, 1975; Abramson et al., 1978). People prone to depression ascribe unpleasant occurrences to internal, stable, and global forces, whereas they credit success to external, unstable, and particular variables (Abramson, 1978; Peterson, 1993). Identifying the origins and indicators of depression, as well as addressing negative thoughts, feelings, and behaviours, are described in greater length and supported by empirical evidence in the theory.

According to Snyder (2002), Hope theory incorporates objectives, routes, and choice. Hope theory has at least three components to which individuals can relate: To attain this objective, you must have concentrated ideas, prepare strategies in advance, and be determined to put up the

work necessary to achieve these objectives. The more the people's confidence in their potential to attain the mentioned elements, the greater the likelihood that they will acquire a sense of optimism. Before discussing Snyder's Hope Theory, it is useful to define the term 'hope'. Hope may be viewed as the imagined capacity to navigate specific routes leading to a desired goal. In addition, hope helps people stay motivated when walking these paths. Beck's theory (2008) of hopelessness is compared with Snyder's hope theory. Hope theory constructs are used to examine the relationship of suicide to hope/hopelessness, goals, pathways thinking, and agency thinking. This theory is intended to broaden our theoretical understanding of the causes and indicates of poverty for future empirical investigation on how poverty can be eradicated using the framework.

Hope theory was used to underpin this study because it will help break the cycle of poverty in Kampala Uganda. The theory provides technical guidance to the immigrants of Makindye division, on how to reduce poverty and enhance economic opportunity.

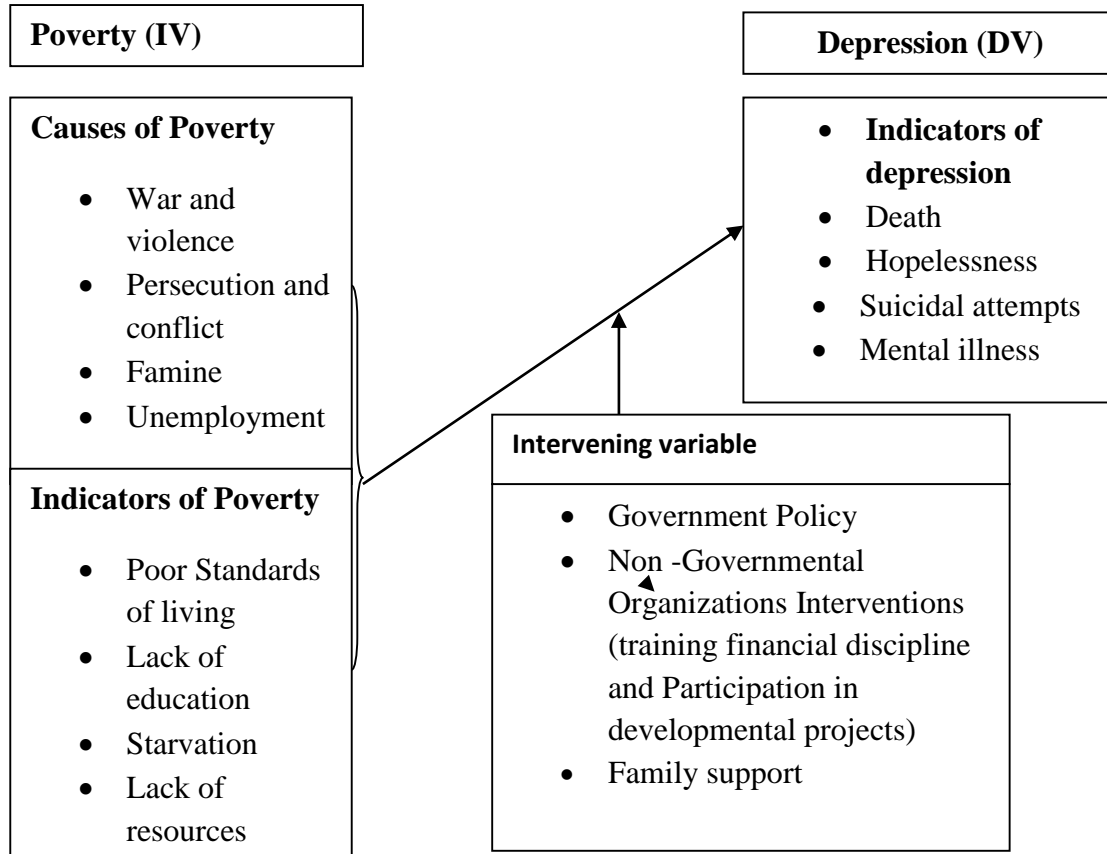
2.2 Conceptual Framework

A concept is a word or phrase that symbolizes several interrelated ideas (Gerring, 1999). In social work, it is not possible to separate a theory from practice or concept from action. A conceptual framework is composed of a coherent set of concepts, beliefs, values, propositions, assumptions, hypotheses, and principles. Such a framework can be thought of as an outline of ideas that help one to understand people, how people function, and how people change.

Conceptual framework also refers to when the researcher conceptualizes the relationship between variables in the study and shows the relationship diagrammatically. According to Mugenda and Mugenda (2003), a conceptual frame work is a hypothesized model identifying the concepts under study and their relationship. In this study the concepts under investigation are poverty and depression among Congolese immigrants.

Figure 1: Conceptual Frame Work

The conceptual frame work showed the diagrammatic presentation of the independent and dependent variables. It should be noted that Poverty which includes causes and indicators influencing depression which includes the indicators that arise.



Source: Adopted from Ranga, (2020); Achan, (2017); Gloyn, (2010), but modified by the researcher (2023).

The independent variable is conceptualized as causes and indicators of poverty, like war and violence, persecution and conflict, famine, unemployment, poor standards of living lack of education, starvation and lack of resources. The dependent variable in the study included the indicators of depression such as death, hopelessness, suicidal attempts and mental illness. The intervening variable in the study would include Government action, Non-Governmental

organizations intervention. E.g. By training immigrants financial discipline and participation and family support.

2.3 Review of Literature

2.3.1 Causes of Poverty among Immigrants

Civil wars and violence are some of the clearest manifestations of Poverty that usually occur among immigrants as a result of weak governance structures and misuse of power, leading to the emergence of civil wars (Justino, 2009). However, they also assert that a low per capita income partially explains poor governance. Therefore, it appears that a poor income is an indirect cause of violence. On the other hand, Collier (2004) appears to demonstrate that the distribution and development of income are directly and strongly associated to a larger risk of rebellion among citizens who opt to move to another country in search of asylum. As a result, inequality, greed, or popular grievances are considered as more credible causes for violence than income poverty. As a result of abandoning their employment and possessions in the haste to safeguard their lives (Orero et al., 2017). Furthermore Congolese immigrants in Makindye division have mentioned several times that their cause of lack is because of the war. They fled to Uganda and left behind their jobs and possessions, wondering what they can do to come out of poverty.

Continuous instability in Eastern DRC by armed conflicts and ethnic tensions has prevented many Congolese immigrants from turning back home. In April 2022 large numbers of Congolese fled to South west region of Uganda. These consisted of survivors of torture and violence including GBV, single parents, widows, children, unaccompanied or separated children and persons with medical needs (UNHCR, 2022). Violence contributes to poverty in a number of ways that affect Congolese immigrants as they try to settle in. They take an average of five years to fully settle because they find they having nothing apart from their small hand luggage.

There are millions of Congolese immigrants who have been forced to flee their homes to neighbouring countries, such as Uganda, South Africa, Burundi, Tanzania, Zambia and Angola. At the beginning of this year, nearly 400,000 Congolese have sought refuge in Uganda (UNHCR, 2022). UNHCR is on the ground providing lifesaving humanitarian support to millions of IDPs and immigrants in the Democratic Republic of the Congo (UNHCR, 2022).

However, this explains why Congolese immigrants are in need of help. The United Nations High Commissioner for Refugee is a UN agency mandated to aid and protects immigrants. Recently the Uganda government called upon all well wishers and countries where immigrants come from to give a helping hand because of the increasing numbers of immigrants entering Uganda every day.

Many Congolese originate straight from eastern DRC cities such as Goma, Buzau, and Uvira, which may partially explain why they prefer to reside in Kampala or other urban locations. However, some come to Kampala from rural regions of the DRC because of the possible prospects or because they felt more at ease in the city. Other Congolese immigrants in Kampala came from Congolese immigrants' camps such as Nakivale, Kyaka, Rwamwanja, and Kyangwali, and have resided in the city for years, despite official regulation forcing them to remain in specified zones. Nevertheless, these immigrants have the responsibility to take care of their families which influences them to transition to the urban settlement hoping to get a better life (UNHCR, 2022).

On the 20th March 2022, one thousand immigrants fled in South west Kisoro because of the war and persecution in their country these included children, women and men. These sheltered in the nearby markets, schools and communities. Many people lost their loved ones and millions of property were destroyed (Wendy, 2022). However such news of the loss of family and loved ones depresses those living in Kampala feeling totally helpless and having no hopes of returning back home.

United States of America is a nation of immigrants, nearly three quarters of all U.S.A hired farm workers, who harvest the majority of their country's fruits and vegetables are immigrants, most of whom are undocumented. Despite their contributions, many of them face discrimination based on race, ethnicity, citizenship status, and/or gender and barriers to opportunities. Many immigrants, especially those from Mexico, Central America, and parts of Africa and Southeast Asia, leave their home countries to escape deep poverty or violence (Molieri, 2016). In addition to Molieri (2016) study, the local communities marginalize Congolese immigrants as people who are not worthy to stay with, they are judged for being poor because most of time they survive on

the support given by Humanitarian Organisations and well -wishers without that, they are seen suffering and the host community don't want to be bothered being asked to help all the time.

Discrimination is a social determinant of health leading to poverty in a country of asylum. Discrimination may be particularly damaging for immigrants compounding pre-migration trauma and persecution impacting on their health. Discrimination in resettlement areas includes housing, health care, neighbourhood, education, physical and employment. It can range from direct insults and threats to systemic limitations around access to resources (Anna, 2020). In addition to discrimination, experienced during the course of their travel. They suffer from continuous psychological and physical impairment. Symptoms and repercussions of traumatic situations might endure for years. It is possible that unfavourable mental health outcomes are more prevalent among immigrants as a result of war and post-migration hardships (World Bank, 2012). However, most of the Congolese immigrants experience discrimination like being chased out of the houses and verbal abuses by the land lords after a slight delay in paying their monthly house rent due to lack of what to do that could enable them get money to clear their bills in time.

According to Hand (2021), there is a large school of thought that presents the destruction of physical and human capital (i.e., the loss of assets and human lives) as primary causes of poverty. Persecution and conflicts results in forced displacement, dangers to the physical and emotional health of the population, and limited employment and educational prospects. In addition, Persecution and conflicts disrupts local social networks, diminishes social cohesiveness, and generates ambiguity over property rights (Hand, 2021). It is important to remember that Hand (2021), stated that every conflict in a country is extremely devastating in those lives affected, experiencing loss, as people are left wondering what to do, resulting in tremendous poverty.

In the realm of human security, Galindo, Restrepo, and Sanchez (2009) identify additional costs, such as the stifling of social development, as evidenced by the decline in school enrolment, the impoverishment resulting from the destruction of infrastructure, diminished access to health services, and increased infant mortality rates. Moreover, they assert that there is unanimity about the premise that war has a negative impact on people with a history of extreme poverty. Conflicts

are a big cause of poverty, especially in poor countries, people become quite frustrated since they have to live under poor conditions and see no perspective to escape poverty. This makes people more willing to engage in conflicts since they have nothing to lose. Wars in turn lead to the destruction of infrastructure and also to injuries for many people. These injuries in turn increase the likelihood for people to becoming poor (Galindo et al, 2009). It should be noted that the effect of injuries from the torture and violence experience in war became a burden passed on to their children. Congolese Immigrants end up taking wrong decisions of sending their young children on the streets of Kampala city to sell vegetables, hawk jewellery and to become house helpers in order to support their families because parents are not able.

According to UNHCR (2022), Famine is a situation in which a substantial proportion of the population of a country or region are unable to access adequate food, resulting in widespread acute malnutrition and loss of life by starvation and disease. Food insecurity comes as a result of years of conflict and economic crisis in Africa and repressive regimes, as evidenced by the disproportionate focus on civil wars in Ethiopia and Somalia. Climate and environmental stress have aggravated challenges for immigrants as food becomes very expensive and unaffordable. When drought becomes severe, agriculture reliant countries face economic crisis and food insecurity (UNHCR, 2022). Late 2022 about 6.3 million people in Sudan, that is three quarters of the population experienced acute food insecurity as while as Somalia 5.6 million, Kenya 4.4 and 1.1 million in Uganda (Kyillah et al, 2023). It should be noted that famine does not only affect men and women but also children. They are the most affected beings; they suffer from malnutrition and starvation. Humanitarian Organisations should prioritize children by providing nutritional foods and clean water in times of crisis.

There are only 29 percent of immigrants employed in Uganda compared to 64 percent of host communities. Even after considering differences in gender education and age. These trends persist even after the initial years of settlement. Employment rates for immigrants demonstrate some convergence relative to nationals; significant differences remain a decade after arrival (UNHCR, 2021). Access to gainful employment is a great challenge that creates lots of frustration to immigrants who once had jobs and lost them. A recent World Bank report found that Uganda will need to create more than 600,000 jobs each year before 2030 and create more

than 1 million jobs each year by 2040 to keep up with the pace of young people entering the labour force (Merotto, Weber, and Aterido 2018). This will give an opportunity to also Congolese immigrants to find employment enhance reduces the competition for labour market. That is to say that, even the nationals can also employ them.

Access to work is one of the major desires of any immigrant. All immigrants would want decent work that could provide them with a living wage. Discrimination is often legion at this level where immigrants are not treated well at the salary level compared to nationals even when they work for Humanitarian Organizations. Some host states, through a policy of national preference for employment, make it difficult for all immigrants to access decent jobs. Building a future in these conditions for them and their children becomes impossible. For those who are excluded from the job market by security measures limiting the mobility of immigrants, there are no other options left than prostitution. This sad picture leads immigrants to wishing to return back to their country even, if the situation is not the best (UN, 2022).

People move for a variety of reasons, including finding employment education, economy, family, religion, and warfare, to name a few. These explanations are caused by two major aspects: push factors on the African continent and pull ones in the industrialized nations. According to Agyemang (2006), "low economic prospects, political instability, and violence in some regions were strong 'push' factors" that influenced immigration. Since the end of colonialism, Adepoku (1995) argues that Africans have emigrated due to poor conditions in their home nations (1995). A push factor is any reason or element that drives an African native to deliberately or involuntarily leave the African continent for another geographical area. Many immigrants have left their homeland voluntarily in search of better living circumstances and to seek job opportunities. However they find challenges including language barrier, equating their academic documents and having the right qualification or skill to do the work. Unemployment is a significant factor that leads to poverty and once a person is unemployed for a long time they can easily slip into homelessness.

2.3.2 The indicators of Poverty among Immigrants

Poverty makes it even more challenging to escape homelessness in a country full of conflict. Also over one million people are homeless in the Central African Republic as a result of Civil wars (Borgen, 2019). More studies review that the cause of homelessness is poverty. In 2018 around 70% of the Central Africans lived in extreme poverty on less than and 1.90 day (Borgen, 2019). Recent research studies examined that different groups face specific challenges. African immigrants in particular are facing an availability and affordability crisis that force them to accept substandard housing that are neither suitable, adequate or affordable (UNHCR, 2019). In addition to this study Congolese immigrants in Makindye division face the same challenge as they accept to stay in substandard houses that are located in overcrowded and swampy, areas where they can afford.

Francis (2010), states that ‘’ problems are further compounded if one is a woman, a single parent, with no formal education, suffers from trauma, ill health or has spent several years in refugee camp. At the heart of the onion is a homeless African woman immigrant who is single parent with several children with limited English and literacy skills from a protracted immigrant situation’’. According to Jenny (2010), Canadian immigrants housing choices are constrained by affordability, which is exacerbated by the declining availability of non- market housing and different forms of income assistance across donor countries. The lowest income immigrants’ face conditions that led them to chronic poverty they are forced to spend most of their revenue on accommodation with little or none left to purchase food, medicine or clothing (Jenny, 2010).

