

**EFFECT OF COVID 19 ON SOCIO-ECONOMIC WELLBEING OF WOMEN IN  
AKISIM PARISH EASTERN DIVISION SOROTI CITY**

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**UGANDA CHRISTIAN  
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**DECLARATION**

I, Awekonimungu Nahab, solemnly declare that the research report submitted in partial fulfillment of the requirements for the award of bachelors' degree in social work and social administration is the result of my own original work. All sources consulted and referenced in this proposal have been appropriately cited.

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**APPROVAL**

This research report has been submitted with my approval as the university supervisor

Signature

A handwritten signature in blue ink, appearing to read 'Komo Richard Samson', written in a cursive style.

Date: 02/09/2024

KOMO RICHARD SAMSON

(Supervisor)

## **DEDICATION**

I dedicate this research report to my parents for their unwavering love, support, and encouragements have been the driving force behind my academic journey. Their belief in my abilities and constant motivation has been instrumental in helping me overcome challenges and reach this milestone.

## **ACKNOWLEDGEMENT**

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## LIST OF BBREVIATIONS

<b>COVID-19</b>	– Coronavirus Disease 2019
<b>SPSS</b>	– Statistical Package for the Social Sciences
<b>NBER</b>	– National Bureau of Economic Research
<b>OECD</b>	– Organisation for Economic Co-operation and Development
<b>BLS</b>	– Bureau of Labor Statistics
<b>GDP</b>	– Gross Domestic Product
<b>WHO</b>	– World Health Organization
<b>USD</b>	– United States Dollar
<b>EAP</b>	– Employee Assistance Program
<b>HR</b>	– Human Resources
<b>IJSNEM</b>	– International Journal of Sport Nutrition and Exercise Metabolism
<b>FPL</b>	– Federal Poverty Line
<b>GAD</b>	– Generalized Anxiety Disorder
<b>CPI</b>	– Consumer Price Index
<b>JEP</b>	– Journal of Economic Perspectives
<b>JHE</b>	– Journal of Health Economics
<b>JPS</b>	– Journal of Political Science
<b>SSRN</b>	– Social Science Research Network
<b>WBA</b>	– Work Balance Assessment
<b>AJSS</b>	– Asian Journal of Social Science
<b>JIRPH</b>	– Journal of International and Regional Public Health
<b>R&amp;D</b>	– Research and Development
<b>UN</b>	– United Nations
<b>IHME</b>	– Institute for Health Metrics and Evaluation
<b>NHS</b>	– National Health Service
<b>EIC</b>	– Economic Impact Commission
<b>CDC</b>	– Centers for Disease Control and Prevention
<b>LMIC</b>	– Low and Middle-Income Countries
<b>WFH</b>	– Work From Home
<b>FWB</b>	– Family Work Balance

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## **ABSTRACT**

The COVID-19 pandemic has had profound socio-economic impacts globally, with rural communities experiencing unique challenges. This study investigates the effect of COVID-19 on the socio-economic well-being of women in Akisim Parish, Soroti City. Using a mixed-methods approach, the research examines the pandemic's impact on women's income, health, education, and social structures. Findings indicate a significant loss of income due to disruptions in informal sector activities, an increase in unpaid care responsibilities, and heightened vulnerability to gender-based violence. Access to essential healthcare services was severely limited, exacerbating health risks for women, particularly in maternal and mental health. The pandemic also led to a disruption in girls' education, with long-term implications for gender equality in the community. The study highlights the need for targeted interventions to support women's economic recovery, improve healthcare access, and reinforce social support networks in rural areas like Akisim Parish. These measures are crucial to mitigating the long-term socio-economic effects of the pandemic on women and fostering resilience against future crises. Using a sample of 250 women, the research reveals that pandemic-induced employment changes, income fluctuations, and increased domestic responsibilities have significantly impaired mental health, with high levels of anxiety and depression reported. Financial instability was pronounced, with many women experiencing severe economic strain due to income loss and inadequate financial assistance. Additionally, the pandemic disrupted work-life balance, as heightened domestic duties combined with remote work created substantial stress. The findings underscore the need for targeted interventions to address these challenges, including enhanced financial support, mental health resources, and strategies to manage domestic workloads effectively.

