



PSYCHOLOGICAL WELL-BEING AND ITS ASSOCIATED FACTORS AMONG BODA-BODA DRIVERS; A CASE STUDY OF NAKAWA DIVI- SION, KAMPALA.

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KeyWords

Boda boda drivers, Psychological well-being.

ABSTRACT

Introduction: Boda-boda drivers are the second most common group of road users in Uganda who get hurt in car accidents. Even though there are vast benefits to the boda boda system of transportation, boda boda drivers often face a number of social and psychological problems that put their mental and emotional health at risk. These relate to socio-economic status, the environment, health and safety, working hours, the number of rules they have to follow, and their relationship with their customers.

Method: Study employed a cross-sectional study design. The sample size was determined using Keishlis formula. Multistage and simple random sampling to pick respondents. A structured questionnaire was used to conduct face-to-face interviews, The Psychological General Well-being Index (PGWBI), which consisted of 22 items rated on a 6-point scale was adapted for the study. Frequency tables were generated for the variables at the univariate level, and a chi-square distribution was employed to confirm the associations of the factors with psychological well-being at the bivariate level. Ordered logistic regression established the factors that predicted psychological well-being. All the analysis was significant at a 95% level of confidence.

Results: They showed that only a small number of boda boda riders (1.94%) had no distress, while the majority (84.14%) had severe distress, 13.92% had moderate distress, and no respondent was psychologically well. The study further revealed an overall significant relationship between all the socio-demographic factors and psychological well-being: the majority of the boda-boda drivers aged below 25 years were severely distressed; drivers who did not own motorcycles were more severely distressed (87.63%) as compared to those who did (78.07%); drivers (89.40%) who were living with their families had an overall low distress level as compared to those who were not (80.13%). So, there needs to be help for boda-boda riders, like giving them motorcycles on loan, teaching them about health, promoting development SACCOs, and integrating PWB campaigns, all of which are meant to improve their overall mental health and quality of life.

Introduction

The Oxford English Dictionary defines a boda boda as a type of commercial motorcycle or bicycle with a space for a passenger or for carrying goods. It is often used as a commercial motorcycle (Mwesigwa, 2017). It got its name from the money-making trade between Uganda and Kenya in East Africa (Mwesigwa, 2017). At the moment, they are important and quick transportation systems that are used in most urban and rural areas of Uganda to get to places quickly, avoid traffic jams, move patients from and to hospitals, and get to places that are hard to get to (Muni et al., 2020). There are a lot of accidents involving these commercial motorcycles on Ugandan roads, and many people get hurt as a result (UBOS, 2015; Kamulegeya et al., 2015). Furthermore, studies show that boda-boda drivers are the second most common group of road users in Uganda who get hurt in car accidents (Tumwesigye et al., 2016). Even though there are vast benefits to this system of transportation, boda boda drivers often face a number of social and psychological problems that put their mental and emotional health at risk. These relate to socio-economic status, the environment, health and safety, working hours, the number of rules they have to follow, and their relationship with their customers.

The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social wellbeing and not just the absence of disease or infirmity." If we take the WHO's integrated view of health seriously, psychological well-being (PWB) should be embraced as a fundamental public health goal (VanderWeele et al., 2020). Further, Universal Health Coverage for Mental Health emphasizes that there can be no health or sustainable development without good mental health (WHO, 2019). A growing amount of research indicates that different PWB dimensions are linked to morbidity and mortality (Pressman et al., 2019) and healthier behaviors, (Van Cappellen et al., 2018; Boehm et al., 2015). For example, epidemiological research has shown that people with higher levels of optimism are more likely to pick up healthy habits (like exercise) and give up unhealthy ones (like smoking), leading to an overall healthy lifestyle (Trudel-Fitzgerald et al., 2019). This, in turn, may lower a person's risk of disease and death (Pressman et al., 2019). PWB is important not only because it could be good for health but also because it can be a goal in and of itself.