According to Hannah (2019), Homelessness has also contributed to exploitation, trafficking of children, child labor, early marriage and recruitment of child soldiers because they lack a safe place to stay. This situation applies to Congolese immigrants living in Makindye division. The cheapest houses range between 100,000- 150,000. This is what most immigrants earn from the different businesses and casual jobs they do. Others are daily earners that save to be able to pay rent in time. However if one is unemployed he/she is likely to be evicted leading to homelessness.

The majority of Congolese immigrants, asylum seekers, and migrants in Kampala reside in regions characterized by overcrowded housing, poor sanitation, and limited access to water, as

well as having services as; low-quality schools and inadequate health care. Significant populations of Congolese are majorly located in close proximity to the city centre, where they can walk or take inexpensive transportation to the Office of the Prime Minister, UNHCR, office NGOs, markets, schools, and other facilities where they need to seek help (Kigozi, 2015). However, living in Makindye division is cheaper and affordable for them though the houses are very bad; water enters the houses, located in slum areas, overcrowded and unsafe especially for children and those with insecurity issues.

In some families of immigrants, there is some kind of separation and domestic violence which leads to lack of comfort and peace among the members of the family (Rohwerder, 2014). Rohwerder (2014) pointed out that separation is an indicator of poverty, though he did not explain what leads to immigrants' families to separate. However domestic violence is sometimes caused by overwhelming psychological problems such as posttraumatic stress disorder and depression. Spouses decide to make harsh, stressfully and desperate decisions leading to separation and divorce.

According to Olukya (2022), physical insecurity and sexual and gender-based violence are pervasive in the Congolese immigrant's population. Women and girls are occasionally compelled to engage in "survival sex," in which they are greatly exploited and exposed to a variety of dangers. Those who decided to reside in the city claimed that, despite these evident drawbacks, they preferred living in these conditions then being forced to reside in camps, since they had choice over some crucial aspects of their lives. They expressed a wish to be independent and not passive beneficiaries of the meagre help provided to people in camps (Olukya, 2022). However, as they take such decisions, they are at a risk of acquiring HIV/AIDS, sexually transmitted infections, they are raped and sometimes get unwanted pregnancies that bring persistent sadness and depression as they figure out on how they can help themselves.

Aliber (2001) noted that the ultimate objective of development is to improve the quality of life of people. Developing countries therefore need to identify and implement poverty reducing strategies and to assess the degree of poverty of people before and after any impact on them. Consequently, when measuring levels of poverty, it is important to distinguish between the causes and symptoms, as it is the treatment of root causes rather than the symptoms that will alleviate poverty in the long run. Treatment of the symptoms is however necessary to improve living conditions in the short run.

Generally, poverty increases criminal activities as the immigrants are frustrated and feel they have nothing to lose and sometimes they tend to join conflicts with the people they find in the newly acquired residential places. As it has been revealed over time, poverty is one of the main contributors to the currently witnessed tribal clashes (Krzych, 2020). Studies have shown that a poor person is easily manipulated to join a rebellious group for money or being a terrorist. Allied Democratic Forces (ADF) is a terrorist group in Uganda and the Democratic Republic of the Congo (DRC) formed as a result of desperate and poverty that a person is paid to plant a bomb and kills innocent people for money or satisfaction and revenge against the government.

Anouk (2017), noted that immigrant children are engaged to study with the Ugandan children in public schools but the National education sector, itself is hindered by underlying poverty, school fees, lack of scholastic materials, overcrowded class rooms, lack of infrastructure, lack of what to eat at school limiting the children from studying hence remaining home helping their parents look for money for survive increasing numbers of school dropouts.

Decades of war in the Democratic Republic of Congo has caused a mass of influx of immigrants were thousands of women and children are left helpless. The majority of the women are single mothers, victims of torture, defilement and rape and widows that they are unable to take their children to school. They spend years struggling to settle (Chance for childhood, 2021). Furthermore, too many children are unable to access their rights like education with 450 children arriving every week not in school. Everyday there is a decline in education.

In Kyaka (2) refugee settlement, 40% of girls are not in school compared to 28% of boys. The girls often turn to sex work for survive that led them to being at risk of exploitation, early child marriage, teenage pregnancy, HIV/AIDS and death. 44% children with disability in immigrant's settlement are yet in schools, they are just 2% who are in school but are also being stigmatized, lack wheel chairs and hearing aids (Chance for childhood, 2021).

Laura (2021) reviews that hunger and migration go hand – in hand. Hunger is both a danger that threatens the lives of people forced to leave their homes and a key influence on when and where to leave or move. Starvation is one reason to why immigrants sometimes leave their homes to search stability. In 2021, about 33 million people were at risk of hunger (Laura, 2021).

According to World Food Program (2022), global hunger soars way beyond the resources available to feed the vulnerable immigrants who desperately needed food. The urgency priorities the World Food Program to make a heart breaking decision to cut the food ratios in order to feed a big number of immigrants who relied on the program for survival. World Food Program, Executive Director David Beasley said “without urgent new funds to support immigrant one of the World’s most vulnerable and forgotten groups of people, many facing starvation will be forced to pay with their lives”. The World Food Program had to prioritize assistance to ensure that food reaches the most vulnerable families (World Food Program, 2022). In 2022 the World Food program assisted nearly 10 million immigrants. However Congolese immigrants in Makindye also face that similar concern of lack of food. Families starve for a minimum of two weeks as they look for well wishes, Organizations that can stand alongside them in those trying moments.

Woolard (2002) reports that low levels of income is another indicator of poverty, whereby majority of people in Africa survive on less than US\$1 per day and many are living on less than US\$2 per day. Working poor immigrants hold similar types of jobs as non-poor immigrants who are working. However, working immigrants who are poor are 10 percent more likely to be engaged in self-employment (less likely to be employed) than non-poor immigrants. Furthermore recent survey view that the poverty rate among immigrants in Makindye is much more than the nationals.

Little (2002) noted that a low level of economic wealth is an indicator of poverty. Economic wealth derives from assets that can generate income, capital gains or liquidity when households are strapped for cash. Assets such as cattle play an insurance role in the event of adverse shocks such as drought or the loss of a wage worker or pensioner, helping to smooth consumption in areas where households do not have access to efficient insurance and credit markets. Studies in rural Ethiopia show that after the debilitating effects of drought, households deplete their livestock herds and consume their seed stocks (asset de-accumulation) to try and combat malnutrition and disease. Rohwerder (2014) noted that low levels of health, high levels of morbidity and infant mortality are often the result of poor nutrition and inadequate health care. In Uganda, AIDS has compounded these problems. It is projected that the total number of HIV infections will reach 1.8 million.

Nabbe (2018) noted that to live in poverty is to lack the resources needed to meet basic needs. It can be measured in economic terms (income, expenditure or wealth), or using other measures including social, nutritional and cultural (or even multidimensional measures). Absolute poverty is measured by the minimum amount of money required to meet basic needs, known as a poverty line. The international standard for measuring poverty is the extreme poverty line. This measure of absolute poverty has a threshold equivalent to US\$1.90 per person per day.

While immigrants face understandable challenges in participating in the labour market upon arrival, it is striking that the gap persists over time, suggesting that immigrants struggle to eliminate their initial labour market disadvantage vis-à-vis Ugandans. A potential explanation of these “refugee gaps” is discrimination as well as the limited recognition of foreign qualifications (Ssekandi, 2021).

2.3.3 Indicators of Depression among Immigrants

According to World Vision (2022), global report also found that health had deteriorated for many immigrants with one in four of the reported death of a family member in the past years. Almost half of those deaths were due to Covid -19. In February and March 2020 about 36 percent of immigrant’s households did not have access to medicine and other services (World Vision, 2022). UNHCR (2021) observes, thousands of immigrants dying while others are suffering from extreme human rights abuse on irregular journeys as they travel on the Mediterranean Sea. A report released stated that ‘on this journey no one cares if you live or die. Most immigrants taking these routes suffer or witness brutality and inhumanity at the hands of smugglers, traffickers, militias and some cases of state officials (UNHCR, 2021). It is noted that immigrants face a lot of challenges during their journey to another country seeking asylum. Many are raped, men are sexual abused and tortured, children are defiled, and loved ones are killed in the presences of others watching which leads to post traumatic stress disorders hence depression.

People living in poverty are at a high risk of being condemned and sentenced for death penalty. There are a number of reasons such as; they are an easy target for the police, it is hard for them

to find or get a lawyer, the legal assistance they receive is of low quality, tracing witness is too costly before the trials further hindering their efforts to prepare an effective defence (UN, 2017). In addition Poverty can compound problems which the vulnerable groups in the society are already facing in many countries.

Pfeiffer (2011) indicated that depression is not a normal part of growing older, and it should never be taken lightly. Unfortunately, depression often goes undiagnosed and untreated in older adults, and they may feel reluctant to seek help. Indicators of depression may be different or less obvious in older adults, such as: memory difficulties or personality changes, physical aches or pain, fatigue, loss of appetite, sleep problems or loss of interest in sex not caused by a medical condition or medication, often wanting to stay at home, rather than going out to socialize or doing new things and suicidal thinking or feelings, especially in older men. With the above indicators Congolese immigrants leaders should sensitize to their communities about the dangers that arise from persistence sadness and worries. And ask their members to seek professional help.

It has been observed that immigrants at risk of depression develop suicidal thoughts as a result of being helpless. Migration on one's own may imply a level of isolation, marginalization from one's family and group, and desperation in those who are forced to undertake a big physical relocation without consent and/or at a young age. In Ethiopia, rural-urban girls and young women suffer from high levels of depression. Girls and young women in this demographic have little or no support and social networks, minimal education, safe and meaningful livelihoods, as a whole (Medina, 2017). Following migration, many workers are engaged into low-status, exploitative and possibly dangerous employment such as domestic work and sex-work (Erulkar, 2021). In addition, many young women and girls who are relocating to other countries employ brokers to help them get the jobs they desire. As previously mentioned, there is evidence to suggest that certain brokers may take advantage of female immigrants by abusing them in ways that increase their vulnerability to trafficking as well.

A depressive episode occurs when a person's mood is depressed (sad, irritated, and empty) for the majority of the day, practically every day, for at least two weeks. Other indicators include poor attention, feelings of excessive guilt or low self-worth, hopelessness about the future, thoughts about death or suicide, disrupted sleep, changes in food or weight, and feeling

particularly weary or low in energy. In some cultures, people are more likely to show their mood shifts in the form of somatic symptoms than in other ways (e.g. pain, fatigue, weakness). There are no other medical conditions to blame for these physical symptoms (WHO, 2022). Furthermore, Congolese immigrants have had episodes of that kind in the course of pre-migration and post migration and the most affected are women that have been referred to a mental Hospital by the host communities that feel pity for them.

Kessler and Bromet (2013) noted that in younger children, indicators of depression may include sadness, irritability, clinginess, worry, aches and pains, refusing to go to school, or being underweight. In teens, indicators may include sadness, irritability, feeling negative and worthless, anger, poor performance or poor attendance at school, feeling misunderstood and extremely sensitive, using recreational drugs or alcohol, eating or sleeping too much, self-harm, loss of interest in normal activities, and avoidance of social interaction.

The “healthy immigrant effect reflects the fact that immigrants must pass through a variety of filters to achieve immigrant status. However, the health of immigrants tends to worsen over time to match that of the general population” (Laurence, 2011). Immigrants are at substantially higher risk than the general population for a variety of specific psychiatric disorders, related to their exposure to war, violence, torture, forced migration and exile and to the uncertainty of their status in the countries where they seek asylum with up to 10 times the rate of post-traumatic stress disorder as well as elevated rates of depression, chronic pain and other somatic complaints are identified. Exposure to torture is the strongest predictor of symptoms of post-traumatic stress disorder among immigrants (Laurence, 2011). Studies have shown that torture is never forgotten because most of the torture that Congolese immigrants have experienced has been psychological. The wounds can heal but the abuse, words spoken can’t be erased from their minds unless they get psychological help.

Gender is also a cause of mental health issues since women are more likely to be raped and other forms of gender-based violence, and they are more likely to lose their husbands than males (Goessmann, 2019). Women, on the other hand, have a higher lifetime prevalence and longer duration of PTSD in the general population. Gender and age appear to be linked in the aftermath of war-related trauma in terms of the occurrence of signs of mental problems. The majority of

research that looked at depression in war-affected populations included older participants with higher mean ages. PTSD and depression were shown to be more prevalent in elder Syrian immigrants in a recent study conducted in Sweden, where they had been placed (Goessman, 2019). However, although Goessman (2019) pointed out that the cause of depression is that women are at a high risk of being exposed to rape and other forms of gender violence he ignored to mention that even older age (adults aged 65 and above) are at risk of developing mood disorders, including depression and other diseases like, Cancer joint pains, diabetes and heart problems that develop as a result of depression.

According to a model provided by Miller et al., daily pressures and living conditions in the host nation appear to influence the mental health of immigrants (2010). But daily stressors like living in risky areas, not having access to basic necessities, and lacking social support exacerbate the effects of combat exposure, resulting in mental health difficulties in the future.

It can be difficult for immigrants to obtain jobs that are in line with their academic level if their qualifications aren't recognized. Recurrence of symptoms of anxiety, depression, or PTSD can be triggered by situations that remind memories of past trauma or loss (Narasiah, 2011). Depression is one of the most serious health problems experienced by Congolese immigrants, who are likely to undergo heightened political, economic, social, and environmental stressors as they transition to a new culture (Cisse, 2022). It is true that some Congolese immigrants have good qualifications and some are skilled but they don't have their academic transcripts because they were not able to come with them or their property was destroyed. This affects them so much, that they are not able to convince someone that they are educated without evidence or proof. Others are qualified but their credentials are in French and they need to be translated into English which they cannot afford.

Norman and Ryrie (2018) argued that people with depression appear to have physical changes in their brains. The significance of these changes is still uncertain, but may eventually help pinpoint causes. Depression is more common in people whose blood relatives also have this condition. Researchers are trying to find genes that may be involved in causing depression. The detrimental

effect these feelings have on how an individual behaves in their daily life means that behavioural indicators often include a lack of motivation in personal care, work and relationships.

Many African immigrants in South Africa are suffering from depression and anxiety as a result of a lack of access to support systems that can help them meet their basic food needs. As a result of the trauma of fleeing their home country, many people suffer from depression as a result of the uncertainty of their future and unmet fundamental requirements. However, food insecurity is an important risk factor for mental illness in this vulnerable population, and attempting to detect and address food insecurity may be an important strategy to help reduce the burden of mental illness. Food insecurity is a difficult concept to define, especially in different socioeconomic contexts (Maharg, 2017). But in addition to food and other necessities, Congolese immigrants need counselling to improve their mental health and ability to operate and adapt to a foreign environment.

Depression can exist with other mental health conditions, including substance use disorders (Hidaka, 2012). Kellner (2012) said this was partly because people with a substance use disorder commonly face stigmatisation, marginalisation and financial insecurity, which can cause depressive indicators. People with a substance use disorder who have a diagnosis of depression are at a higher risk of death by overdose than other substance users (Pabayo, 2013). Having both anxiety and depression has been found to increase the severity and number of indicators of each condition, resulting in greater impairment. Some of the indicators of anxiety and depression also overlap, for example over thinking, avoidance and sleep disturbance (WHO, 2020). However, the high rate of co morbidity of anxiety and depression suggests we should consider the occurrence of one disorder as a pre-disposing factor for developing the other.

Although the exact reasons why depression manifests are unclear, there are some theories to help our understanding. Almost all community epidemiological studies find that gender, age and marital status are associated with depression. Kessler and Bromet (2013) have suggested that adult women almost double the risk of severe depression compared with men and a study by Kang (2015) identified that women represented statistically higher rates of severe depression in 15 of the 18 countries they studied. However, people who are separated or divorced have significantly higher rates of severe depression, compared with those who are married.