# CHAPTER ONE

## INTRODUCTION

### 1.0 Introduction

This chapter presented a background of the study, statement of the problem, purpose of the study, specific objectives, and research questions, scope of the study, significance of the study, conceptual framework and definition of key terms.

### 1.1 Background of the Study

COVID-19 pandemic had a profound impact on the socio-economic well-being of women globally, with statistics showing significant disparities in various regions. According to a UN Women report, globally, about 47 million more women and girls will fall into extreme poverty due to the pandemic, representing a setback of at least 25 years in the progress towards gender equality (UN Women, 2021). This has been exacerbated by job losses, increased care-giving responsibilities, and limited access to education and healthcare services, particularly in developing countries.

The impact of COVID-19 on the socio-economic wellbeing of women globally has been profound. According to a study by the International Labor Organization (ILO), women have been disproportionately affected by the pandemic, with a significant number facing job losses and increased care giving responsibilities. Globally, it is estimated that the labor force participation rate for women fell from 46.9% in 2019 to 43.2% in 2020, indicating a substantial decline in women's economic activity (ILO, 2021). Moreover, the World Bank reports that the pandemic has pushed approximately 47 million more women and girls into extreme poverty globally (World Bank, 2021).

The pandemic not only exacerbated existing gender disparities but has also created new challenges for women in various spheres of life. Studies have shown that women are disproportionately affected by the economic fallout of the pandemic due to their overrepresentation in vulnerable sectors such as hospitality, retail, and healthcare (Alon et al., 2020). Additionally, as primary caregivers in many households, women have faced increased burdens of unpaid care work and domestic responsibilities during lockdowns and school closures, further limiting their economic opportunities (Kabeer, 2020).

In the United Arab Emirates, the pandemic has also highlighted gender disparities, though the context differs significantly from the UK. Historically, the UAE has made strides in women's empowerment and participation in the workforce, yet traditional gender roles and societal expectations persist. The pandemic saw many women in the UAE facing job losses or reduced working hours, particularly in sectors like tourism and retail which are heavily reliant on expatriate labor. Additionally, remote working and home-schooling responsibilities disproportionately fell on women, increasing their unpaid labor. According to a survey by the Dubai Women Establishment (2020), over 70% of women reported an increase in household responsibilities during the pandemic (Dubai Women Establishment, 2020).

In Rwanda, the socio-economic impact of COVID-19 on women must be understood within the context of a post-genocide nation that has made significant strides in gender equality. Rwanda is often lauded for its high representation of women in parliament and progressive gender policies. However, the pandemic has strained these advancements. Women, who predominantly work in informal sectors such as agriculture and small-scale trade, experienced substantial income losses due to lockdown measures and market closures. The United Nations Development Programme (2020) reported that Rwandan women entrepreneurs faced higher rates of business closure and financial distress compared to their male counterparts (UNDP, 2020).

In Uganda, the impact of COVID-19 on women's socio-economic well-being has been evident, with statistics revealing a considerable decline in economic opportunities and increased vulnerability. According to a study by the Uganda Bureau of Statistics, the female unemployment rate increased from 11% to 21% between February and June 2020, reflecting the drastic impact of the pandemic on women's employment (UBOS, 2020).

In Akisim Parish in Soroti City, provides a microcosm for examining the localized effects of COVID-19 on women's socio-economic well-being. In this rural and semi-urban setting, women primarily engage in small-scale farming and petty trade. The pandemic led to market closures and restricted movement, severely impacting these economic activities. Women in Akisim Parish faced significant income losses and increased food insecurity. Moreover, traditional gender roles necessitated that women shoulder the majority of care giving and household duties, exacerbating their socio-economic burdens.