Observational and experimental research shows that higher levels of PWB are linked to a lower risk of cardiometabolic, infectious, and physical diseases (Steptoe, 2019). PWB has also been linked to better health habits and healthier biological processes, which could be mechanical links between PWB and the risk of dying (Trudel-Fitzgerald et al., 2019; Pressman et al., 2019; Trudel-Fitzgerald et al., 2017). In addition, PWB is linked to higher employment, income, and job retention in the future, as well as more social support (Lyubomirsky et al., 2005). Also, prospective observational studies show that low PWB levels, which include things like low self-acceptance, a lack of life purpose, and poor relationships, are linked to a higher chance of clinical depression 10 years later (Neirenberg et al., 2010). PWB is not just the absence of mental illness; it also helps stop it from starting or coming back. People want PWB not just because it's good for their mental and physical health but because they want it for better performance in all other life aspects (VanderWeele, 2017). Most people want to be happy, content with their lives, and work toward living a meaningful life. So, PWB is important on its own.

Boda boda drivers' psychological health is likely to be affected by a number of things and in a number of ways. For example, someone who has just been in an accident may feel scared or upset, which can make them more likely to have another one. On the other hand, someone who is stressed out might not pay as much attention, which could cause an accident. Boda boda drivers who are in a lot of emotional pain are more likely to get hurt than those with good mental health. Some drivers may also be having trouble making ends meet, which could add to their stress and anxiety. Each person may experience psychological well-being in a different way due to the wide variety of factors that can affect it. But improving psychological well-being can have many benefits, such as reducing emotional stress, improving physical health, and making people more productive at work (Boehm et al., 2015; Von Hippel et al., 2019). Studies show that psychological well-being (PWB) is linked to a lower risk of disease and death and can be improved with low-cost interventions. A study by Kitara and Ikoona (2012) found that boda boda drivers with low monthly incomes were more likely to get into accidents, with pedestrians and passengers being the most common victims.

However, even though PWB could be a problem among boda boda drivers in Uganda, it has not gotten the attention it deserves. A clearer understanding of the magnitude and underlying factors of PWB, not only economic but also encompassing other social aspects like boda-boda ownership, age, and internet use, among others, is essential for the establishment of prevention strategies. To the best of our knowledge, no study had been conducted to assess PWB and associated factors among boda-boda drivers in Uganda as well as in the study area. Therefore, the present study assessed PWB and associated factors among boda boda drivers in Nakawa, Kampala.

The findings of this study will help health programmers and policymakers at large design preventive strategies and intervention programs for mental health problems for the study group.

Problem Statement

In recent years, people have paid more attention to psychological well-being as it has become clear that mental health is an important part of overall health and wellbeing. Therefore, psychological well-being among boda boda drivers is an important research topic. In Uganda, boda boda drivers represent a growing but vulnerable segment of the population. Numerous factors associated with psychological well-being, including socio-demographic characteristics such as age, gender, education, and income; lifestyle factors such as physical exercise, their level of participation in social activities, and exposure to stressors; and occupational factors such as earnings, job satisfaction, and working conditions, have been reported among these people. Further, given that boda boda drivers are frequently exposed to dangers and risks on the road, it is possible that their mental health is compromised. Ryan-Coker et al. (2021) reveal that road traffic fatalities are projected to become the sixth leading cause of death by 2030. Boda boda drivers are typically men who are exposed to multiple dangers, including fatal accidents. Tajlili et al. (2015) discovered that drivers with lower psychological well-being were more likely to be involved in accidents. Psychologically distressed drivers are more likely to make risky driving decisions, such as accelerating quickly and braking erratically. They are also less able to maintain concentration and pay attention to their driving, making them more accident-prone. Understanding the overall health of the population necessitates an examination of the psychological well-being of these drivers. Therefore, the purpose of this study is to investigate the psychological health and associated factors among boda boda drivers in Nakawa Division, Kampala, Uganda, which remains an understudied area that is crucial in health decision-making to reduce the high mortality rate and improve quality of life among boda boda drivers in Uganda, thus contributing to SDG 3, "Ensure healthy lives and promote well-being for all at all ages".

