

STUDY REVEALS HEALTH EMERGENCY AMONG YOUNG WOMEN IN URBAN SLUMS

MENTAL HEALTH ISSUES ON THE RISE

By Victoria Bugembe Nampala

At dawn in Bwaise, Kampala, 22-year-old Sarah Acheng arranges tomatoes and greens along a dusty roadside. The small stall is her livelihood and her lifeline. By midday, the sun is unforgiving; by nightfall, exhaustion gives way to sleeplessness, anxiety and a heavy sadness she struggles to explain.

Acheng worries about rent, food and her younger siblings who depend on her. Like many young women in Kampala's informal settlements, she carries invisible burdens – mental health struggles that remain largely unseen, untreated and misunderstood.

Behind the bustle of Kampala's streets, a silent crisis is unfolding among young women living in the city's urban slums. A new study has revealed alarmingly high levels of mental health challenges and substance use, exposing an urgent but largely invisible public health emergency that experts warn could have long-term consequences for individuals, families, and communities.

The research, led by the TOPOWA Project and published in *BMC Public Health*, surveyed nearly 300 young women aged 18 to 24 living in the informal settlements of Banda, Bwaise and Makindye.

TOPOWA (Luganda for “don't give up”) is a multi-year cohort study conducted in partnership with Uganda Youth Development Link, Makerere University College of Health Sciences, and Virginia Commonwealth University.

Funded by the US National Institute of Mental Health, the project examines mental health, substance use, violence and the impact of community-based vocational training and empowerment programmes.

DISTURBING FINDINGS

The findings paint a troubling picture. Nearly three-quarters of participants (74%) reported experiencing at least one mental health condition. Depression emerged as the most prevalent, affecting 58% of respondents. Suicidality was reported by 46%, while 35% experienced anxiety.

Perhaps most concerning, more than 45% of the young women were living with two or more mental health conditions at the same time, a phenomenon known as comorbidity. Experts note that comorbidity significantly increases vulnerability, complicates treatment and heightens the risk of long-term psychological harm.

For many young women, mental distress does not exist in isolation. Substance use

surfaced as a major compounding factor. The study found that 28% of participants reported alcohol use, while 11% reported drug use. Researchers observed a strong association between substance use and poorer mental health outcomes, especially among women experiencing multiple mental health challenges.

“These findings reveal a serious and often invisible public health crisis,” said Dr Monica Swahn, the principal investigator of the study. “Young women in Kampala's informal settlements face overlapping challenges such as poverty, sexual violence, mental illness and substance use. These issues cannot be addressed in isolation. Integrated mental health support is urgently needed to save lives and protect future generations in these communities.”

DRUGS AS A COPING MECHANISM

In Kampala's slums, drugs and alcohol are widely available and cheaply sold, making them an accessible escape for young people grappling with emotional pain and uncertainty.

Gideon Matovu, a researcher at Kampala International University, says young women in informal settlements often turn to substances such as marijuana and alcohol as coping mechanisms.

“Drugs and alcohol are sold cheaply in Kampala's slums due to poverty, high demand, weak law enforcement, unemployment, and exploitation by traffickers,” Matovu says. “Cheap prices attract vulnerable residents, provide temporary escape from hardship, and ensure steady profits for sellers who target marginalised communities.”

For young women already navigating gender-based violence, unstable relationships and economic insecurity, these conditions create a constant state of stress. Many study participants reported feeling trapped, unsupported and unsure where to seek help – especially in environments where mental health struggles are stigmatised, dismissed, or attributed to personal weakness.

MENTAL HEALTH SPECIALISTS SPEAK OUT

Dickens Mudoola, a mental health specialist at Butabika Psychiatric Hospital, notes that depression is widespread among young women living in poverty.

“Many experience persistent sadness, hopelessness and low self-esteem due to unemployment, financial stress, loss of parents or feeling trapped in harsh living conditions. Over time, these pressures can develop into clinical depression,” he says.



Youth during a mental health awareness march as they commemorated the World Mental Health Day in Kampala on October 25, 2024

EXPERTS URGE OPEN COMMUNICATION ON MENTAL HEALTH

GRAPHIC BY BRIAN SSEKAMATTE

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Anxiety disorders are also common. Mudoola says young women worry constantly about safety, food, rent, relationships and the future. Fear of violence, eviction and harassment makes daily life stressful and unpredictable, leaving little room for emotional recovery.