Some studies suggest that genetics can influence the risk of developing depression for example; Elwood et al (2019) have found that some genes may play a key role in developing recurrent depression. However, it must be noted that there is no one gene linked to depression. Studies have shown that lifestyle choices such as a lack of exercise, being underweight or overweight and having fewer social relationships can increase the risk of developing depressive indicators (Esiwe, 2015). Hence the use of legal and illegal drugs may also be a way of coping for some individuals, and has been linked to a greater risk of developing depression as well as other mental health conditions.

Depression has also been found to be more prevalent in people with a lower socio-economic status and subjective social status (Hoebel, 2017). There is also evidence suggesting an association between social deprivation and depression. However, people in areas of great deprivation are four times more likely than the general population to experience depressive indicators.

A significant part of sustained recovery from depression is being able to avoid or cope with relapse risk factors (Jumnoodoo, 2017). Recovery can mean a person staying in control of their life and living in a way that is meaningful to them, rather than returning to the level of functioning they experienced before depression (Jacob, 2015). Although depression is a chronic condition that can recur throughout someone's life (Uher and Pavlova, 2016). However, this does not have to mean a state of consistent suffering and powerlessness but, instead, a journey that includes setbacks and successes.

2.3.4 Relationship between Poverty and Depression among Immigrants

According to Matthew (2020), he examined why people living in poverty are affected by mental illness. He reviewed the interdisciplinary evidence of the bi-directional causal relationship between poverty and common mental illnesses such as depression and anxiety. Research shows that mental illness affects employment and therefore income, and psychological interventions can help generate economic gains. A crucial step towards the design of effective policies will improve the underlying effects (Foo, 2018). In addition, such effects may also require social work intervention in order to have them reduced or solved.

Migration may also at times be associated with upward social mobility and improved quality of life for individuals who move away from environmental pathogens such as high crime and unemployment rates. The improved psychosocial outcomes from this change in environment may negate the increased risk of depression from acculturative stress (Smith, 2011). It is worth to note that unemployment in Congolese immigrants can lead an individual affected to be desperate and end up getting involved or becoming a criminal for example stealing and murdering people in order to get money.

According to Vikram and Arthur (2003), two psychiatrists who worked in underdeveloped nations, poverty and depression are linked. Depression and other mental diseases can be attributed to the "feeling of instability and pessimism," fast social change, and the dangers of violence and physical ill-health; they said (Kaminski, 2014). As of 2011, 30.9% of those living in poverty in the United States suffer from depression. However, even if this isn't a global figure, it does show that global stressors like insecurity and violence are linked to sadness around the world. Depression is caused by both external and internal influences, and neuroscientists now believe that the combination of both is what creates the neurological abnormalities (Borgen, 2014). It should be noted that by the time a person is identified being depressed, at most case scenario they have already lost hope, become helpless and they are in need of medical intervention.

Depression is just one of a number of illnesses that are more prevalent in the poor than in the general population. Depressive illness is a sickness that affects all socioeconomic groups, but it is worsened by poverty, which prevents people from receiving sufficient medical care. However, fewer people will suffer from depression if the root causes of poverty are addressed (Gallup, 2015). Depression is described by the CDC as a "depressed or sad mood, diminished interest in activities that used to be pleasurable, weight gain or loss, psycho-motor agitation or retardation, fatigue, inappropriate guilt, difficulties concentrating, as well as recurrent thoughts of death." The CDC defines depression (Gallup, 2015). Depression, if left untreated or treated incorrectly, can become a chronic disorder that strains relationships and weakens families. Smoking, drinking, physical inactivity, and sleep disturbances are all more common in those who are suffering from depression.

Cash transfers and other anti-poverty programs have been shown to have a positive influence on mental health in a study by Ridley (2020). According to research conducted in numerous nations and situations", Ridley made the comment. In contrast, studies have shown that patients with depression or anxiety who are randomly selected for therapy are more likely to be employed in the subsequent months (Beckwith, 2020). While these studies show a high correlation between mental illness and poverty, it is unclear how or why poverty causes mental illness, or how the two might reinforce one another.

Several ideas have been put out by Ridley and the researchers, including the anxieties and uncertainties that come with living in poverty, and the impact of poverty on infant development. Ridley says recent research show alarming rises in rates of depression, anxiety, and stress linked to the ongoing Covid-19 pandemic, therefore policies aimed at combating poverty and mental disease should be addressed together (Beckwith, 2020). Personal trauma and social isolation have exacerbated the mental health of Congolese immigrants as a result of Covid-19. Low-wage workers, who bear the brunt of the economic consequences, have been particularly hard hit.

2.4 Related Studies

The integration of immigrants is not limited to the labour market or the educational system. Economic and social factors all play a role in integration. There must be enough money and resources available for immigrants to be able to meet their basic needs, such as adequate housing and medical treatment, in the host culture (OECD, 2018). A virtuous cycle of greater overall well-being for Congolese immigrants, including better employment chances, can be enhanced if they are provided.

Research with conflict-affected youth underscores the importance of daily stressors on the development of adverse mental health outcomes. For instance, a longitudinal study with conflict affected youth in Sierra Leone reported that daily stressors, comprised of social and material challenges such as food and housing insecurity, mediated the associations between war exposure and depression, food insecurity in particular has been linked with anxiety and depression across diverse populations and contexts and is disproportionately experienced by immigrants (Jalili, 2020). Among Congolese immigrants in Uganda, lack of food and water was associated with depression in cross-sectional analyses in some studies. The overwhelming numbers (80%) of

forcibly displaced persons across the world are hosted in countries that experience acute food insecurity.

Immigrant women's multiple duties and obligations at home and at work can make it difficult for them to receive mental health care. Postpartum depression is twice as common in immigrant mothers as it is in Canadian-born women. For the most part, women do not seek care for postpartum depression on their own. Postpartum depression and treatment options are not widely known to migrant women, and they are reluctant to disclose their emotional problems to others, fear of stigmatizing their families, and shame at being labelled mentally ill. These are just some of the barriers to seeking help that may be more common or have a greater impact among migrant women (Munoz, 2011). However, Congolese immigrant women who have attended counselling have been found with high rates of exposure to violence and post-traumatic stress disorder that often have not been addressed clinically meaning that violence and PTSD are contributors to depression.

Pandemic status was given to the virus in March 2020 by the World Health Organization (WHO) due to its negative impact on population health and well-being across the globe. There has been little research done on the mental health of urban Congolese immigrant's youth living in informal settlements, both before and after the Covid-19 outbreak. Among Kampala's urban Congolese immigrants' youth, a cross-sectional study done in 2018 found that depression was connected with exposure to violence, food insecurity, and a lack of social support; these connections differed by gender (Okumu, 2019). Immigrant Congolese youth were particularly hard hit by Covid – 19 lockdowns, which led to a spike in mental health issues such as depression and other forms of loneliness and social isolation.

Trauma, violence, and social stigma are common sources of psychological stress for immigrant adolescents and young adults, all of which have been linked to depression. Concern for Congolese immigrant's youth mental health must be given top priority in order to inform efforts to promote mental health amongst this population. 60 percent of immigrants and 80 percent of internally displaced persons live in metropolitan areas due to the global urbanization phenomena. Urban Congolese immigrant's teenagers are understudied in terms of depression prevalence and its underlying factors, despite their increased urbanization (Hakiza, 2021). As in the case of

Kampala, Uganda, many Congolese immigrants in urban areas live in slum-like informal settlements. More than 100,000 immigrants and displaced persons call Kampala home, with 27 percent of those under the age of 24 making up the majority of the population. Stressors such as poverty, violence exposure, and unstable housing combine in Kampala's informal settlements, as they do around the world, to lead to poorer mental health outcomes (Kyambadde, 2021).

People who were born in the United States are more likely than those who were born outside of the United States to report using illegal substances (i.e., alcoholic beverages and cigarette smoke, as well as intravenous drugs and other illegal substances). Those who were more likely to use alcohol and marijuana were more likely to live in areas with higher crime, poverty, and homelessness rates. Youth living in areas with a higher concentration of immigrants reported lower rates of alcohol, cigarette, and marijuana usage among their peers (United Nations, 2014). Drug use among immigrants was lower than among native-born citizens, according to a United Nations report published in 2014. We must assist those who use drugs, no matter how little or much. When a person tries a drug, they become addicted to it and feel the need to spread the vice to others about the dangers of drug use, as evidenced by studies. The capacity to carry on daily activities is compromised regardless of how big or little the problem is.

In the United States, 5.0 percent of adults are believed to suffer from depression. Depressive disorders are a main cause of disability and a significant component to the world's overall disease burden. Depression affects more women than males. Suicide is a possibility for those suffering from depression. Depressive disorders of all severity levels can be effectively treated. Depression affects an estimated 280 million individuals worldwide, and it differs from normal mood swings and fleeting emotional responses to ordinary life's obstacles. Depression can be dangerous to one's health, especially if it is recurrent and of moderate or severe degree. It can cause a significant deal of pain and make it difficult for the person who is experiencing it to perform well at job, school, or in their personal lives (WHO, 2014). Suicide is a possible outcome of depression at its worst. Every year, about 700,000 people take their own lives. Among 15 to 29-year-olds, suicide is the fourth most common cause of death.

There are many different reasons why immigrants leave their home nations, despite the negative connotations they are frequently linked with. It doesn't matter whether it's corruption, a lack of

education, a civil war, or poverty, immigrants everywhere are looking for somewhere secure and wholesome where they may grow up. Immigrants are often motivated by a desire to escape poverty and establish themselves in a country where they would have more prospects for success (Krzych, 2021). More than 75% of persons with mental illnesses in low and middle-income nations go untreated, despite the fact that proven treatments exist. A lack of finances, a shortage of doctors and nurses who are properly trained, and the social stigma attached to mental illness are all impediments to proper treatment. People who suffer from depression are frequently misdiagnosed and prescribed antidepressants in countries of all socioeconomic levels, even when they are suffering from the condition themselves. A depressive episode lasts for at least two weeks and is characterized by a depressed mood (a sense of sadness, irritability, and emptiness) or a lack of enjoyment or interest in activities for the majority of each day (WHO, 2014). Although WHO (2014) pointed out the experience of depression they did not mention the symptoms that are also presented, which may include poor concentration, feelings of excessive guilt or low self-worth, hopelessness about the future, thoughts about dying or suicide, disrupted sleep, changes in appetite or weight, and feeling especially tired or low energy. In some cultural contexts, some people may express mood changes more readily in the form of bodily symptoms (e.g. pain, fatigue, weakness). Yet, these physical symptoms are not due to another medical condition.

According to Avatar (2022) the current changes in technology and modernization, the poverty-related immigration rate has been reported to be very high. It has been revealed that, the current advancement in technology and modernization has resulted in many environmental hazards, which have led to a decline in land productivity. More specifically many residents in marginalized areas have been forced to move from their originally inhabited lands to look for better settlement areas (Avatar 2022). In general, the movement of people from one region to another has been attributed to various factors which force such people to move to other areas to search for survival needs.

More than half of the sample in an Iraqi immigrant's camp was found to be suffering from PTSD and depression, according to research conducted there. According to data from the study, women, older people, those who grew up in large cities and those who have been exposed to a greater number of traumatic occurrences as a result of Post-Traumatic Stress Disorder (PTSD) and depression, respectively (Mahmood, 2019). In addition, it was advised that all government,

non-governmental, international, and national organizations and those who provide services in the camps, effectively intervene. Immigrants are reluctant to seek help for mental health issues because of stigma and/or the severity of their mental health issues (Mahmood, 2019). It is worth noted that giving some one handouts limits one to think of tomorrow. If the Congolese immigrants are given assistance without training the on how to make money or supported with capital they will not be helped. An intervention of capital support should be considered in order to combat dependency instead of providing them with handouts of food, medical and shelter assistance that doesn't last long.

Ninety-four percent of Sierra Leone's internally displaced women have been raped or tortured throughout the past decade's fighting. Between 1999 and 2003, 60% of women in Liberia's Lofa County came forward to say they had experienced some form of sexual violence. Researchers have found that gender-based violence (GBV) affects female immigrants in a significant way (CDC, 2003). In addition, the negative health consequences of GBV among Congolese immigrants include unintended pregnancy, sexually transmitted infections, fistula, and adverse mental health conditions such as depression and post-traumatic stress disorder (PTSD). There should be a way of addressing GBV on public health and develop effective solutions towards the cause.

2.5 Gaps in the Literature

Few research works have been done on immigrants in the global world, yet there are millions of immigrants fleeing in different countries for purposes of settlement, employment, study and safety from serious human rights violations, persecution, and political, ethnic, religious and international armed conflict. There have been few studies done in Makindye division, specifically focusing on the linkage between poverty and depression among immigrants. The studies conducted so far do not provide an integrated and holistic view on the problem of depression visa- versa the causes and indicators of poverty among Congolese immigrants in Makindye division. There has not been much literature to specific the causes and indicators apart from dwelling more on the symptoms and applicable strategies to be addressed, of which this study tried to identify and assess causes and indicators.

Secondly the available Data provided was not updated to understand the current situation; there was also limited data about immigrant's demography, settlement and health concerns. The limited literature could only be got from Borgen project, Organisation for Economic Cooperation and Development (OECD), United Nations High Commissioner for Immigrants (UNHCR), few books, internet, International Organization for Migration (IOM) and Office of the Prime Minister (OPM) there is need to increase knowledge given by stakeholders and main players. The treatment of Congolese immigrants within the host communities is one area that attracts much debate, especially in involvement of economy and job opportunities. Therefore, this study intends to close these gaps identified above.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter consisted of approaches used to get information on the research problem, these included: research design, study population, sample size, sampling technique, source of data collection instruments, validity and reliability, data analysis, research procedure and ethical considerations as well as anticipated limitations of the study.

3.1 Research Design

This study employed descriptive correlation design. Descriptive correlation design was used in research thesis aiming to establish the relationship between different variables (McBurney, 2009). Descriptive research is designed to also allow the prediction of future events from present knowledge using both quantitative and qualitative approaches of data collection. It is useful when not much is known yet about the topic or problem. Before you can research why something happens, you need to understand how, when, and where it happens (McCombes, 2022). Researchers have used the descriptive correlation design for many years across a variety of disciplines. Social scientists, in particular have made wide use of this qualitative research approach to examine contemporary real- life situations and provide the basis for the application of ideas and extension of methods. A researcher Fowler (2013) defines descriptive correlation design as a design used to provide statistical data that can either be used for further research studies or as independent entity that can be used to make conclusions. Qualitative technique helped the researcher to come up with conclusions on variables that could not be measured using quantitative techniques.

3.2 Study Population

According to Kothari (2004), a study population is referred to as the total sum of population from where a sample size is drawn. The population of Congolese immigrants in Makindye is 26,107 (UNHCR, 2021). The study population was composed of 595 target population comprising of (480) Congolese immigrants from the four selected zones of Makindye Division namely: Kansanga, Nsambya, Katwe and Salaama that were selected randomly to answer the

given questionnaires in Makindye Division. The sample size was (180) Congolese immigrants and (45) participants were chosen from each selected Zone. Those who were interviewed included (12), Social workers from the four Humanitarian Organisations serving Congolese immigrants, namely Refuge and Hope International, Amani sasa , Jesuit Congolese immigrants Services and Family First Uganda. The sample size was (12) and (03) social workers were chosen from the four Humanitarian Organizations.

The (04), Local Chairpersons from the four respective zones where they stay namely Kansanga, Nsambya, Katwe and Salaama in Makindye Division were also interviewed. The sample size comprised of (04) Local Chair persons from the selected zones. Whereas questionnaires were also given to the (99), Community members from the above selected zones of Makindye Division. The sample size is (36) and (09) Community members were chosen from each selected zone. A zone made up a sub total target population for Congolese immigrants and members of the host communities and either of the above was chosen from there.

3.3 Sample Size

A sample size refers to the number of participants or observations included in a study (Creswell, 1998). The sample size of this study was 232 respondents that were selected from the population of 595 participants using Krejcie and Morgan (1970) technique of sample size determination table shown (see table 1). To determine the sample from the population of 595 participants, the sample size according to the pre-calculated table of Krejcie and Morgan (1970) was 232 respondents. Hence, the researcher dealt with 232 respondents to collect data and interviews.