Main Objective

The aim of the study is to establish psychological well-being and its associated factors among boda boda drivers in Nakawa division, Kampala district.

Specific Objectives

- I. To investigate the psychological well-being of boda boda drivers in Nakawa division, Kampala district.
- II. To examine factors associated with psychological well-being among boda boda drivers Nakawa division, Kampala district.

Methodology

Study Design

The study employed a cross-sectional study design employing a two-sectioned, semi-standard questionnaire whose validity had been previously established with face and content validity to collect quantitative data between January 5 and January 30, 2023, on the psychological well-being and its associated factors among 323 randomly selected drivers; 14 of these had errors, and 309 had been well filled in. The respondents were in a sound state of mind, able to speak and understand the English language or Luganda, as the questionnaire was translated into the most widely spoken language in Uganda (Luganda).

Study settings

The study was conducted at the boda boda road-sides and stages in Nakawa division.

Sampling Procedure

The sample size of boda boda drivers was determined using Keishlis formula ($n = Z^2 * P(1-P) / E^2$) at a probability of success of 0.3.

Where; n= Sample size, Z=Standard normal distribution (1.96, 5% level of significance), P= Probability of success and E= Marginal error

$$n = Z^2 * P (1-P) / E^2$$
$$n = 1.96^2 * 0.3 (1-0.3) / 0.05^2$$
$$n = 323$$

The sample for the study was 323 boda boda drivers.

Sampling Techniques

This study used multistage sampling to pick boda boda stages and simple random selection within each stage to choose the people who took part in the study. This method enabled the researcher to obtain the sample from the population in such a way that the sample would give everyone an equal chance of being chosen.

Ethical considerations

Oral and written informed consent was obtained from every respondent before the interviews; information about the study, including its benefits and likely effects, was communicated to the respondents; and participation in the study was voluntary, with free entry and exit at any time of wish.

Data Tool/Instruments

The study used questionnaires to conduct face-to-face interviews with 323 registered Boda boda drivers within Nakawa Division, Kampala District. The questionnaire was divided into three sections: the first contained socio-demographic characteristics of the drivers; the second, perceptions and practices of the drivers; and lastly, psychological well-being. To measure psychological well-being, the Psychological General Wellbeing Index (PGWBI) was adopted for the study. The index consisted of 22 items, which are rated on a 6-point scale, and assessed the respondents in six health-related quality-of-life domains, which include anxiety, depression, positive well-being, self-control, general health, and vitality (Veglia et al., 2016). A 6-point Likert scale (from 0 to 5) provided total scoring that reached a maximum of 110 points, where higher scores indicated better PGWB (Stahl et al., 2022). PGWBI scores were grouped into the following categories: 0–60 Severe Distress, 61–71 Moderate Distress, 72–92 No Distress, and 93–110 PWB. Additionally, subscale scoring was the highest score per construct divided by two, giving us a high and low category. Responses to the 22 questions were arranged in the following way: anxiety (five items), depressed mood (three items), positive well-being (four items), self-control (three items), general health (three items), and vitality (four items). All observations were summarized into descriptive statistics with frequencies and percentages.

Data process and Analysis

The analysis process involved converting data into discoveries by giving the gathered data structure, organization, and meaning (Patton, 2002). According to Cohen et al. (2007), data analysis is a process that includes organization and accounting. By providing the obtained data with order, structure, and meaning, the analysis process turns it into discoveries (Moore & Llompert, 2017). The collected data was analyzed according to the four steps proposed by Cronk (2012), which include coding, cleaning data, making sense of the data, and presenting the data in narrative and interpretive forms. The data gathered was checked for consistency and cleaned of errors. Data files were then prepared using STATA and the coded data keyed into them. A chi square was used to establish the association between psychological well-being and each of the dependent variables at the bivariate level with a 0.05 level of significance. An ordered logistic regression analysis was carried out to identify factors affecting PWB, and variables with p values 0.05 were considered statistically significant. The strength of the association was presented by an adjusted odds ratio with a 95% confidence interval.