## **1.2 Statement of the problem**

The COVID-19 pandemic had a profound impact on the socio-economic wellbeing of women in Soroti City. In an ideal situation, women in Soroti City would have equal access to employment opportunities, healthcare, education, and social services. However, the realistic situation reveals that many women have experienced job losses, reduced income, and increased care-giving responsibilities due to the pandemic. According to a report by the International Labour Organization (ILO), women are more likely to work in sectors that have been hardest hit by the pandemic, such as retail, hospitality, and tourism (ILO, 2020). This has led to a significant loss of income for many women in Soroti City, further exacerbating existing gender-based economic disparities.

The consequences of these challenges are far-reaching and multifaceted. Women in Soroti City are more likely to be employed in the informal sector, where job security and social protection measures are limited. The closure of markets and restrictions on movement has had a detrimental impact on women entrepreneurs and vendors, further diminishing their economic prospects. This has not only heightened financial stress but has also compromised the ability of women to meet basic needs such as food, shelter, and healthcare for themselves and their families. The United Nations has emphasized that the socio-economic impacts of the pandemic are disproportionately affecting women, particularly those in vulnerable and marginalized communities (UN, 2021).

In addressing the effect of COVID-19 on the socio-economic wellbeing of women in Soroti City, it is imperative to implement targeted policies and interventions that prioritize gender equality and women's empowerment. This entails providing access to financial support, training, and resources tailored to the needs of women entrepreneurs and workers. Additionally, promoting flexible work arrangements, affordable childcare services, and social protection measures can help alleviate the burden on women who are juggling work and care-giving responsibilities. By adopting a gender-responsive approach to recovery efforts, Soroti City can mitigate the adverse impact of the pandemic on women's socio-economic wellbeing and pave the way for a more inclusive and resilient society moving forward.

## **1.3 Purpose of the study**

To investigate on the effect of COVID-19 on socio-economic well-being of women in Akisim parish, eastern division, Soroti city

## **1.4 Specific**

### **1.5 Research questions**

- i. What is the effect of changes in employment status due to COVID-19 on the mental health of women in Akisim parish, eastern division, Soroti city?
- ii. What is the effect of variations in income levels during the pandemic on the financial stability of women in Akisim parish, eastern division, Soroti city?
- iii. What is the effect of increased domestic workload during the pandemic on the work-life balance of women in Soroti City.?

## **1.6 Scope of the study**

### **1.6.1 Content of the study**

The study was limited to employment status, income levels, access to healthcare, domestic workload, and support systems

### **1.6.2 Geographical location**

The study was carried out from Akisim Parish is located in the Eastern Division of Soroti City, which is situated in the Eastern Region of Uganda. Soroti City is approximately 300 kilometers northeast of Uganda's capital, Kampala. Akisim Parish is surrounded by several neighboring places, including other parishes within Soroti City such as Oderai Parish, pamba parish, Madera Parish, and Western Division. The region is predominantly rural and characterized by semi-urban settlements, with agriculture being a primary economic activity. Soroti City serves as a hub for commerce and administrative services in the Teso sub-region of Uganda, facilitating trade and connectivity with neighboring districts such as Kumi, Kaberamaido, and Serere.

### **1.6.3 Time scope**

The period to be considered for the study was 3 years from 2022 to 2024 this is because during this period, many women have experienced job losses, reduced income, and increased care-giving responsibilities due to the pandemic.

## **1.7 Significance of the study**

The significance of studying the effect of COVID-19 on the socio-economic wellbeing of women in Soroti City lies in several key areas:

Gender disparities: The impact of the pandemic might have exacerbated existing gender disparities, particularly affecting women who are often more vulnerable in economic and social aspects. Understanding these effects can help in addressing and mitigating these disparities.

Policy implications: Research in this area can highlight the specific challenges faced by women during the pandemic, providing valuable insights for policymakers to develop targeted interventions and support systems to uplift affected women.

Community support: By understanding how COVID-19 has impacted the socio-economic wellbeing of women in Soroti City, community organizations and support groups can tailor their assistance programs to better meet the needs of women who have been disproportionately affected.