Table 1: Showing distribution of the sample size

Category of Respondents	Target Population	Sample size	Sampling Techniques
Congolese Immigrants	480	180	Simple Random Sampling
Local Chairpersons	04	04	Purposive Sampling
Social workers	12	12	Purposive Sampling
Community members	99	36	Simple Random Sampling
Total	595	232	

Source: Primary Data. (2022).

3.4 Sampling Techniques

The researcher employed simple random and purposive sampling method for the sample size selection. According to Thomas, (2020) Simple random sampling is a randomly selected subset of a population. The researchers opted and employ this technique to enable her give an equal chance to all eligible respondents participating in the study. The advantage of this technique is to simplify the exercise, to avoid any biases and its accurate representation of the larger population while Purposive sampling is a form of sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialists' knowledge of the research issue, or capacity and willingness to participate in the research (Oliver, 2013). The sample size specified in table 1 was selected randomly and purposively believing to obtain a representative sample by using a sound judgement, which will result in having good results.

3.5 Data Collection Tools

A number of tools were used during collection of data and these included:

3.5.1 Self –Administered Questionnaires

A questionnaire is a research instrument consisting of a series of questions for the purpose of gathering information from respondents (McLeod, 2018). Therefore, a self- administered questionnaire was the major instrument that was used in data collection. Questionnaires were used to gather quantitative information regarding the study variables. The questionnaire comprised of both closed and open-ended questions formulated by the researcher. The advantage of using this tool was that it was a cost- effective way to quickly collect massive amounts of information from a large number of people in a relatively short period of time. The categories of respondents who answered the questions under the questionnaire included: The Congolese immigrants (180) and Community members (36) all in Makindye Division.

3.5.2 Interview Guide

Interview provides in-depth information pertaining to experiences and viewpoints of a particular topic (Gray, 2014). Therefore, a key informant interview guide was designed and administered to key informants, to capture qualitative information. This was purposely intended to get information about poverty and depression among Congolese immigrants in Makindye Division, Kampala Uganda. Furthermore, using interview guides provides advantage for the researcher to investigate issues in an in-depth way and the ambiguities can be clarified and incomplete answers followed up. The categories of the key informants who answered the interview questions included: The (12) social workers from the four identified Humanitarian Organisations serving Congolese immigrants and the (04) local chairpersons from the four selected zones where the Congolese immigrants stay in Makindye Division.

3.5.3 Documentary Review

The main sources of secondary data included the following: reports, internet, and websites, and surfing, newspapers, reviewing of magazines, public records, library and statistics. Documentary review was used because the researcher was able to gain permission to access information that would not be available due to not being found or subjects refusing to be interviewed. In addition, using documentary review takes out the personal aspect of the effect a researcher might have on an individual during an interview.

3.6 Validity and Reliability of Instruments

3.6.1 Validity

Validity is the extent to which the instrument measures what it is designed to measure (Robson, 2011). It is the degree to which the results are truthful. To ensure validity of instruments, the instrument was developed under close guidance of the supervisor. Therefore, Content Validity index for the questionnaires was computed. Content Validity is the extent to which the questions on the instruments and the scores from these questions represent all possible questions that could be asked about the content (Creswell 2005). It ensures that the questionnaire includes adequate set of items that tap the concept.

According to Kathuri and Pals (1993), a CVI is calculated as follows:

According to them, a CVI should be above 0.76 for a questionnaire to be valid.

Content Validity Index (CVI) = **No. of items declared valid**
Total no. of items

$$\text{CVI} = \frac{\text{The Number of relevant questions}}{\text{Total Number of questions}}$$

$$= \frac{15}{18}$$

$$= 0.83$$

Therefore, the validity index for the study is 0.83, which makes the questionnaire (research instrument) to be valid since it is above 0.7. Because Analysts frequently use 0.7 as a benchmark value for Cronbach's alpha. At this level and higher, the items are sufficiently consistent to indicate the measure is validity.

3.6.2 Reliability

According to Drost (2011), reliability refers to the consistency of the instrument in measuring whatever it is intended to measure. The reliability of this study was assessed with the test-retest method which was a method that was used to administer the same instrument, to the same sample at two different points in time. Before collecting data from the respondents of Makindye

division. The researcher had to first administer the instrument on Congolese immigrants, Community members and Social workers from different NGO's in Rubaga division, in order to find out whether such an instrument would give the correct data that she would rely on and hence the instrument was found worthy to be used.

Thus according to the General Guidelines for Interpreting Validity Coefficients

Reliability coefficient value	Interpretation
0.80-1.00	Very beneficial
0.60-0.80	Likely to be useful
0.40-0.60	Depends on circumstances
0.20-0.40	Unlikely to be useful
0 – 0.20	Very unlikely to be useful

Variables

Construct	Cronbach alpha
War and violence	0.691
Forced immigration	0.833
Discrimination	0.705
Persecution and conflict	0.854
Lack of improper health	0.844
Lack of education	0.857
Homelessness	0.823
Poor Standards of living	0.822

Source: Drost. (2011).

3.7 Sources of Data

Data was collected from both primary and secondary data

3.7.1 Primary Source

Primary data were collected from respondents through issuing of administered questionnaires. Some of the respondents, who were unable to interpret and understand the questions in the questionnaires, were guided by the researcher.

3.7.2 Secondary Source

Secondary form of data refers to information that is collected by someone other than the primary user and has been published in previous articles, government publications, websites, books, journal articles, internal records, newspapers and electronic channels (Oliver, 2013). The reason for this was to make comparison of secondary data with primary data in order to come up with meaningful interpretations to strengthen the findings that were got from the primary data.

3.8 Data Analysis

Data from questionnaires were edited and coded then entered computer and Statistical Package for Social Scientists (SPSS) program was used to analyze it. The percentage number of respondents according to variables such as Gender, Age and Objectives were computed and presented using tables. Poverty and Depression among Congolese immigrants was established using Pearson Linear Correlations Coefficient Statistical Method. Whereas qualitative data were organized according to themes that are going to be identified from research questions and analyzed using content analysis.

Table 2: Showing Scores, Response mode and Interpretation to be used to compute the influence of poverty on depression among Congolese immigrants.

Mean Range	Response Mode	Interpretation
1:00 - 1.75	Strongly Disagree	Somewhat
1.76 - 2.50	Disagree	Moderate
2.51 - 3.25	Agree	A lot
3.26 - 4.00	Strongly Agree	Extreme

Source: Karl. (1893).

3.9 Ethical Issues

At the onset of data collection, the researcher sought permission from the Directorate of Higher Degrees and Research Office to obtain introductory letter which was used to seek permission in the study area. In addition, each questionnaire contained introductory letter requesting for the respondent's consent in providing the required information for the study.

The researcher sought permission in person, from the Local chairpersons to conduct research in their communities / zones. (Verbal Consent)

For the case of NGO's the researcher also sought permission from the Managers who allowed her to conduct research from their Organisations. (Verbal consent)

The respondents were further assured of confidentiality of the information provided and that the study findings were used for academic purposes only. Respondents were further assured of their personal protection and that they had authority to accept or refuse to be interviewed. All authors quoted in the study were acknowledged through citations and references.

3.10 Limitations of the Study

The problems were both methodological and theoretical. First and foremost, research is known to have a number of research obstacles such as financial costs, time and commitment to be able to accomplish it. The researcher solved this problem by planning for each day's schedule, tasks meant to be accomplished each day, by estimating an amount of money that would be used before starting the research to avoid any interruptions.

Secondly, the study was conducted in Makindye Division, Kampala Uganda, among Congolese immigrants. This implied that the study had geographical limitations. However, time and other logical issues weren't available to the researcher. For those who could not speak English or local languages, the researcher hired interpreters to help in the translation.

Nonetheless, the researcher used the available resources effectively and efficiently to conduct the study within the scheduled period of the study. The researcher was focused and determined to gain knowledge, experience through this study with an aim of bringing out these facts for academic and public use.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OFFINDINGS

4.0. Introduction

This chapter presents data from the questionnaires that were distributed to the respondents. It also presents qualitative data which is used to re-enforce quantitative data. The chapter is arranged in two sections. Section one presents the demographic characteristics of respondents that participated in the study. Section two shows the description of respondents' responses to the items based on the objectives.

4.1 Demographic characteristics of the Respondents

The background information presented in this section is about gender and age. Table 3 presents gender distributions and age of respondents.

Table 3: Showing the demography of the respondents

Respondents	Frequency	Percent	Valid Percent
Gender			
Male	55	30.7%	30.7%
Valid Female	124	69.3%	69.3%
Total	179	100.0	100.0

Source: Primary data. (2022).

The findings indicated in (Table 3) above, show that most respondents were Female (69.3%), followed by Males (30. 7%).This implied that majority of the respondents involved in the study were females compared to their male counterparts which is attributed to the fact that most of Social workers, community members and Congolese Immigrants residing within Makindye division, Kampala Uganda, were women or females.

Table 4: Age Bracket of the Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
20 – 39 years	82	45.8%	45.8%	45.8%
40- 49 years	86	48.0%	48.0%	93.9%
Valid 50- 59 years	06	3.4%	3.4%	97.2%
60 years & above	05	2.8%	2.8%	100.0%
Total	179	100.0	100.0	

Source: Primary data. (2022).

As regards the Age Bracket of the Respondents, (48.0%) most of the respondents were in the age bracket of 40- 49 years, followed by (45.8%) in the age bracket of 20-39 years, (3.4%) were in the age bracket of 50- 59 years, and (2.8%) were in the age bracket of 60 years and above. It can therefore be deduced that the majority of respondents involved in the study were in the Age bracket of 40-49 years followed by 20-39 years which explained the fact that they are the ones with more responsibility to take care of their families and in crisis situation.

4.1.1 Response rate

Table 5: Showing the General Response of Respondents

Response	Frequency	Percentage
Responded	179	77.15%
Did Not Respond	53	22.84%
Total	232	100%

Source: Primary data. (2022).

Of the **232** respondents, a total number of **179** responded in answering questionnaires and were interviewed. A total number of 53 copies of questionnaires were invalid, meaning **53** participants did not respond appropriately. Thus contributing to a response rate of 77.15%. This response rate was found to be Very satisfactory since according to Mugenda (2003), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent and this is illustrated in table 5 above.

4.2. Descriptive Statistics

4.2.1. Causes of Poverty among Congolese immigrants in Makindye Division

The first objective of the study sought to examine the causes of poverty among Congolese immigrants in Makindye division, Kampala Uganda. Below are descriptive statistics showing the resultant findings.

**Table 6: The Causes of Poverty among Congolese immigrants in Makindye division,
Kampala Uganda**

Descriptive Statistics	Strongly disagree	Disagree	Agree	Strongly agree	Mean	Std. Dev.	Interpretation
I lost everything I had in the war	57 (31.8%)	06 (3.3%)	41 (22.9%)	75 (41.9%)	2.7486	1.29321	A lot
I have failed to get a job because I don't have my transcripts	97 (54.2%)	17 (9.5%)	17 (9.5%)	48 (26.8%)	2.0894	1.29321	Moderate
We left our country because of religious persecution	109 (60.9%)	10 (5.6%)	11 (6.1%)	49 (27.4%)	2.0000	1.30808	Moderate
I am disabled and not able to support my family	80 (44.7%)	25 (14.0%)	17 (9.5%)	57 (31.8%)	2.2849	1.33240	Moderate
We are discriminated because we are foreigners	35 (19.6%)	16 (8.9%)	50 (27.0%)	78 (43.6%)	2.9553	1.32069	A lot
We are homeless currently living in church	60 (33.5%)	25 (14.0%)	21 (11.7%)	73 (40.8%)	2.5978	1.14569	A lot
I have failed to get capital to start a small business	21 (11.7%)	9 (5.0%)	31 (17.3%)	118 (65.9%)	3.3743	1.31764	Extreme
My husband killed himself because of frustration	115 (64.2%)	17 (9.5%)	14 (7.8%)	33 (18.4%)	1.8045	1.02201	Moderate
We have not gone to school, our parents failed to pay our	57 (31.0%)	12 (6.7%)	18 (10.1%)	92 (51.4%)	2.8101	1.19492	A lot

school fees							
We are helpless and poor	09 (5.0%)	07 (3.9%)	55 (30.7%)	108 (60.3%)	3.4637	1.35236	Extreme
I have spent days without food, I don't even have the strength and energy to search for work	31 (17.3%)	26 (14.5%)	37 (20.7%)	85 (47.5%)	2.9832	1.14889	A lot
My life is being threatened by unknown men	88 (49.2%)	17 (9.5%)	10 (5.6%)	64 (35.8%)	2.2793	1.38214	A lot
We lack government support	14 (7.8%)	05 (2.8%)	53 (29.6%)	107 (59.8%)	3.4134	0.87861	Extreme
Overall mean					2.6772	1.22998	A lot

Source: Primary data. (2022).

Table 6, above shows the findings on the Causes of poverty among Congolese immigrants in Makindye division, Kampala Uganda where by the Overall Mean was 2.6772 and Standard deviation was 1.22998.

In relation to whether Congolese immigrants lost everything they had in the war; 75(41.9%) Strongly agree and 57 (31.8%) Strongly disagree with a Mean value of 2.7486 and Standard Deviation of 1.29321 and this was interpreted as a lot. This implied that most Congolese immigrants faced a problem of poverty because of the war.

In relation to whether Congolese immigrants have failed to get a job because they don't have transcripts; 48 (26.8%) Strongly agree and 97 (54.2%) Strongly disagree with a mean of 2.0894 and its standard deviation of 1.29321 which was moderate. This meant that the majority of the Congolese immigrants strongly disagree with the statement that the cause of failing to get a job was because they didn't have transcripts.

When it came to whether Congolese immigrants left their country because of religious persecution; 49 (27.4%) Strongly agree and 109 (60.9%) Strongly disagree with a Mean of 2.0000 and Standard Deviation of 1.30808 which was interpreted as moderate. Implying that the Congolese immigrants strongly disagree with the statement that they had left their country because of religious persecution. There might have been other reasons to why they left their country.

In terms of whether Congolese immigrants are disabled and not able to support their families: 57 (31.8%) Strongly agree and 80 (44.7%) Strongly disagree with a mean of 2.2849 and Standard deviation of 1.33240 and this was interpreted as a lot. This implied that the majority of the Congolese immigrants strongly disagreed with the statement that disability has hindered them from supporting their families.

In relation to whether Congolese immigrants are discriminated because they are foreigners; 78 (43.6%) Strongly agree and 35 (19.6%) Strongly disagree with a mean of 2.9553 and Standard deviation of 1.32069 and this was interpreted as a lot, and thus when a Social worker at Amani sasa (NGO) in Makindye division was asked whether they receive immigrants at their offices he agreed and said that;

Interviewee 1

“We normally receive many Congolese immigrants especially in parishes of Bunga and Kansanga in Makindye division and we normally provide various services to these Congolese immigrants ranging from social assistance in terms of food, medical and rent assistance and we also go an extra mile of empowering young women, providing leadership residential programs, mentorship for young men, providing vocational training, residential programs, provide saving and support groups, training music, and we also provide entrepreneurship skills.”

For the issue whether Congolese immigrants are homeless currently living in church; 73(40.8%) Strongly agree and 60 (33.5%) Strongly disagree with a Mean of 2.5978 and Standard deviation of 1.14569 and this was interpreted as a lot. This implied that Congolese immigrants facing a

problem of poverty were evicted from the houses they live in because they have failed to pay rent and end up living in churches.

Furthermore, 118 (65.9%) of respondents strongly agree that Congolese immigrants have failed to get capital to start a small business and 21 (11.7%) Strongly disagree with a Mean of 3.3743 and Std. deviation of 1.31764 and this was interpreted as extreme. This means that the majority of Congolese immigrants facing a problem of poverty would wish to work and support their families but because they don't have capital they are not able to start businesses.

When women respondents were asked whether their husbands killed themselves because of frustration caused by Poverty; majority 115 (64.2%) Strongly disagree and 33 (18.4%) Strongly agree, 17 (9.5%) with a Mean of 1.8045 and Std. deviation of 1.02201 and this was interpreted as moderate. Implying that it wasn't frustration caused by poverty that kills Congolese men it might probably be something else.