Results

Table 1: Descriptive statistics for socio-demographic characteristics and categorical variables

<i>Variable</i>	<i>Categories</i>	<i>Frequency(n)</i>	<i>Percentage (%)</i>
<i>Age</i>	<25	58	18.77
	25-29	112	36.25
	30-40	103	33.33
	>40	36	11.65
<i>Religion</i>	Anglican	65	21.04
	Catholic	93	30.10
	Muslim	51	16.50

	Pentecostal	82	26.54
	Other	18	5.83
Education level	Primary	64	20.71
	Secondary	118	38.19
	Tertiary	127	41.10
Marital status	Divorced	46	14.89
	Married	150	48.54
	Single	106	34.30
	Widower	7	2.27
Living with Family	No	151	49.19
	Yes	156	50.81
Internet Use	No	107	34.63
	Yes	202	65.37
Motor-cycle ownership	No	194	62.99
	Yes	114	37.01
Years in boda-boda industry	0-2	50	16.18
	3-6	169	54.69
	7-9	70	22.65
	10+	20	6.47
Safe-boda	No	255	83.06
	Yes	52	16.94
Place of learning motorcycle	Driving school	46	14.89
	Friends	166	53.72
	Self-learning	97	31.39
Driving permit	No	184	60.13
	Yes, not seen	106	34.64
	Yes seen	16	5.23
Days of work in a week	1-5days	50	16.23
	6days	174	56.49
	7days	84	27.27
Using Illicit drugs	No	238	77.52
	Yes	69	22.48
Frequency of servicing motorcycle	One time	101	32.69
	Two times	157	50.81
	More than two	51	16.50

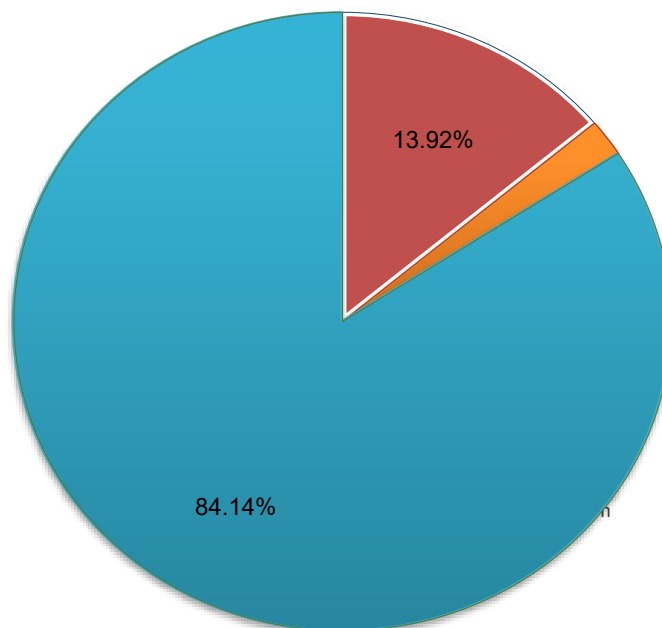
GPWB	Severe distress	260	84.14
	Moderate distress	43	13.92
	No distress	6	1.94
	PWB	0	0.00