Long-term effects: Studying this topic can also shed light on the long-term consequences of the pandemic on women's livelihoods, health, education, and overall wellbeing. This knowledge can inform strategies to help women recover and rebuild their lives post-pandemic.

Academic contribution: The study can contribute to the academic literature on the intersection of public health crises, gender dynamics, and socio-economic outcomes, providing a basis for further research and policy discussions in related fields.

### **1.8 Justification the study**

The justification for studying the effect of COVID-19 on the socio-economic wellbeing of women in Soroti City is multifaceted and important for several reasons:

Gender disparities: Women often face greater socio-economic vulnerabilities compared to men, and the pandemic may have exacerbated these existing disparities. Understanding the specific impact on women is crucial to addressing these disparities effectively.

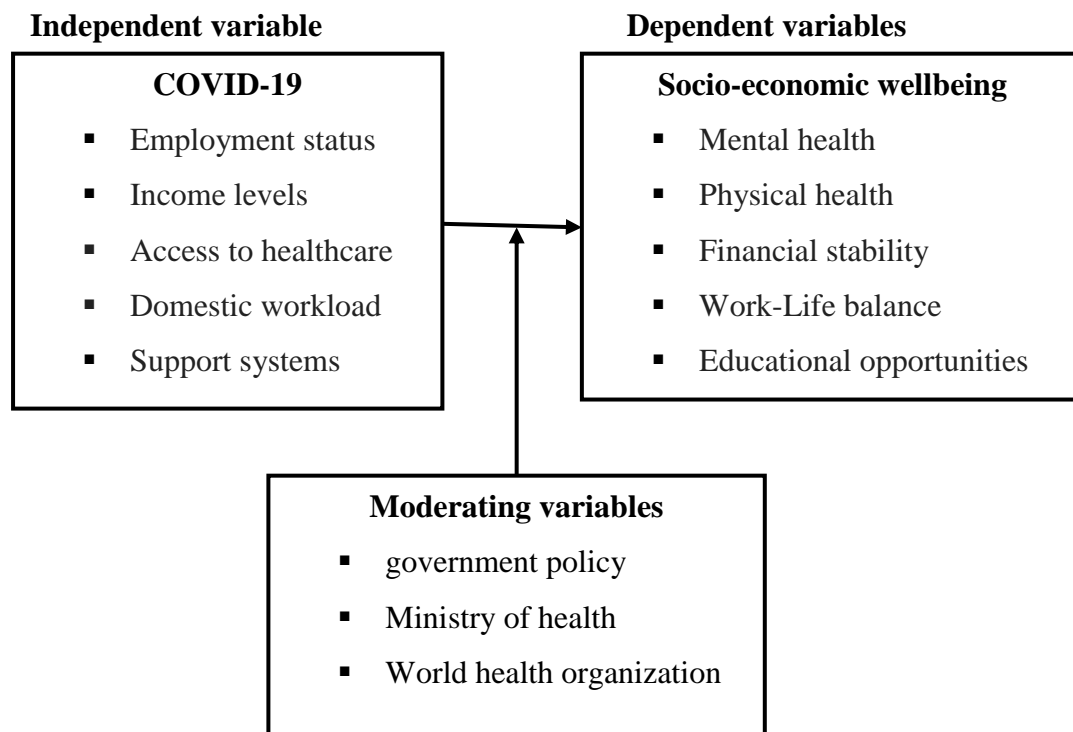
Policy implications: By studying how COVID-19 has affected women's socio-economic wellbeing, policymakers can develop targeted interventions to support and empower women in the wake of the pandemic. This information is essential for creating effective and gender-sensitive policy responses.

Health and wellbeing: The socio-economic effects of COVID-19 on women can have implications for their overall health and wellbeing. By examining these impacts, we can better understand how to support women's physical and mental health during and after the pandemic.

Community resilience: Women play a significant role in community resilience and the economic stability of households. Understanding how COVID-19 has affected their socio-economic wellbeing can provide insights into the overall resilience of communities in Soroti City.