Dorothy Makanga, a social worker at the Trauma Centre at Mulago Hospital, says exposure to trauma is increasing as slum populations continue to grow.

"Young women in these communities are frequently exposed to domestic violence, sexual abuse, early marriage, rape and childhood neglect. These experiences can lead to nightmares, flashbacks, emotional numbness and difficulty trusting others," Makanga says.

HELP FOR THOSE STRUGGLING

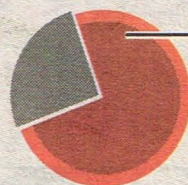
Makanga says when a young woman chooses to confide in someone, the response she receives is critical.

"She needs emotional support and understanding, not condemnation. Listening without judgment helps reduce isolation and fear, which are major barriers to recovery."

In today's digital age, Makanga adds, many young women have access to mobile phones, which can serve as important tools for seeking help. Through phones, they can reach local leaders, trusted community members or organisations that can refer them to available support groups and professional services within their reach.

Alternatively, she says, young women can seek help from public hospitals, non-governmental organisations, community health workers or faith-based institutions

Research findings on mental health



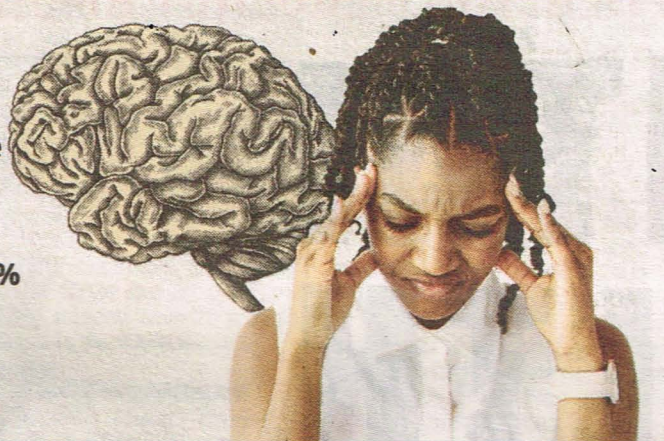
74% participants reported experiencing at least one mental health condition

• More than 45% of the young women were living with two or more mental health conditions at the same time

COMPOUNDING FACTORS

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- 11% reported drug use

MAIN CAUSES



Listening without judgment helps reduce isolation and fear.

that provide psychosocial support. However, Makanga cautions that desperation can make vulnerable young women easy targets for exploitation.

"They must be warned against connen who may pretend to offer help, but instead exploit them for personal gain, which only worsens their situation," she warns.

Mudoola calls upon community leaders to play a more active role in identifying and supporting young women facing mental health challenges. He emphasises that safety should always come first.

"A young woman may be experiencing violence, suicidal thoughts or severe emotional distress, but has no one to turn to. Community leadership can help connect her to emergency services, trusted adults, or safe shelters in a

timely and secure manner."

Both experts stress the importance of open and respectful conversations about mental health at the community level. They urge local leaders and the public to challenge harmful myths and reassure young women that mental illness is neither a weakness nor a curse, but a health condition that deserves care and compassion.

GAPS IN CARE

Despite Uganda's recent progress in mental health policy and growing recognition of mental health as a public health priority, the study highlights persistent gaps in access to affordable, youth-friendly and gender-responsive services.

These gaps are most pronounced in informal settlements, where health facilities are overstretched and specialised mental health care remains out of reach for many young women.

"This study provides Uganda with critical data to guide more targeted mental health programming," Swahn said. "It underscores the need for community-based, scalable interventions that reach the most vulnerable young women where they live."

HEALING

Experts stress that effective treatment must address not only mental illness, but also the social and economic conditions that fuel distress.

Anna Nabulya Kavuma, the deputy director of the Uganda Youth Development Link, says outreach programmes run by non-governmental organisations, community health workers, churches, and women's groups provide essential psychosocial support.

"These programmes offer safe spaces where young people can talk, heal and learn coping skills," Kavuma says. "When young women accept their circumstances but are empowered to fight positively for change, recovery becomes possible."

She says skills development for self-reliance is the way to go. By learning income-generating skills, young women gain confidence, stability and a renewed sense of purpose.

Substance-use treatment and rehabilitation are also critical. Community-based support groups provide addiction counselling and harm-reduction education, helping young women struggling with alcohol or drug dependence to rebuild their lives.

Mental health awareness and stigma reduction remain essential. Education helps communities understand mental illness and encourages young women to seek help without fear or shame.