The results in Table 1 above reveal that the majority of the respondents (36.25%) were aged 25-29 years, followed by 30–40 years (33.33%), then below 25 years (18.77%), and lastly those aged above 40 years (11.6%). The majority (30.10%) were Catholics, followed by Pentecostals (26.54%), followed by Anglicans (2.04%), followed by Muslims (16.50%), and

lastly 5.83% were from other religions. With regards to education level, most (41.10%) of the respondents had attained tertiary education, followed by secondary education (38.19%), and lastly primary education (20.71%). Most (48.54%) of the respondents were married, followed by the single (34.30%), the divorced (14.89%), and lastly widowers at 2.27%. More than half (50.81%) were living with their families, while the rest (49.19%) were not. The majority (65.37%) of the respondents were using the internet, while the rest (34.63%) were not. More than half (62.9%) were riding motorcycles that were not theirs. The study further revealed that the majority (54.69%) of the respondents had spent 3-6 years in the industry, the majority were not riding safe boda motorcycles (83.06%), and the rest were riding safe boda. Majority (53.72%) of the respondents learned to drive from friends, followed by those who learned on their own (31.39%), and then only 14.89% who learned from a driving school. The majority (60.13%) had no driving permit, 34.64% had driving permits but had not seen them, and the rest had driving permits and 5.23% had seen them. The study further discovered that the majority (56.49%) of the respondents work for 6 days in a week, followed by those who work 7 days in a week (27.27%), and lastly those who work for between 1 and 5 days in a week at 16.23%. More than half (77.52%) of the respondents were not using illicit drugs, while the rest (22.48%) were.



A pie chart showing the Psychological well-being of Boda boda drivers



The figure above shows that majority (84.14% of the boda boda riders were severely stressed, 13.92 were moderately distressed and the only 1.94 had no distress. There was no boda boda drivers with PWB.

Table II: Showing scoring per different constructs of Psychological wellbeing

<i>Construct</i>	<i>Category</i>	<i>Frequency (n)</i>	<i>Percentage (%)</i>
Anxiety	High	61	19.74
	Low	248	80.26
Positive mood	High	41	13.27
	Low	268	86.73
Positive well-being	High	97	31.39
	Low	212	68.61
Self-control	High	92	29.77
	Low	217	70.23
General Health	High	78	25.24
	Low	231	74.76
Vitality	High	121	39.16
	Low	188	60.84

The table 2 above reveals that the majority of the respondents had low anxiety scores (80.26%), while 19.74% scored high. For positive mood, 86.73% of the respondents scored low, and 13.27% showed a good positive mood. More than half (68.61%) of the bod-boda drivers scored low on positive well-being, while the rest (31.39%) experienced good positive well-being. The majority (70.23%) of the respondents scored low on self-control, while 29.77% had good self-control levels. Regarding general health, most (74.76%) of respondents had poor general health in the past month, while the rest (25.24%) had good general health. For vitality, the majority (60.84%) were not vital in the past month, while the rest (39.16%) scored highly on vitality.

Table III: Association between Psychological well-being and each of the explanatory Variables

<i>Explanatory variable</i>	<i>Psychological well-being</i>				
	<i>Categories</i>	<i>Moderate distress</i>	<i>No distress</i>	<i>Severe distress</i>	<i>P-Value</i>
Age	<25	5(8.62)	3(5.17)	50(86.21)	0.049
	25-29	15(13.39)	1(0.89)	96(85.71)	
	30-40	20(19.42)	0(0.00)	83(80.58)	
	>40	3(8.33)	2(5.56)	31(86.11)	

Education level	Primary	8(12.50)	4(6.25)	52(81.25)	0.001
	Secondary	20(16.95)	0(0.00)	98(83.05)	
	Tertiary	15(11.81)	2(1.57)	110(86.61)	
Marital status	Divorced	7(15.22)	1(2.17)	38(82.61)	0.002
	Married	23(15.33)	3(2.00)	124(82.67)	
	Single	13(12.26)	2(1.89)	91(85.85)	
	Widower	0(0.00)	0(0.00)	7(100)	
Living with Family	No	16(10.60)	0(0.00)	135(89.40)	0.016
	Yes	25(16.03)	6(3.85)	125(80.13)	
Motor-cycle ownership	No	22(11.34)	2(1.03)	170(87.63)	0.006
	Yes	21(18.42)	4(3.51)	89(78.07)	
	Yes	16(30.77)	4(7.69)	32(61.54)	
Driving permit	No	26(14.13)	1(0.54)	157(85.33)	0.000
	Yes, not seen	9(8.49)	4(3.77)	93(87.74)	
	Yes seen	7(43.75)	1(6.25)	8(50.00)	
Using Illicit drugs	Yes	27(11.34)	3(1.26)	208(87.39)	0.009
	No	16(23.19)	50(72.46)	3(4.35)	