Additionally, 92 (51.4%) of respondents strongly agree that they had not gone to school, because their parents failed to pay their school fees and 57 (31.0%) with a Mean of 2.8101 and Std. deviation of 1.19492 and this was interpreted as a lot. This means that Congolese immigrants facing poverty have not failed to educate their children probably they might be studying in government /public schools.

Furthermore 108 (60.3%) of Congolese immigrants in Makindye division strongly agree that they are helpless and poor and strongly disagree 07 (3.9%) with a Mean of 3.4637 and Std. deviation of 1.35236 and this was interpreted as extreme.

This matter was supplemented by an Organization staff member during an interview on the Causes of poverty among the Congolese immigrants; she revealed to the researcher that;

Interviewee 2:

“There are so many reasons that might have led to the high poverty levels among Congolese immigrants in Makindye division and among them include; unemployment, lack of education, lack of capital to start their own personal businesses, poor mind-set thinking they can't

get out of poverty, wars and violence, and not forgetting chronic illnesses.’’

In addition, 85 (47.5%) of Congolese immigrants in Makindye division strongly agree that they have spent days without food, and that they don't even have the strength and energy to search for work and 31(17.3%) Strongly disagree with a Mean of 2.9832 and Std. deviation of 1.14889 and this was interpreted as a lot. Implying that Congolese immigrants facing a problem of poverty starve for many days because they don't have money to buy food to eat.

Last but not least on whether the lives of Congolese immigrants are being threatened by unknown men 64(35.8%) Strongly agree and 88(49.2%) Strongly disagree with a mean of 2.2793 and Std. deviation of 1.38214 and this was interpreted as moderate. This meant that Congolese immigrants strongly disagree with the statement because being threatened does not cause poverty to them.

In relation to whether Congolese immigrants lack government support; 107 (59.8%) Strongly agree and 14 (7.8%) Strongly disagree with a mean of 3.4134 and Std. deviation of 0.87861 and this was interpreted as extreme. This implied that Congolese immigrants are facing a problem of poverty because they lack government support.

Finally, by observing the overall means, the above analysis revealed that the causes of poverty among immigrants in Makindye division had the overall mean that had a value of **2.6772** and standard deviation of **1.22998**. This implies that Congolese immigrants are poor as a result of pre-migration and post- migration effect majorly caused by war in their country of origin.

4.2.2 Indicators of Poverty among Congolese immigrants in Makindye Division

The Second objective of the study to determine the indicators of poverty among Congolese Immigrants in Makindye Division.

Table 7: Showing the indicators of Poverty among Congolese immigrants in Makindye Division

Descriptive Statistics	Strongly disagree	Disagree	Agreed	Strongly agree	Mean	Std. Dev.	Interpretation
I cannot sustain my family.	07 (3.9%)	08 (4.5%)	46 (25.7%)	118 (65.9%)	3.5363	0.75889	A lot
I am always begging for food.	10 (5.6%)	07 (3.9%)	57 (31.8%)	105 (58.6%)	3.4358	0.81424	Extreme
I have been very sick; I cannot afford to buy medicine for diabetics and high blood pressure.	79 (44.1%)	10 (5.6%)	21 (11.7%)	69 (38.5%)	2.4469	1.38257	Moderate
My children are malnourished.	57 (31.8%)	17 (9.5%)	30 (16.8%)	75 (41.9%)	2.6872	1.30358	A lot
I am evicted from the house; the landlord is demanding six months arrears.	74 (41.3%)	15 (8.4%)	24 (13.4%)	66 (36.9%)	2.4581	1.35006	Moderate
I don't work.	06 (3.4%)	06 (3.4%)	49 (27.4%)	118 (65.9%)	3.5587	0.71945	A lot
I survive by requesting for help from humanitarian Organisations.	11 (6.1%)	07 (3.9%)	72 (40.2%)	89 (49.7%)	3.3352	0.82069	Extreme
My children have no clothing	38 (21.2%)	19 (10.6%)	41 (22.9%)	81 (45.3%)	2.9218	1.18726	A lot
I decided to do prostitution in order to support my family.	113 (63.1%)	19 (10.6%)	05 (2.8%)	42 (23.5%)	1.8659	1.26042	Moderate
I can't sleep if I don't take alcohol and drugs	70 (39.1%)	18 (10.1%)	13 (7.3%)	78 (43.6%)	2.5531	1.38257	A lot

I have frequently borrowed money,I have many debts	45 (25.1%)	08 (4.5%)	37 (20.7%)	89 (49.7%)	2.9497	1.24645	A lot
My friends and neighbours are tired of me, they say they have helped me enough	31 (17.3%)	07 (3.9%)	39 (21.8%)	102 (57%)	3.1844	1.12907	A lot
I am always worried of my family's wellbeing.	11 (6.1%)	38 (21.2%)	130 (72.6%)	-	3.6034	0.78195	Extreme
Overall means					2.9643	1.0874	A lot

Source: Primary data. (2022).

The general results in Table7 shows indicators of poverty among Congolese immigrants in Makindye Division basing on the Overall mean of 2.9643 and Std. deviation of 1.0874 because majority of respondents agreed with it basing on the interpretation of a lot, and these results are supported by 118(65.9%) of respondents who strongly agree with the statement that they cannot sustain their families and 07(3.9%) Strongly disagree, with a Mean of 3.5363 and Std. deviation of 0.75889 which was interpreted as a lot. Implying that Congolese immigrants facing a problem of poverty couldn't sustain their families.

Congolese immigrants in Makindye division had the overall mean of **2.9643** and standard deviation of **1.0874** estimated to 68.2% that poverty is the key constraining factor to signify a condition among Congolese immigrants in Makindye division. Being under to sustain their families, afford to buy medicine, child malnourishments, being evicted, unemployment, survive by representing humanitarian organizations, no clothes, engaging into prostitution, failure to sleep, accumulated debts, neighbours getting tired of helping them, getting worried of family members. This is in line with what one of the NGOs representatives revealed as a way that can help them to get out of poverty.

When asked whether Organizations have financial and psychological, empowerment programs for Congolese immigrants, one of the NGO representatives revealed that;

Interviewee 3:

“We engage many Congolese immigrants through the week starting from Monday to Saturday and our empowerment program normally lasts for 4 to 6 months’ period in year. These include group therapies, individual counselling, English and business classes, sensitization, we offer food, medical and rent assistance, this instils hope in them.”

Regarding to what impact has the programs made in their lives; a Social worker from Family First Uganda said that;

Interviewee 4:

“ Congolese immigrants have been transformed through programs they are healed through counselling, transformed and empowered to start new projects in their lives.” The clients are given small loans as a start-up capital to start businesses of their choice (i.e., honey business, food groceries, smoked fish business, making and selling snacks, liquid soap, dairy business, selling hair braids, baskets and jewellery business).”

In relation to whether Congolese Immigrants in Makindye division are always begging for food; 105(58.6%) Strongly agreed and 10(5.6%) Strongly disagree, with a Mean of 3.4358 and Std. deviation of 0.81424 which was interpreted as extreme. This implied that the Congolese immigrants facing a problem of poverty beg for food.

For the case whether Congolese Immigrants in Makindye division have been very sick in that they cannot afford to buy medicine for diabetics and high blood pressure; 69 (38.5%) Strongly agree and 79(44.1%) Strongly disagree, with a Mean of 2.4469 and Std. deviation of 1.38257 which was interpreted as moderate. This meant that the Congolese immigrants disagree with the statement that they are unable to buy medicine.

Further still, 75(41.9%) Strongly agree with the statement children of Congolese Immigrants in Makindye division are malnourished and 57(31.8%) Strongly disagree, with a Mean of; 2.6872 and Std. deviation of 1.30358 which was interpreted as a lot. Implying that children of Congolese immigrants facing a problem of poverty are malnourished.

Also 66(36.9%) Strongly agree with the statement about whether they are evicted from the house; the landlord is demanding six months' arrears; and 74 (41.3%) Strongly disagree, with a Mean of 2.4581 and Std. deviation of 1.35006 which was interpreted as moderate. This meant that the Congolese immigrants disagree with the statement that they are evicted from the houses.

Likewise, in relation to whether Congolese Immigrants in Makindye division do not work; 118 (65.9%) Strongly agree and 06(3.4%) Strongly disagree, with a Mean of; 3.5587 and Std. deviation of 0.71945 which was interpreted as alot. This implied that Congolese immigrants strongly agree with the statement that they do not work.

Furthermore, for the issue whether Congolese Immigrants in Makindye division survive by requesting for help from humanitarian Organisations; 89(49.7%) Strongly agree with the statement and 11(6.1%) Strongly disagree with the statement, with a Mean of; 3.3352 and Std. deviation of 0.82069 which was interpreted as extreme. This implied that the Congolese immigrants facing a problem of poverty agree with the statement that they survive by requesting for help from humanitarian Organisations.

In relation to whether children of Congolese Immigrants have no clothing; 81 (45.3%) strongly agree with the statement and 38(21.2%) Strongly disagree, with a Mean of 2.9218 and Std. deviation of 1.8726 which was interpreted as a lot. Implied that children of Congolese immigrants facing a problem of poverty have no clothing.

Likewise, 42(23.5%) of respondents strongly agree with the statement that they decided to do prostitution in order to support their family while 113 (63.1%) Strongly disagree, with a Mean of; 1.8659 and Std. deviation of 1.26042 which was interpreted as moderate. This meant that the Congolese immigrants disagree with the statement that they practiced Prostitution in order to support their families.

Additionally, 78(43.6%) which were majority of respondents included in the study strongly agree that they could not sleep without taking alcohol and drugs and 70 (39.1%) Strongly disagree, with a Mean of 2.5531 and Std. deviation of 1.38257 which was interpreted as a lot and this was linked to information obtained from a social worker at Refuge and Hope International when asked whether they had received clients who had issues of not sleeping, taking alcohol and drugs.

The social worker revealed that;

Interviewee 5:

“Many youths among the Congolese immigrants living within different parishes like; Kabalagala, Namuwongo, Kibuli, Salama, Kansanga and Ggaba have been received with a background of engaging in bad groups which influenced them into gambling, theft, prostitution alcoholism, and drug abuse and other activities which they practice.

When it came to the statement whether Congolese Immigrants in Makindye division have frequently borrowed money, those who said that they have many debts were 89(49.7%) Strongly agree and 45(25.1%) Strongly disagree with the statement, which had a Mean of 2.9497 and Std. deviation of 1.24645 which was interpreted as a lot. This implied that the Congolese immigrants facing a problem of poverty frequently borrowed money.

The majority of respondents included in the study 102(57%) strongly agree with the statement my friends and neighbours are tired of me, they say they have helped me enough 31(17.3%) Strongly disagree, with a Mean of 3.1844 and Std. deviation of 1.12907 which was interpreted as a lot. This meant that the Congolese immigrants agree with the statement that their friends and neighbours are tired of helping them.

Last but not least, one of the respondents strongly agreed with the statement that they are always worried of their family's wellbeing, however 130(72.6%) Agree and 11 (6.1%) Strongly disagree with the statement which had a mean of 3.6034 and standard deviation of 1.0874 which was interpreted as a lot implying that the Congolese immigrants get worried of their families' wellbeing.

Finally, by observing the overall means, the above analysis reveals that the indicators of poverty among immigrants in Makindye division had the overall mean that had a value of 2.6795 and standard deviation of 1.3024. This implies that poverty has affected Congolese immigrant's

social, physical and psychological well being and there is need of an intervention to recover from poverty.

4.2.3. Indicators of Depression among Congolese immigrants in Makindye Division

The third objective of the study sought to assess the indicators of Depression among Congolese immigrants in Makindye Division.

Table 8: Indicators of Depression among Congolese immigrants in Makindye Division

Descriptive Statistics	Strongly disagree	Disagree	Agree	Strongly agree	Mean	Std. Dev.	Interpretation
I have thoughts of committing suicide	13 (7.3%)	14 (7.8%)	32 (17.9%)	120 (67.0%)	2.5542	1.28792	A lot
I have spent days without sleeping.	19 (10.6%)	11 (6.1%)	68 (38.0%)	81 (45.3%)	3.1788	0.95482	A lot
I am very frustrated and hate myself.	28 (15.6%)	14 (7.8%)	49 (27.4%)	88 (49.2%)	3.1006	1.09182	A lot
I have persistence sadness and worries	72 (40.2%)	09 (5.0%)	22 (12.5%)	76 (42.3%)	2.5028	1.38359	A lot
I am tired and want to be alone.	47 (26.3%)	06 (3.4%)	46 (25.7%)	80 (44.6%)	2.8883	1.23563	A lot
I wish I could die.	79 (44.1%)	08 (4.5%)	24 (13.4%)	68 (38.0%)	2.4525	1.37870	Moderate
I have started losing my memory and feel moody	68 (38.0%)	22 (12.2%)	24 (13.4%)	65 (36.3%)	2.4804	1.32114	Moderate
The doctors said I have a mental illness	86 (48.0%)	21 (11.7%)	17 (9.5%)	55 (30.7%)	2.2291	1.32735	Moderate
I contracted HIV /AIDS and I am not ready to take medication.	90 (50.3%)	27 (15.1%)	05 (2.8%)	57 (31.8%)	2.1620	1.33724	Moderate

No one cares not even God	85 (47.5%)	15 8.4%	13 (7.3%)	66 (36.9%)	2.3352	1.3859	Moderate
Sometimes I and my family members spend some days without eating	35 (19.6%)	08 (4.5%)	40 (22.3%)	96 (53.6%)	3.1006	1.16646	A lot
I always think about my relatives, I lost during the war.	06 (3.4%)	13 (7.3%)	38 (21.2%)	122 (68.2%)	3.5419	0.77327	Extreme
I was raped by my fellow immigrants during the movement from our country.	88 (49.2%)	09 (5.0%)	21 (11.7%)	61 (34.1%)	2.3073	1.37412	Moderate
<u>Overall means</u>					2.6795	1.3024	A lot

Source: Primary data. (2022).

The third objective of the study sought to assess the indicators of Depression among Congolese immigrants in Makindye Division whereby 120 (67.0%) strongly agree and 13(7.3%) Strongly disagree with the statement whether they heard thoughts of committing suicide and these findings had a Mean of; 2.5542 and Std. deviation of 1.28792 which was interpreted as a lot. This meant Congolese immigrants had thoughts of committing suicide caused by depression.

In relation to whether Congolese Immigrants have spent days without sleeping; 81(45.3%) Strongly agree and 19(10.6%) Strongly disagree, with a Mean of 3.1788 and Std. deviation of 0.95482 whose interpretation was a lot. This implied that Congolese immigrants face a problem of depression because they spend days without sleeping.

For the issue whether Congolese Immigrants experience persistent sadness and worries; most of the respondents 76(42.3%) Strongly agree with this statement and 72(40.2%) Strongly disagree with a Mean of 2.5028 and Std. deviation of 1.38359 which was a lot. Implying that Congolese immigrants agree with the statement that they experience persistent sadness and worries.

When it came to whether Congolese Immigrants are very frustrated and hate themselves 88(49.2%) Strongly agree and 28(15.6%) Strongly disagree with a Mean of 3.1006 and Std.

deviation of 1.09182 with an interpretation of a lot, which implied that Congolese immigrants are frustrated because they are going through a very hard time and meeting various obstacles and challenges in their lives, and these results were supported by other results gathered from an interview session with an NGO representative concerning the challenges that Congolese immigrants in Makindye division face. A social worker at Jesuit Refugee Services in Nsambya emphasized that;

Interviewee 6:

“Many immigrants in this division always encounter very many challenges including lack of food, limited accessibility of medical care, lack of shelter, lack of capital to establish or set up business ventures, and many of the parents don’t have school fees to sustain their children in school which promotes a high illiteracy level, hence leading to depression.”

For the case whether Congolese Immigrants are tired and want to be alone; most of the study respondents i.e. 80 (44.6%) Strongly agree and 47 (26.3%) Strongly disagree, with a Mean of; 2.8883 and Std. deviation of 1.23563, and this was a lot. This meant that Congolese immigrants faced a problem of depression because they expressed tiredness and would want to be alone.