The results of the cross-tabulation between the psychological health of boda boda drivers and the variables that explain it are shown in Table 2. The association was significant at a 95% level of confidence if the P-value was less than the significance level of 0.05. There was a statistically significant relationship between the age of the boda boda drivers and their psychological well-being ($p=0.049<0.05$, significance level) in that the majority (86.21%) of those aged below 25 years were severely distressed and only 5.17% were not distressed. Of those aged between 25-29 years, the majority (85.71%) were severely distressed. The relationship was the same for the rest of the age groups, with those aged between 30-40 years and those above 40 years at 80.58% and

86.11%, respectively. Regarding education level, more than half from each education level were severely distressed, with primary, secondary, and tertiary at 81.25%, 83.05%, and 86.61%, respectively. This association was statistically significant at a 95% level of confidence ($p=0.001<0.05$, level of significance).

There was a statistically significant relationship between the marital status of the boda-boda drivers and their psychological well-being ($p=0.002$). Indeed, 82.61% of the married respondents were severely distressed, 15.22% were moderately distressed, and only 2.17% were not distressed. Of those who were married, the majority (82.67%) were severely distressed, followed by 15.33% who were moderately distressed, and lastly 2% who were not distressed. Of those who were single, the majority (85.85%) were severely distressed, followed by 12.26% who were moderately distressed, and lastly, only 1.89% were not distressed. Of their widowed counterparts, all were severely distressed. The majority (89.40%) of the respondents who were not living with their families were severely distressed, while the rest (10.60%) were moderately distressed. Of those who were living with their families, the majority (80.13%) were severely distressed; however, severe distress was more common among those not living with their families. This association was significant at the 95% level of significance ($p=0.016<0.05$, level of significance).

In terms of motorcycle ownership, 87.63% of those who did not own a motorcycle and 78.07% of those who did own a motorcycle were severely distressed. However, those who did not own a motorcycle were more likely to be severely distressed than those who did. This association was significant at the 95% level of significance ($p=0.006<0.05$). Regarding possession of a driving permit, the majority (85.33%) of those who did not have driving permits were severely distressed, followed by those who were moderately distressed at 14.13%, and only 0.54% were not distressed. Of those who had permits but had not been seen, the majority (87.74%) were severely distressed, followed by those who were moderately distressed (8.49%), and lastly those who were not distressed at 3.77%. Half of those who had seen driving permits were severely distressed, 43.75% were moderately distressed, and only 6.25% were not distressed. This association was statistically significant ($p=0.000$).

There was a statistically significant relationship between the use of illicit drugs by the boda boda drivers and their psychological well-being ($p=0.009<0.05$, significance level). Indeed, the majority (87.39%) of those who were using illicit drugs were severely distressed, while only 4.35% of those who were not using illicit drugs were severely distressed.

Table IV: Multivariate analysis

The researcher determined whether all the explanatory variables significantly affected the dependent variable (psychological well-being). The researcher used an ordered logistic regression because the dependent variable was categorical at four levels, that is to say, severely distressed, moderately distressed, no distress, and PWB.

Ordered logistic regression

Number of obs = 299

LR chi2(14) = 37.96

Prob > chi2 = 0.0005

Pseudo R2 = 0.1299

Log likelihood = -127.19745

<i>GPWB</i>	<i>Odds Ratio</i>	<i>Std err</i>	<i>Z</i>	<i>P> Z </i>	<i>[95% Conf. Interval]</i>	
<i>Age</i>						
30-40 years	2.484128	1.379766	1.64	0.010	.8363513	7.378349
>40 years	2.273742	1.774832	1.05	0.029	.4923934	10.49954
<i>Education level</i>						
Secondary	.9433897	.448357	-0.12	0.020	.3716615	2.394609
Tertiary	1.00166	.4701152	0.00	0.009	.3992281	2.513159
<i>Marital status</i>						
Single	1.508471	.6749224	0.92	0.035	.627612	3.625625
<i>Live with family</i>						
Yes	1.605542	.6535964	1.16	0.024	.7229498	3.565622
<i>Motorcycle Ownership</i>						
Yes	1.611821	.6038545	1.27	0.000	.7734313	3.359015
<i>Using illicit drugs</i>						
Yes	0.909522	1.082831	2.87	0.004	1.402916	6.034087
<i>/cut1</i>	3.324908	.7831173			1.790026	4.85979
<i>/cut2</i>	3.519172	.7872995			1.976093	5.062251

The total number of observations was 299. The model was a good fit (Prob> chi2= 0.0005 is less than the significance level 0.05) thus the independent variables were relevant in explaining the dependent variable (psychological well-being).

Age of the boda-boda drivers

With an Odds ratio of 2.484128, boda boda drivers aged between 30-40 years were more likely to be psychologically well (no distress) as compared to other age groups. This variable was significant in explaining the dependent variable (P=0.010<0.05 level of significance). Also, with an odds ratio of 2.273742, boda boda drivers aged above 40 years were more likely to be psychologically well. This variable was significant in explaining the dependent variable (P=0.029<0.05, significance level).

Educational level

With an Odds ratio of .9433897, boda boda drivers who had attained secondary education were less likely to be psychologically well (no distress) as compared to their other counterparts who had attained only primary and tertiary education. This variable was significant in explaining the dependent variable ($P=0.020<0.05$ level of significance). On the other hand, with an odds ratio of 1.00166, respondents who had attained tertiary education were more likely to be psychologically well as compared to other educational levels. This variable was significant in explaining the dependent variable ($P=0.009<0.05$ level of significance).

Marital status

With an Odds ratio of 1.508471, single boda boda drivers were more likely to be psychologically well as compared to those who were married, divorced, or widowed. This variable was significant in explaining the dependent variable ($p=0.035<0.05$ level of significance).

Living with family

With an Odds ratio of 1.605542, boda boda drivers who were living with their families were more likely to be psychologically (no distress) well as compared to those who were not living with their families. This variable was significant in explaining the dependent variable ($p=0.024<0.05$ level of significance).

Motorcycle ownership

With an Odds ratio of 1.611821, boda boda drivers who owned motorcycles were more likely to be psychologically well (no distress) as compared to those who did not own motorcycles. This variable was significant in explaining the dependent variable ($p=0.000<0.05$ level of significance).

Use of illicit drugs

With an Odds ratio of 0.909522, boda boda drivers who were using illicit drugs were less likely to be psychologically well (no distress) as compared to those who were not using any illicit drugs. This variable was significant in explaining the dependent variable ($p=0.004<0.05$ level of significance).

The rest of the explanatory variables were not significant in explaining the psychological well-being of boda-boda drivers in Nakawa.

Discussion of the study findings

Psychosocial well-being encompasses the physical, economic, social, mental, emotional, cultural, and spiritual factors that influence health (Eiroa-Orosa, 2020; Larson, 1996). (Martikainen et al., 2002) say that a person's well-being means that he or she can handle the demands of daily life and reach his or her full potential as a useful member of society. In our study, we found that 84.14% of boda boda riders had severe distress, 13.92% had moderate distress, and only 1.94% had no distress. This was due to a number of factors, like age, motorcycle ownership, marital status, living with family, and age, among others. The study revealed that there was a statistically significant relationship between these factors and psychological wellbeing among boda boda riders in that the majority (86.21%) of those aged below 25 were severely distressed. Severe distress increased with an increase in education level, with primary, secondary, and tertiary at 81.25%, 83.05%, and 86.61%, respectively. The study further revealed that the majority (89.40%) of the respondents who were not living with their families were severely distressed. This appreciates the important role played by family in mental wellness in that people who stay near their loved ones tend to enjoy a fulfilled health life as compared to their counterparts not living with their families. This agrees with a similar study carried out in South Sudan (Lagnle, 2020).