When it came to whether Congolese Immigrants wish they could die because of the different financial and social hardships they are meeting in their lives; majority 79 (44.1%) Strongly disagree and 68(38.0%) with a Mean of 2.4525 and Std. deviation of 1.37870 which was interpreted as moderate. This was supported by another social worker at Amani sasa (NGO) when asked on how Congolese immigrants react to their problems during difficult times; he said that;

Interviewee 7:

“These Congolese immigrants have many problems that affect their lives in a sense that they become so frustrated, worried, stressed and depressed.”

Regarding whether Congolese Immigrants have started losing their memory and feel moody; 65(36.3%) Strongly agree and 68(38.0%) Strongly disagree with a Mean of 2.4804 and Std.

deviation of 1.32114 which was interpreted as moderate. This implied that Congolese immigrants disagree with the statement that they had started losing their memory and they felt moody.

In addition, 86 (48.0%) of Congolese Immigrants Strongly disagree with the statement relating to whether doctors said they have a mental illness and 55 (30.7%) Strongly agree with a Mean of 2.2291 and Std. deviation of 1.32735 which is interpreted as moderate. Implying that Congolese immigrants disagree with the statement that they had mental illness.

For the case whether Congolese Immigrants contracted HIV /AIDS and they are not ready to take medication; 57 (31.8%) Strongly agree and 90 (50.3%) Strongly disagree, with a Mean of 2.1620 and Std. deviation of 1.33724 which was interpreted as moderate. This meant that Congolese immigrants disagree with the statement that they contracted HIV/AIDS and were not ready to take medication.

In relation to whether No one cares not even God about immigrant poverty situation; majority of respondents 85 (47.5%) Strongly disagree and 66 (36.9%) Strongly agree with a Mean of 2.3352 and Std. deviation of 1.38590 which is interpreted as moderate. This implies that Congolese immigrants disagree with the statement that no one cared not even God about the situation they were passing through.

When it came to whether Sometimes Congolese Immigrants and their family members spend some days without eating; most of the respondents 96 (53.6%) Strongly agree and 35 (19.6%) Strongly disagree, with a Mean of 3.10060 and Std. deviation of 1.16646 which was interpreted as a lot. This meant that Congolese immigrants faced a problem of depression because their family members spent days without eating.

In relation to whether Congolese Immigrants always think about their relatives, they lost during the war; majority of them 122 (68.2%) Strongly agree with the statement and 06 (3.4%) Strongly disagree with a Mean of 3.5419 and Std. deviation of 0.77327 which was interpreted as extreme. Implying that Congolese immigrants faced a problem of depression because they always thought about their relatives, they lost during the war.

In the aspect of whether Congolese Immigrant women were raped by their fellow male immigrants during the movement from their country of DRC; most of the study respondents 88 (49.2%) Strongly disagree with this statement and 61(34.1%) Strongly agree, with a Mean of 2.3073 and Std. deviation of 1.37412 which was interpreted which is estimated to 51.4%. This meant that Congolese immigrants disagree with the statement that women were raped by their fellow male immigrants during the movement from their country of DRC.

Finally, by observing the overall means, the above analysis reveals that the indicators of poverty among immigrants in Makindye division had the overall mean that had a value of 2.6795 and standard deviation of 1.3024. This implies that poverty has affected Congolese immigrant's social, physical and psychological well being and there is need of an intervention to recover from poverty.

4.2.4. Relationship between Poverty and Depression among Congolese immigrants in Makindye Division

The fourth objective of the study sought to investigate the relationship between Poverty and Depression among Congolese immigrants in Makindye Division.

Table 9: Relationship between Poverty and Depression among Congolese immigrants in Makindye Division

Descriptive Statistics	Strongly disagree	Disagree	Agree	Strongly agree	Mean	Std. Dev	Interpretation
Loss of income can cause mental illness.	06 (3.4%)	03 (1.7%)	92 (51.4%)	78 (43.6%)	3.3520	0.68214	Extreme
The result of worries and uncertainty can worsen depression.	02 (1.1%)	02 (1.1%)	90 (50.3%)	85 (47.5%)	3.4413	0.58123	Extreme
Poor health, unemployment, poor housing increase levels of	02 (1.1%)	0 2 (1.1%)	73 (40.8%)	102 (57.0%)	3.5363	0.58307	Extreme

depression.							
Too much stress, debts, challenge of sleep affects adult's mental health.	04 (2.2%)	79 (44.1%)	96 (53.6%)	- -	3.5140	0.54420	Extreme
Depression and anxiety influence economic preferences.	07 (3.9%)	81 (45.3%)	91 (50.8%)	-	3.4693	0.57368	Extreme
Poverty and depression can hinder education.	01 (0.6%)	01 (0.6%)	84 (46.9%)	93 (52.0%)	3.5028	0.54437	Extreme
Parental suffering can hinder the growth and development of children.	-	4 (2.2%)	77 (43.0%)	98 (54.7%)	3.5251	0.54379	Extreme
Those with the lowest income are three times more likely to get depressed.	06 (3.4%)	02 (1.1%)	77 (43.0%)	94 (52.5%)	3.4469	0.68796	Extreme
Both poverty and depression are problems affecting human beings.	01 (0.6%)	03 (1.7%)	73 (40.8%)	102 (57.0%)	3.5419	0.56308	Extreme
Mental Health is shaped by the wide characteristics including social, economic and physical factors caused by depression.	-	01 (0.6%)	70 (39.1%)	108 (60.3%)	3.5978	0.50302	Extreme
Failure to get a job leads to poverty and hence depression	02 (1.0%)	02 (1.0%)	81 (45.3%)	94 (52.5%)	3.4916	0.58414	Extreme
Poverty leads to failure to access basic needs (for example food, medical, clothes, shelter) and hence depression	-	1 (0.6%)	68 (37.9%)	110 (61.5%)	3.6089	0.50071	Extreme
Poverty leads to depression as	02	01	70	106			Extreme

depression can lead one to hopelessness hence poverty.	(1.1%)	(0.6%)	(39.1%)	(59.2%)	3.5642	0.57088	
Overall Mean					3.50708	0.57402	Extreme

Source: Primary data. (2022).

For the case whether Loss of income can cause mental illness; majority of respondents; 78 (43.6%) Strongly agree with the statement and 06 (3.4%) Strongly disagree with a Mean of 3.3520 and Std. deviation of 0.68214 which was interpreted as extreme. This implied that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because loss of income can cause mental illness such as depression.

In relation to whether the result of worries and uncertainty can worsen depression; 85(47.5%) Strongly agree and 02(1.1%) Strongly disagree, with a Mean of 3.4413 and Std. deviation of 0.58123 which was interpreted as extreme. Implying that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because worries and uncertainty caused by poverty can worsen the state of depression.

When it came to the assertion whether poor health, unemployment, poor housing increase levels of depression; majority of respondents 102 (57.0%) Strongly agree with the statement; 73 (40.8%) Agree, 02 (1.1%) Disagree, 02 (1.1%) Strongly disagree, with a Mean of 3.5363 and Std. deviation of 0.58307 which was interpreted as extreme. This meant that Congolese immigrants strongly agree with the statement that there is a relationship between poverty and depression because poor health, unemployment, poor housing are indicators of poverty and also increase levels of depression.

For the issue whether too much stress, debts, challenge of sleep affects adult's mental health; majority of respondents 96(53.6%) Agree and 04 (2.2%) Strongly disagree none of respondents strongly agree with the statement, with a Mean of 3.5140 and Std. deviation of 0.54420 which was interpreted as extreme. This implied that Congolese immigrants strongly agree with the statement that there is a relationship between poverty and depression because too much stress, debts, challenge of sleep is indicators of depression and they affect mental health.

A local chairperson in Nsambya parish when asked the challenges faced by Congolese immigrants in their community revealed that;

Interviewee 8:

“Congolese residents undergo numerous challenges including failure to pay house rent, and loans, domestic violence, physical and sexual abuse and harassment, most households lack decent accommodation, many are jobless and when they get somewhere to work they are normally paid little or even not paid at all and to make matters worse the locals look at them as bad violent and rude people not knowing that life has pushed them into inheriting such character but it’s not their normal personalities.”

The above analysis reveals that the relevance of poverty among Congolese immigrants had a mean rated to **3.50708** and standard deviation **0.57402** which was estimated to 52%. This implies that depression is a problem that needs to be addressed and having known the cause as poverty; it can be combated by empowering Congolese immigrants financially.

In an interview session with the Local Chairperson at Nsambya- Gongonya, the researcher asked the Local Chairperson the kind of services they offered to Congolese immigrants in Makindye division. The local chairperson said that;

Interviewee 9:

“We the local council committee under different zones of Nsambya parish we offer different services to Congolese immigrants like as community members, provide documentation, security, and support in case of problems for example, at a funeral and burial event and any other support they would wish.”

One community member from Katwe parish was also asked in an interview session. What were the indicators of poverty among Congolese immigrants in Makindye. He revealed to the researcher that;

Interviewee 11:

“The poor local residents in Katwe parish starve in their homes to the extent that their children have become thieves where by complaints of theft have increased amidst families in order to survive and such families complain that every service provided to them, the Ugandans ask for money from them yet they don’t have because they are also struggling.”

In relation to whether Depression and anxiety influence economic preferences; none of respondents strongly agree, 91(50.8%) Agree and 07(3.9%) Strongly disagree, with a Mean of 3.4693 and Std. deviation of 0.57368 which was interpreted as extreme. Implying that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because depression and anxiety influence economic preferences.

For the case whether Poverty and depression can hinder education; 93 (52.0%) Strongly agree, and 1(0.6%) Strongly disagree, with a Mean of 3.5028 and Std. deviation of 0.54437 which was interpreted as extreme. This implied that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because poverty and depression can hinder education.

In relation to whether Parental suffering can hinder the growth and development of children; 98 (54.7%) and none of the respondents strongly disagree, with a Mean of 3.5251 and Std. deviation of 0.54379 which was interpreted as extreme. Implying that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because parental suffering caused by poverty hinders growth and development of children causing also depression to the parents.

For the case whether those with the lowest income are three times more likely to get depressed; 94 (52.5%) Strongly agree, 77(43.0%) and 6 (3.4%) Strongly disagree, with a Mean of; 3.4469 and Std. deviation of 0.68796 which was interpreted as extreme. Implying that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because those with the lowest income are three times more likely to get depressed.

In the aspect of whether both poverty and depression are problems affecting human beings; 102(57.0%) and 1(0.6%) Strongly disagree, with a Mean of 3.5419 and Std. deviation of 0.56308 which was interpreted as extreme. Implying that Congolese immigrants strongly agree with the

statement that there was a relationship between poverty and depression because both problems affect human beings.

In relation to whether Mental Health is shaped by the wide characteristics including social, economic and physical factors caused by depression; 108 (60.3%) Strongly agree and none of respondents strongly disagree, with a Mean of 3.5978 and Std. deviation of 0.50302 which was interpreted as extreme. This implied that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because mental health is shaped by the wide characteristics that are caused by depression leading to poverty.

While 94 (52.5%) Strongly agree with the statement that Failure to get a job leads to poverty and hence depression and 2(1.0%) Strongly disagree with a Mean of 3.4916 and Std. deviation of 0.58414 extreme. This meant that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because failure to get a job leads to poverty hence depression.

Furthermore, 110(61.5%) of respondents among Congolese immigrants strongly agree with the statement that Poverty leads to failure to access basic needs (for example food, medical, clothes, shelter) and hence depression and none of the respondents Strongly disagreed with a Mean of 3.6089 and Std. deviation of 0.50071 which was interpreted as extreme. This implied that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because poverty leads to failure to access basic needs hence depression.

Last but not least 106(59.2%) of Congolese immigrants strongly agree that Poverty leads to depression as depression can lead one to hopelessness hence poverty and 2(1.1%) Strongly disagree, with a Mean of; 3.5642 and Std. deviation of 0.57088 which was interpreted as extreme. Implying that Congolese immigrants strongly agree with the statement that there was a relationship between poverty and depression because poverty leads to depression as depression can lead one to poverty.

Finally, by observing the overall means, the above analysis reveals that the relationship between poverty and depression among immigrants in Makindye division has the overall mean that had a value of 3.50708 **and** standard deviation of 0.57402 estimated to 52%. This implied that Poverty has a moderate influence on Depression among Congolese immigrants. Therefore, the alternative

hypothesis that was earlier postulated is accepted.

This statement was seconded by a Local Chairperson of Kansanga KCCA zone who revealed that;

Interviewee 11:

“ Congolese immigrants in this community are at an extreme poverty level that some of them die because they lack immediate support, others have been taken to Butabika National Referral Mental Hospital because of too much worries, meaning poverty has lead them to depression and when they reach the level of depression they are helpless and hopelessness hence Poverty.

Table10: Pearson Correlation between Poverty and Depression among Congolese immigrants

Correlations

		Poverty	Depression
Poverty	Pearson Correlation	1	.466**
	Sig.(2-tailed)		.006
	N	179	179
Depression	Pearson Correlation	.466**	1
	Sig.(2-tailed)	.006	
	N	179	179

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

The results presented in Table 10 above indicate the Pearson's Correlation Coefficient for poverty and depression among Congolese Immigrants in Makindye division, Kampala Uganda, where ($r = 0.466$, sig. value = $0.006 < P$ value at 0.01). This implied that Poverty has a moderate

influence on Depression among Congolese immigrants. Therefore, the alternative hypothesis that was earlier postulated is accepted.

CHAPTER FIVE

SUMMARY, DISCUSSIONS, CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER RESEARCH

5.0. Introduction

This chapter summarizes the findings and provides the conclusion and recommendations hand in hand with the objectives.

Summary of the findings:

The findings of the first objective showed that the majority 118(65.9%) of the respondents revealed that failure to get capital to start small businesses among Congolese immigrants is the major cause of poverty. This was followed by 107(59.8%) who revealed that they lacked government support and the last 10(5.6%) revealed that their lives were being threatened by unknown men. The findings of the second objective further showed that the majority 118(65.9%) of the respondents revealed that lack of sustainability and joblessness among Congolese immigrants was the major indicator of poverty. This was followed by 105(58.6%) who revealed that they always begged for food and the last 42(23.5%) revealed that they decided to do prostitution in order to support their families. The findings of the third objective further showed that the majority 122(68.2%) of the respondents among Congolese immigrants revealed that they had thoughts about the loss of their relatives during the war and this was the major indicator of depression. This was followed by 120(67.0%) who revealed that they had thoughts of committing suicide and the last 55(30.7%) revealed that their husbands always attempted to commit suicide. Lastly the fifth objective showed that the majority 110(61.5%) of the respondents among Congolese immigrants revealed that poverty leads to failure to access basic needs hence depression among Congolese immigrants and is the major relationship between poverty and depression. This was followed by 108(60.3%) who revealed that Mental Health is shared by the wide characteristics including social, economic, physical factors caused by depression and the last 78(43.6%) revealed that loss of income can cause mental illness.

5.1. Discussion of the Research Findings

5.1. Findings on the Demographic Characteristics of Respondents

First, in terms of Gender of respondents, the findings revealed that most respondents were Females (69.3%) followed by Males (30.7%) implying that majority of the respondents involved in the study were females compared to their male counterparts which is attributed to the fact that most of Social workers, community members and Congolese Immigrants residing within Makindye division, Kampala Uganda. are women or females. This clarifies that most Congolese immigrants' residents in Makindye division are mostly female.

As regards the Age Bracket of the Respondents, (48%) most of the respondents were in the age bracket of 40- 49 years, followed by (45.8%) in the age bracket of 20-39 years, (3.4%) were in the age bracket of 50- 59 years, and (2.8%) were in the age bracket of 60 years and above. It can therefore be deduced that the majority of respondents involved in the study were in the Age bracket of 40-49 years and 20-39 years which included Congolese immigrants, Local chairpersons, Social workers and Community members.

5.1.1 Findings on the Causes of Poverty among Congolese Immigrants in Makindye Division

The findings revealed that among the major causes of Poverty among Congolese immigrants in Makindye Division is that Congolese immigrants lost everything they had in the war which rendered them to be helpless, poor and homeless currently living in churches as cited by UNHCR, (2022) who pointed out that continuous instability in Eastern DRC by armed conflicts and ethnic tensions has prevented many Congolese immigrants from turning back home. In April 2022 large numbers of Congolese fled to South west region of Uganda. These consisted of survivors of torture and violence including GBV, single parents, widows, children, unaccompanied or separated children and persons with medical needs (UNHCR, 2022). Violence contributes to poverty in a number of ways that affect Congolese immigrants as they try to settle in. They take an average of five years to fully settle because they find them, having nothing apart from their small hand luggage.