In terms of motorcycle ownership, 87.63% of those who did not own a motorcycle and 78.07% of those who did own a motorcycle were severely distressed. However, those who did not own a motorcycle were more likely to be severely distressed than those who did. This is probably because drivers who ride other people's motorcycles are under pressure to find money and pay their bosses,

unlike their other counterparts. Another possible explanation for this is that motorcycle riders tend to exhibit a higher level of income, thus appreciating the positive relationship between income and psychological wellbeing (Asiimwe, 2019).

The study also discovered that boda-boda riders who worked for more days in a week were more likely to be psychologically unwell as compared to their other counterparts. This could be due to the fact that boda boda drivers work an average of 14 hours a day, have very little time to relax, and are unregulated in their actions. These lengthy hours correlate with increasing weariness (Kitara & Karlsson, 2020). In addition, a Tanzanian study by Nguyen et al. (2018) indicated that due to the nature of their profession, boda-boda drivers are susceptible to high levels of fatigue and stress. Moreover, Kircher and Andersson (2013) contend that boda boda drivers work extraordinarily long hours, which might lead to the buildup of physical weariness; they endure a great deal of sleepless nights.

More generally, the study found that the psychological health of boda boda riders in Nakawa Division, Kampala District, was strongly linked to age, marital status, education level, religion, use of illegal drugs, and whether or not they lived with family.

According to the findings of the study, more than half of the respondents across the associated factors suffered severe distress. So, boda-boda drivers in Uganda are likely to have a negative outlook, which makes them more likely to engage in unhealthy behaviors like drug use and sexual activity that puts them at risk (Boehm and Kubzansky, 2012; Trudel-Fitzgerald et al., 2019). This can lead to an unhealthy lifestyle (Boehm and Kubzansky, 2012; Trudel-Fitzgerald et al., 2019). In a 2021 study by Makerere University, 65.7% of boda boda drivers reported having sex with one to two partners in a year, while 23% reported having sex with three or more women in the same time period. In addition, 57% of the riders reported not using a condom. In addition, Kwagala et al. (2022) found that 11% of boda boda drivers tested positive for illegal drugs, which is comparable to this study's 22%. Further, VanderWeele (2017) says that having low levels of PWB makes you more likely to have clinical depression. A study of people with low incomes (Lai et al., 2022) found that severe anxiety and mild depression are two of the most common mental health problems. Therefore, efforts should be made to develop programs that can promote the psychological health of all age groups within the industry.

Conclusion

Boehm et al. (2015) say that improving psychological well-being has many benefits, such as reducing emotional stress, improving physical health, and increasing work productivity. In light of their findings, the researchers made the following recommendations to policymakers and the transportation industry in general:

The researcher suggests that the government of Uganda should come up with a way for people to pay for their motorcycles in small amounts, like "Tugendde," so that they don't have to worry about paying their bosses. This would help reduce the effect that not owning a motorcycle has on people's mental health.

Policymakers need to pay attention not only to the general public but also to boda boda riders, who are at risk but are often ignored by health activists. Health education is needed to teach them how to deal with stress in healthy ways.

The Ministry of Health and the Ministry of Transportation should work together to make sure that the PWB campaign is used by everyone in the industry. They should also work together to stop people from using illegal drugs by doing proper screening and making sure that offenders are punished.

Also, research on the mental health of boda boda drivers should be encouraged given the health risks associated with these people. As a result, using the multi-sectoral approach, good policies and interventions will developed, improving the quality of life.

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