There are millions of Congolese immigrants who have been forced to flee their homes to neighbouring countries, such as Uganda, South Africa, Burundi, Tanzania, Zambia and

Angola. At the beginning of this year, nearly 400,000 Congolese have sought refuge in Uganda (UNHCR, 2022). UNHCR is on the ground providing lifesaving humanitarian support to millions of IDPs and immigrants in the Democratic Republic of the Congo (UNHCR, 2022). However, this explains why Congolese immigrants are in need of help. The United Nations High Commissioner for Refugees is a UN agency mandated to aid and protect immigrants. Recently the Uganda government called upon all well wishers and countries where immigrants come from to give a helping hand because of the increasing numbers of immigrants entering Uganda every day.

It is possible that unfavourable mental health outcomes are more prevalent among immigrants as a result of war and post-migration hardships. Furthermore the findings also revealed that Congolese immigrants are discriminated because they are foreigners which doesn't give them the opportunity to set up their small scale business to earn a living or even have access to employment opportunities and this is linked to Molieri, (2016) view that United States of America is a nation of immigrants, nearly three quarters of all U.S.A hired farm workers, who harvest the majority of their country's fruits and vegetables are immigrants, most of whom are undocumented. Despite their contributions, many of them face discrimination based on race, ethnicity, citizenship status, and/or gender and barriers to opportunities.

Many immigrants, especially those from Mexico, Central America, and parts of Africa and Southeast Asia, leave their home countries to escape deep poverty or violence (Molieri, 2016). In addition to Molieri (2016) study, the local communities marginalize Congolese immigrants as people who are not worthy to stay with, they are judged for being poor because most of the time they survive on the support given by Humanitarian Organisations without that, they are seen suffering and the host community don't want to be bothered being asked to help all the time. In addition to that, discrimination by the host community leads to Congolese immigrants living a lonely life style for example when Congolese first fled to Uganda they were seen as bad people and they would be discriminated. That is to say, if they were to get a job, they would be doubted thinking that they might have been involved in rebel groups, or could not be trusted with big sums of money for fear to run away with it.

Although Galindo, Restrepo, and Sanchez (2009) who established that lack of human security, conflict, destruction of infrastructure and diminished access to health services are factors causing Poverty among Congolese immigrants. However, the researcher found out that they missed out other causes such as misuse of power, tribal and religious persecution and loss of love ones and property. This is linked to the findings that they were helpless and poor Congolese immigrants because they had lost all they had.

5.1.2 Findings on the indicators of Poverty among Congolese Immigrants in Makindye Division

Findings revealed that among the major indicators of Poverty among Congolese immigrants in Makindye Division is that there has been increased malnutrition of children since they lack access to daily food, since most of them are found on streets and Owino market begging for food and this connected to Laura (2021) reviews that hunger and migration go hand – in hand. Hunger is both a danger that threatens the lives of people forced to leave their homes and a key influence on when and where to leave or move. Starvation is one reason to why immigrants sometimes leave their homes to search stability. In 2021, about 33 million people were at risk of hunger (Laura, 2021).

However, the link between immigration and poverty may appear straightforward. With a shortage of food, inadequate education, malnutrition, and minimal access to healthcare, it is not surprising that many in need seek a better life in countries such as the United States, Saudi Arabia, Canada, and Germany. According to World Food Program (2022), global hunger soars way beyond the resources available to feed the vulnerable immigrants who desperately needed food. The urgency priorities of the World Food Program are to make a heart breaking decision to cut the food ratios in order to feed a big number of immigrants who relied on the program for survival. World Food Program, Executive Director David Beasley said ‘’ without urgent new funds to support immigrant one of the World’s most vulnerable and forgotten groups of people, many facing starvation will be forced to pay with their lives’’. The World Food Program had to prioritize assistance to ensure that food reaches the most vulnerable families (World Food Program, 2022).

Secondly, the findings also revealed that many Congolese immigrants have resorted into alcoholism and drug abuse especially teenagers and youths where by many have been addicted to the point that they can't sleep if they don't take alcohol and drugs due to the unemployed that that has rendered them redundant. This was in agreement with Olukya (2022); physical insecurity and sexual and gender-based violence are pervasive in the Congolese immigrant's population.

Women and girls are occasionally compelled to engage in "survival sex," in which they are greatly exploited and exposed to a variety of dangers. Those who decided to reside in the city claimed that, despite these evident drawbacks, they preferred living in these conditions then being forced to reside in camps, since they had choice over some crucial aspects of their lives. They expressed a wish to be independent and not passive beneficiaries of the meagre help provided to people in camps (Olukya, 2022). However, as they take such decisions, they are at a risk of acquiring HIV/AIDS, sexually transmitted infections, they are raped and sometimes get unwanted pregnancies that bring persistent sadness and depression as they figure out on how they can help themselves.

Additionally, the findings revealed that because of poverty among Congolese immigrants, the only survive by requesting for help from humanitarian Organisations because many cannot sustain their family and they are always worried of their family's wellbeing because they live in overcrowded homes with poor sanitation and lack of medical attention. In other words, such situations have made friends and neighbours of Congolese immigrants to be tired of them as they say that they have helped them enough because they frequently borrow money from them and have many debts with them, as allude by Kigozi, (2015) who asserted that majority of Congolese immigrants, asylum seekers, and migrants in Kampala reside in regions characterized by overcrowded housing, poor sanitation, and limited access to water, as well as low-quality schools and inadequate health care.

5.1.3 Findings on the indicators of Depression among Congolese Immigrants in Makindye Division

The findings revealed that Depression attributed to poverty has caused many Congolese immigrants to spend days without sleeping due to over thinking of the many problems they have

in mind and this has even made many of them to be frustrated to the point of hating themselves. This is linked to WHO, (2022) who noted, that a depressive episode occurs when a person's mood is depressed (sad, irritated, and empty) for the majority of the day or for at least two weeks. Other indicators include poor attention, feelings of excessive guilt or low self-worth, hopelessness about the future, thoughts about death or suicide, disrupted sleep, changes in food or weight, and feeling particularly weary or low in energy (WHO, 2022). Furthermore, Congolese immigrants have had episodes of that kind in the course of pre- migration and post migration and the most affected are women that have been referred to a mental Hospital by the host communities that feel pity for them.

According to a model provided by Miller et al., daily pressures and living conditions in the host nation appear to influence the mental health of immigrants (2010). But daily stressors like living in risky areas, not having access to basic necessities, and lacking social support exacerbate the effects of combat exposure, resulting in mental health difficulties in the future.

I am tired and want to be alone. Furthermore, it was also revealed that many immigrant families in Makindye Division spend some days without eating and they always think about their relatives which they lost during the wars that caused them to flee their homeland and this has been linked to Norman and Rylie (2018) who argued that people with depression appear to have physical changes in their brains. The significance of these changes is still uncertain, but may eventually help pinpoint causes. Depression is more common in people whose blood relatives also have this condition. Researchers are trying to find genes that may be involved in causing depression. The detrimental effect these feelings have on how an individual behaves in their daily life means that behavioural indicators often include a lack of motivation in personal care, work and relationships.

5.1.4 Findings on the relationship between Poverty and Depression among Congolese Immigrants in Makindye Division

The study findings revealed that there is a significant relationship between Poverty and Depression among Congolese immigrants in Makindye Division due to a number of factors in the findings which include poor health, unemployment, poor housing, that increase levels of

depression, the result of worries and uncertainty can worsen depression, Loss of income can cause mental illness, Too much stress, debts, challenge of sleep affects adult's mental health, Depression and anxiety influence economic preferences as cited by WHO, (2022) established that a depressive episode occurs when a person's mood is sad, irritated, and empty for the majority of the day, practically every day, for at least two weeks.

Other symptoms include poor attention, feelings of excessive guilt or low self-worth, hopelessness about the future, thoughts about death or suicide, disrupted sleep, changes in food or weight, and feeling particularly weary or low in energy. In some cultures, people are more likely to show their mood shifts in the form of somatic symptoms than in other ways (e.g. pain, fatigue, and weakness) as linked to Hovey and King, (1996) who argued that mental disease can be caused by stress and lack of socialization according to. Many say that less-accultured immigrants are less susceptible to mental illness because of the greater family and social values in Latino culture. Therefore, it is as a result of, lack of acculturation to Anglo cultures that Latino community and family isolate and alienate from one another.

Furthermore the findings also revealed that Poverty and depression can hinder education, Parental suffering can hinder the growth and development of children, those with the lowest income are three times more likely to get depressed, Poverty leads to failure to access basic needs (for example food, medical, clothes, shelter) and hence depression, Poverty leads to depression as depression can lead one to hopelessness hence poverty, Mental Health is shaped by the wide characteristics including social, economic and physical factors caused by depression which was alluded by Kirmayer, (2011). Both poverty and depression are problems affecting human beings and Failure to get a job leads to poverty and hence depression.

Thus Pearson's Correlation Coefficient for poverty and depression among Congolese immigrants was $r=0.466(**)$ with a probability value ($p=0.006$) that is less than 0.01 level of significance, showing a positive relationship between poverty and depression among Congolese immigrants. The probability value further shows that poverty has a statistically significant effect on depression among Congolese immigrants. Thus implying that poverty brings about a rise in wars and violence's, Forced immigration Discrimination, Persecution and conflicts, Famine,

Unemployment, Homelessness, Poor Standards of living, Lack of improper health, Lack of education, Starvation and Lack of resources which influences Congolese immigrants to experience depression ,thereby having suicidal thoughts which indulge them into making attempts, being hopelessness, experiencing Stress and dysfunction, having Persistent sadness and worries, Mental illness and even succumbing Deaths.

5.2 Conclusions

Conclusions were made Objective by Objective and these include;

5.2.1 Causes of Poverty among Congolese immigrants in Makindye Division

The first objective was to examine the causes of poverty among Congolese immigrants in Makindye Division. However, it has become an important issue throughout the world that needs to be addressed. Though it defers on the levels that it can also be dealt with through Organizations that can give a helping hand such as Borgen project, OPM, UNHCR, World Food Organisation, United Nations, United Nations Development program and the Government of Congo in cooperation with Uganda Government. The Organisations can develop projects that offer emergency food banks and relief aid in form of cash fund that can help them come out of the income poverty.

5.2.2 Indicators of Poverty among Congolese immigrants in Makindye Division

The second objective was to determine the indicators of poverty among Congolese immigrants in Makindye Division. It was found out that the indicators of poverty in Congolese immigrants were starvation, lack of improper health, lack of education, homelessness, malnutrition, insufficient clothing, shelter which has led to many of them engaging into taking alcohol and drugs, prostitution, illegal deals like selling drugs, becoming thieves and death.

Based on the indicators the Congolese immigrants need to directly participate on reduction of child birth because the more children they have, adds to having a huge responsibility. Family planning can be embraced.

Thirdly they ought to be confident to seeking employment or volunteer in Organisations that at least have an idea of who they are.

Engaging in training and skilling will help Congolese immigrants to be empowered in different programs such as hair dressing, cookery, poultry, carpentry, crafting, art designing and urban farming. The knowledge obtained will equip them with abilities to create employment opportunities.

5.2.3 Indicators of depression among Congolese immigrants in Makindye Division

The third objective was to assess the risk factors of depression among Congolese immigrants in Makindye Division. Indicators associated with depression in Congolese immigrants were that they commit suicide because of long time suffering, get frustrated, and develop mental illness and death. Primary care physicians can provide compassionate care, awareness, Psychiatric care and psychosocial support. I urge Congolese immigrants to value their life, seek help in a government hospital than remaining at home thinking they can't be helped. There is availability of pro bono services that can be offered to vulnerable clients.

5.2.4 Relationship between poverty and depression among Congolese immigrants in Makindye Division.

The study revealed that there was a significant relationship between poverty and depression among Congolese Immigrants in Makindye Division. The researcher realized the most prominent issue were that they were unable to provide or access human basic needs. Findings supports the investigation that poverty affects Congolese immigrants socially, economically, physically and psychologically that leads them into the state of depression.

Based on these results, it was concluded that poverty has a statistically significant effect on depression among Congolese immigrants. Thus implying that poverty brings about a rise in wars and violence's, forced immigration, discrimination, persecution and conflicts, famine, unemployment, homelessness, poor Standards of living, lack of improper health, lack of education, starvation and lack of resources which influences Congolese immigrants to experience depression ,thereby having suicidal thoughts which indulge them into making attempts, being hopelessness, experiencing stress and dysfunction, having persistent sadness and worries, mental illness and even succumbing deaths.

5.3. Recommendations

Recommendations were made Objective by Objective and these include;

5.3.1 Causes of Poverty among Congolese immigrants in Makindye Division

The Researcher recommends that the government of Uganda, Policy makers and Refugee agencies and the office of Prime minister should develop strategies and policies that can support the Congolese Immigrants socially, physically and psychologically. This is to say that: The services provided to the host communities would also be introduced to Congolese immigrants such as medical care, protection, Parish Development Model to eradicate poverty that is affecting their wellbeing leading to Depression. There is also need for an establishment of programs like financial illiteracy that can help change the mind-set of vulnerability to being innovative with the goal to discover their God given potential.

5.3.2 Indicators of Poverty among Congolese immigrants in Makindye Division

Social workers operating in the vicinity of Makindye division are urged to use friendly teaching and training approach among the Congolese immigrants so as to identify and assess the problems they face. Failure to be friendly they will not be able to get essential information from the Congolese immigrants. They will not open up, be reserved thinking the Social workers are not empathetic like the host communities they live in. They should also encourage them into engaging into learning practical hands-on skills in tailoring, mechanical repair, hair dressing, house painting, catering, business, carpentry and urban farming so as to create their own employment and earn a living.

Organizations should greatly embark on organizing Sensitization programs at individual and community levels through community meetings, group therapies; psycho-social support and counselling in order to help immigrants pass through that journey of life where they need to accept the reality and find ways of managing situations that influence the state of depression.

5.3.3 Indicators of depression among Congolese immigrants in Makindye

The Social workers, Counselling Psychologists and Psychiatricians should encourage Congolese immigrants to embrace early diagnosis and treatment of depression, because it is an effective

way to manage or treat depression. However, they are also other approaches they can apply in order to save life before one, becomes a victim of Depression such as: Cognitive behavioural therapy, psychodynamic therapy and interpersonal therapy.

Individuals and families should also have knowledge about the danger of depression and quickly fight to overcome it, before the situation becomes unmanageable. The families and individuals can adopt to the strategies like Practicing self-care, counselling, daily exercise, eating healthy, setting goals, having enough sleep or rest, setting daily schedule, having a walk, taking to a trusted friend, listening to music, joining a support group, reading a good book and Praying. This way of living will help them prevent and manage depression. It is important for them to seek support as early as possible because if depression is not treated it leads to higher risks and complications. Depression is treatable, the sooner the diagnosis the faster one gets better.

5.3.4 Relationship between poverty and depression among Congolese immigrants in Makindye Division

There are a number of factors that can be associated with the cause of depression however in relation to Congolese immigrants it has been proven that poverty caused by the effect of war, having lost everything they had, unemployment, living in an abusive or uncaring relationship, insecurity, discrimination and disability have contributed lot to the suffering of Congolese immigrants hence depression. Having obtained these findings, the researcher suggests that the government of Uganda meet with the government of Congo and come up with a solution on how they can help the Congolese immigrants return to their country of origin.

The researcher also suggests that UNHCR and OPM seek donor funding to help support the urban immigrants from the situation of unemployment by providing them a start-up capital per family that will help them become self-employed and being self-sufficient.

5.4 Contributions to the existing body of knowledge

Poverty is a global concern according to the World Bank, (2015) over 700 million people were living on less than \$ 1.90 a day. In 1990 it was over one billion that's still a huge number. The aspect of examining the influence of poverty on depression among Congolese immigrants has to

do with getting to understand the causes and effects of poverty affecting them and how they can come out it.

Uganda's Poverty Eradication Action Plan (PEAP) is established to create a framework for economic growth and transformation directly increasing the ability of the poor to raise their incomes. The approaches to the measurement of poverty involve monetary, capability, social exclusion and participation. Through this approach the researcher suggests that the government of Uganda allows all people not limiting the opportunity to Ugandan citizens alone but also involve immigrants.

Knowing the root causes and effects of poverty gives a room to finding solutions to the problem influencing depression in Congolese immigrants. This emerges researchers to collect data and analysing the facts associated to poverty and depression among Congolese immigrants. Data and research helps us understand the challenges.

The challenges can be addressed through Educational programs like business skills training, awareness, charitable programs, fundraising, and donor funding, offering loans (revolving fund), forming innovation groups of small businesses and offering start-up capital. People in need, need to be taught to make money for themselves and stop being dependents.

By creating jobs this can solve the problem of poverty; Congolese immigrants should be innovative, start their own jobs and also hire other people who add on to their business. The researcher recommends that Congolese immigrants engage in volunteering because it's through such programs that their capabilities and talents are recognized and later retained as employees in Organizations.

Advancing for further education in the fields they admire, learning English as a second language solves the issue of ignorance and language barrier among immigrants who are living in poverty, especially those that might have not, got an opportunity to higher education, which limits them from getting employment, even if they had the skills.

Extending the awareness campaigns on the knowledge of depression to all institutions, medical centres and communities as an emerging issue affecting Congolese immigrants can be of great

help. The interventions can be carried out in group sessions like group therapies which are very effective and helpful in the recovery process of clients suffering of depression.

Depression is one of the leading causes of premature death or lifetime disability in China. Lack of medical knowledge on the signs, symptoms, causes, risk factors contribute to negative attitudes and reinforcement of negative behaviour that affects one's wellbeing. This research is an open eye to those Congolese immigrants who did not know that, their life is worth important.

5.5 Areas of further research

- (i). The research has answered questions on the causes and indicators of poverty among immigrants in Kampala focusing on Makindye division, however there is still need of further studies on ways of eradicating poverty in the lives of Congolese immigrants who tend to settle in Kampala Uganda.
- (ii). Further research should focus on the management of depression among Congolese immigrants.
- (iii). Finally a study on the impact of insecurity on the Mental Health of immigrants should be done in order to find ways of solving the problem.

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APPENDICES

APPENDIX I

QUESTIONNAIRE FOR THE CONGOLESE IMMIGRANTS

Dear Respondent,

My name is Grace Kabasiita pursuing a Master's Degree in Social work and Social Administration from Kampala International University. I am carrying out a research on Poverty and Depression among Congolese immigrants in Makindye Division, Kampala Uganda. This questionnaire is prepared for the sole purpose of obtaining information to respond to the assigned objectives. You have been selected to be part of the sample. This study is purely for academic purposes and the information obtained will be treated with the highest degree of confidentiality. In order to achieve the aims and objectives of the study, the researcher kindly requests you to provide appropriate information for the questionnaire below:

SECTION A. Biographical data

Tick or write answers in full where applicable.

Code	<input type="text"/>
Gender	
Male	<input type="text"/>
Female	<input type="text"/>

Age	
20 – 39 years	<input type="text"/>
40- 49 years	<input type="text"/>
50- 59 years	<input type="text"/>
60 years & above	<input type="text"/>

Write answer in the space below:

Nationality.....

Zone / Village.....

SECTION A: Causes of Poverty among Congolese immigrants in Makindye Division

Instructions: Please read each item on the Questionnaire and tick the right answer in the box. The questionnaire is designed to examine the Causes of poverty among Congolese immigrants using the following mean range.

Choose the best answer from the following:

No.	Mean Range	Responses	Interpretation
1.	1.00-1.75	Strongly Disagree	Some What
2.	1.76 – 2.50	Disagree	Moderately
3.	2.51 – 3.35	Agree	A lot
4.	3.26 – 4.00	Strongly agree	Extreme

Tick the right answer

NO	Item	1	2	3	4
1.	I lost everything I had in the war				
2.	I have failed to get a job because I don't have my transcripts				
3.	We left our country because of religious persecution				
4.	I am disabled and not able to support my family				
5.	We are discriminated because we are foreigners				
6.	We are homeless currently living in church				
7.	I have failed to get capital to start a small business				
8.	My husband killed himself because of frustration				
9.	We have not gone to school, our parents failed to pay our school fees				
10.	We are helpless and poor				
11.	I have spent days without food, I don't even have the strength and energy to search for work				
12.	My life is being threatened by unknown men				
13.	We lack government support.				

SECTION B: Indicators of Poverty among Congolese immigrants in Makindye Division

Instructions

Please read each item on the Questionnaire and tick the right answer in the box. The questionnaire is designed to determine the effects of poverty among Congolese immigrants using the following mean range.

Choose the best answer from the following:

No.	Mean	Range	Responses	Interpretation
1	1.00-1.75	Strongly disagree	Some	What
2	1.76 – 2.50	Disagree	Moderately	
3	2.51 – 3.35	Agree	A lot	
4	3.26 – 4.00	Strongly agree	Extreme	

Tick the right answer

NO	Item	1	2	3	4
1.	I cannot sustain my family.				
2.	I am always begging for food.				
3.	I have been very sick; I cannot afford to buy medicine for diabetics and high blood pressure.				
4.	My children are malnourished.				
5.	I am evicted from the house; the landlord is demanding six months arrears.				
6.	I don't work.				
7.	I survive by requesting for help from humanitarian Organisations.				
8.	My children have no clothing				
9.	I decided to do prostitution in order to support my family.				
10.	I can't sleep if I don't take alcohol and drugs				

11.	I have frequently borrowed money,I have many debts				
12.	My friends and neighbours are tired of me, they say they have helped me enough				
13.	I am always worried of my family's wellbeing.				

SECTION C: Indicators of Depression among Congolese immigrants in Makindye Division

Choose the best answer from the following.

No.	Mean Range	Responses	Interpretation
1.	1:00-1.75	Strongly Disagree	Some What
2.	1.76 – 2.50	Disagree	Moderately
3.	2.51 – 3.35	Agree	A lot
4.	3.26 – 4.00	Strongly agree	Extreme

Tick the right answer

NO	Item	1	2	3	4
1.	I have thoughts of committing suicide.				
2.	I have spent days without sleeping.				
3.	I am very frustrated and hate myself.				
4.	I have persistent sadness and worries.				
5.	I am tired and want to be alone.				
6.	I wish I could die.				
7.	I have started losing my memory and feel moody				
8.	The doctors said I have a mental illness				
9.	I contracted HIV/AIDS and I am not ready to take medication.				
10.	No one cares not even God				
11.	Sometimes I and my family members spend some days without eating				

12.	I always think about my relatives, I lost during the war.				
13.	I was raped by my fellow immigrants during the movement from our country.				

SECTION D: Relationship between Poverty and Depression among Congolese immigrants in Makindye Division

Choose the best answer from the following.

No.	Mean Range	Responses	Interpretation
1.	1:00-1.75	Strongly Disagree	Some What
2.	1.76 – 2.50	Disagree	Moderately
3.	2.51 – 3.35	Agree	A lot
4.	3.26 – 4.00	Strongly agree	Extreme

Tick the right answer

NO	Item	1	2	3	4
1.	Loss of income can cause mental illness.				
2.	The result of worries and uncertainty can worsen depression.				
3.	Poor health, unemployment, poor housing increases levels of depression.				
4.	Too much stress, debts, challenge of sleep affects adult's mental health.				
5.	Depression and anxiety influence economic preferences.				
6.	Poverty and depression can hinder education.				
7.	Parental suffering can hinder the growth and development of children.				
8.	Those with the lowest income are three times more likely to get depressed.				
9.	Both poverty and depression are problems affecting human beings.				

10.	Mental Health is shaped by the wide characteristics including social, economic and physical factors caused by depression.				
11.	Failure to get a job leads to poverty and hence depression				
12.	Poverty leads to failure to access basic needs (for example food, medical, clothes,shelter)andhence depression				
13.	Poverty leads to depression as depression can lead one to hopelessness hence poverty.				

THANK YOU FOR YOUR TIME

APPENDIX II

INTERVIEW GUIDE FOR KEY INFORMANTS (COMMUNITY MEMBERS, LOCAL CHAIRPERSONS AND SOCIAL WORKERS) OF MAKINDYE DIVISION

1. Do you receive immigrants in your community?
2. What kind of services do you offer to immigrants in Makindye Division?
3. What are some of the challenges/ concerns do they present?
4. Do you have financial and psychological Empowerment programs for them?
5. When do you engage them in these programs?
6. How long does the empowerment program last?
7. How do immigrants react to their problems during difficult times?
8. What impact has the programs made in their lives?
9. What are the causes of poverty among Congolese immigrants?
10. What are the effects of poverty among Congolese immigrants?
11. What do you think would be the causes of depression among Congolese immigrants?
12. What do you think would be the risk factors of depression among immigrants?
13. How would you relate poverty and depression among Congolese immigrants?
14. Can the government solve the problem of poverty among Congolese immigrants?
15. How would you solve the above-mentioned concern among Congolese immigrants in Makindye Division?
16. Would you want to tell me anything else a part from what I have asked you above? Yes, or No. if Yes what is it.

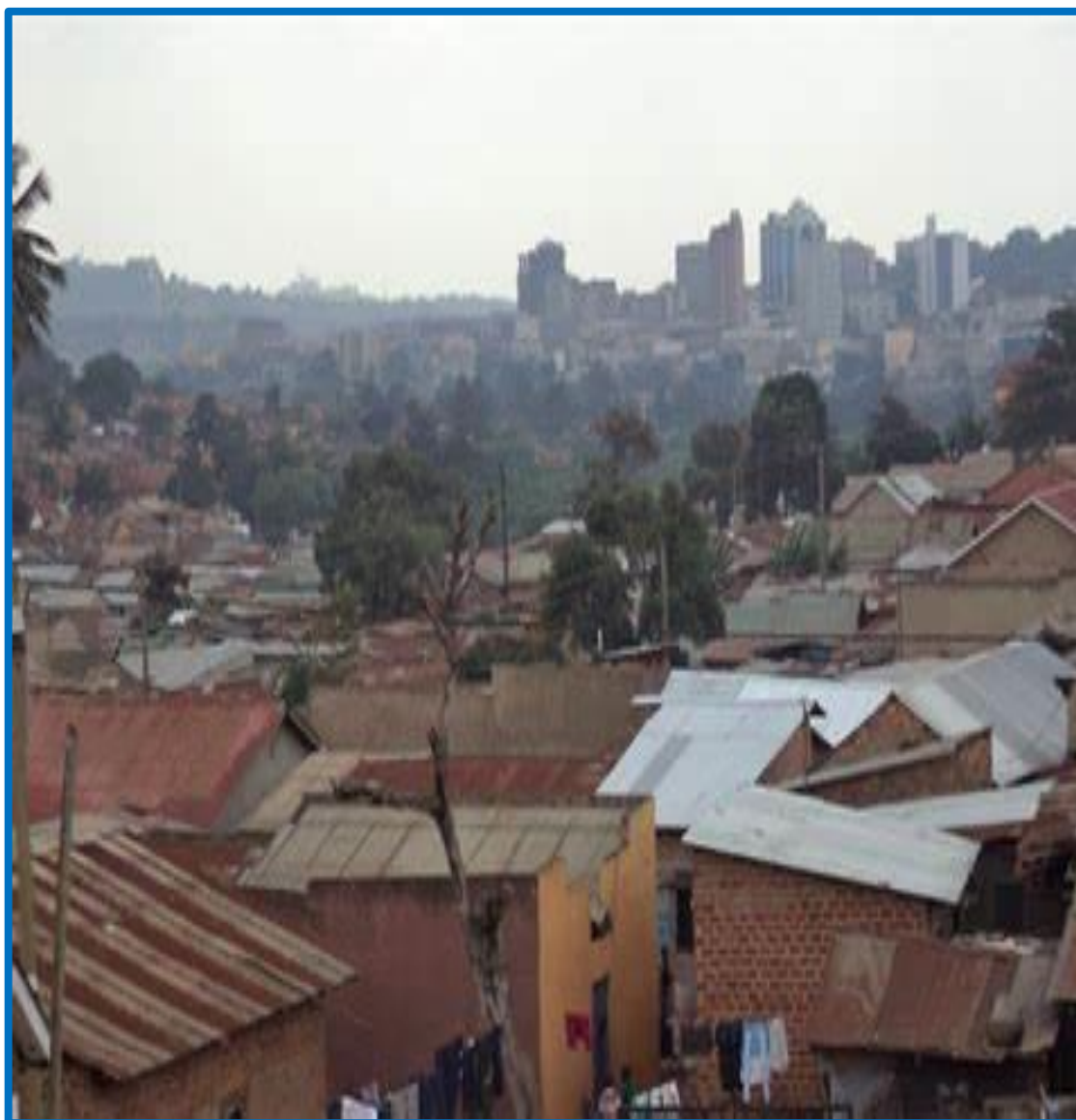
Thank you for your time

THE INVESTIGATION AREA

THE INVESTIGATION AREA OF STUDY



APPENDIX IV:
THE SLUM OF MAKINDYE DIVISION



Source: Makindye Municipality Profile.(2020).

APPENDIX V

TABLE SHOWING THE DETERMINATION OF A SAMPLE SIZE FOR FINITE POPULATION

To simplify the process of determining the sample size for a finite population, Krecjie and Morgan (1970), came up with a table using sample size formula for finite population.

KREJCIE AND MORGAN'S TABLE 1970

Table 3.1									
<i>Table for Determining Sample Size of a Known Population</i>									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	100000	384
<i>Note: N is Population Size; S is Sample Size</i>					<i>Source: Krejcie & Morgan, 1970</i>				

Source: Krejcie and Morgan. (1970).

APPENDIX VI

FORMULA FOR DETERMINING SAMPLE SIZE

FORMULA FOR DETERMINING SAMPLE SIZE

Formula for determining sample size

$$s = \frac{X^2 NP(1 - P) + d^2 (N - 1) + X^2 P(1 - P)}{d^2}$$

s = required sample size.

X^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841).

N = the population size.

P = the population proportion (assumed to be .50 since this would provide the maximum sample size).

d = the degree of accuracy expressed as a proportion (.05).

Source: Krejcie & Morgan, 1970

Source: Krejcie and Morgan. (1970).

APPENDIX V11
INTRODUCTORY LETTER



Ggaba Road, Kansanga * PO BOX 20000 Kampala, Uganda
Tel: 0709654233/0774393791 Fax: +256 (0) 41 – 501974
E-mail: dhdrinquiries@kiu.ac.ug * Website: <http://www.kiu.ac.ug>

Directorate of Higher Degrees and Research
Office of the Director

Our Ref. 2020-01-00460

Monday 8th August, 2022

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR KABASHITA GRACE
REG. NO. 2020-01-00460

The above mentioned person is a student of Kampala International University pursuing a Masters in Social Work and Social Administration.

The student is currently conducting a research study titled, *"Poverty and Depression among Congolese Immigrants in Makindye Division, Kampala-Uganda"*.

Your organization has been identified as a valuable source of information pertaining to the research subject of interest. The purpose of this letter therefore is to request you to kindly cooperate and avail the student with the pertinent information needed. It is our ardent belief that the findings from this research will benefit KIU and your organization.

Any information shared with the researcher will be used for academic purposes only and shall be kept with utmost confidentiality.

I appreciate any assistance rendered to the researcher

Yours Sincerely,


Ibrahim Abdullahi, PHD
Director
DHDR
PO BOX 20000 KAMPALA

08 AUG 2022

EXPLORE THE HEIGHTS

C.c. DVC Academic Affairs
Principal-CHSS

"Exploring the Heights"

APPENDIX VIII



Researcher with Congolese Immigrants after Data Collection at Nsambya – Kirombe Zone.



State of some houses where Congolese immigrants live in Kansanga Zone.



Researcher after guiding Congolese Immigrants on how to answer a questionnaire in Salaama - Makindye division.