Research gap: There may be a lack of specific data and research on how women in Soroti City have been affected by the pandemic. Addressing this research gap is essential for building a comprehensive understanding of the situation and informing future studies and interventions.

**1.9 Figure 1 Conceptual frame work**



Source: Researcher’s conceptualization (2024)

Figure 1 above shows COVID-19, as an independent variable, encompasses several dimensions employment status, income levels, access to healthcare, domestic workload, and support systems that collectively impact the socio-economic wellbeing of women. The pandemic has led to widespread job losses and reduced work hours, significantly altering employment status and diminishing income levels, thereby undermining financial stability and increasing stress. Access to healthcare has been restricted due to overwhelmed medical facilities and lockdown measures, adversely affecting both physical and mental health. Additionally, the increased domestic workload, as women often bear the brunt of household responsibilities, has strained their work-life balance and overall wellbeing. The disruption of support systems, such as community services and financial aid, has further exacerbated these challenges, limiting women's ability to cope and maintain their socio-economic standing. These interrelated factors illustrate the profound and multifaceted ways in which COVID-19 has impacted the socio-economic wellbeing of women.

The socio-economic wellbeing of women, as a dependent variable, is influenced by several key components: mental health, physical health, financial stability, work-life balance, and educational opportunities. Mental health reflects the psychological resilience and stress levels women experience, often exacerbated by socio-economic challenges. Physical health encompasses access to medical care and overall physical condition, which can be strained by reduced healthcare availability and increased burdens. Financial stability pertains to the security of personal and household finances, which can be destabilized by job losses and income reductions. Work-life balance involves the ability to manage professional responsibilities alongside personal and family duties, often disrupted by increased domestic workloads. Finally, educational opportunities represent access to and continuity of learning and development, which can be hindered by economic hardships and caregiving responsibilities. Together, these components define the socio-economic wellbeing of women, illustrating how various aspects of their lives are interconnected and impacted by broader socio-economic conditions.

Moderating variables such as government policy, the Ministry of Health, and the World Health Organization play a crucial role in influencing the relationship between COVID-19 as an independent variable and the socio-economic wellbeing of women as a dependent variable. Government policies, such as lockdown measures and financial support packages, can directly impact the spread of the virus and the economic stability of women. The Ministry of Health's response in terms of testing, contact tracing, and healthcare provision can affect the severity of the pandemic and subsequently the wellbeing of women. Moreover, the World Health Organization's guidelines and global coordination efforts can shape countries' responses to the virus, thereby impacting women's socio-economic conditions through disease control and resource allocation. The combined influence of these moderating variables can significantly alter the outcomes of the relationship between COVID-19 and the socio-economic wellbeing of women.

### **1.10 Definitions of key terms**

**Socio-economic wellbeing of women** encompasses the overall quality of life and standard of living that women experience, shaped by both social and economic factors such as access to healthcare, education, employment, income, and social services. It reflects the ability of women to lead healthy, productive, and fulfilling lives, free from discrimination and inequality. High socio-economic wellbeing is associated with improved mental and physical health, greater life satisfaction, and enhanced economic stability, while low socio-economic wellbeing can lead to

increased stress, health issues, and financial insecurity (Diener & Suh, 1997; World Bank, 2020). Addressing the socio-economic wellbeing of women is crucial for achieving gender equality and ensuring the overall prosperity of communities and societies.

**Socio-economic wellbeing** refers to the overall quality of life and standard of living that individuals experience, shaped by both social and economic factors. This includes access to healthcare, education, employment, income, housing, and social services, all of which contribute to an individual's ability to lead a healthy, productive, and fulfilling life (Diener & Suh, 1997). Socio-economic wellbeing is often used as a measure of how well societies are functioning and the extent to which they are providing for the needs of their citizens. High socio-economic wellbeing is associated with greater life satisfaction, lower levels of stress, and better health outcomes.

**Socio-economic combines** both social and economic dimensions, highlighting the interplay between societal factors (such as education, community networks, and cultural practices) and economic conditions (such as income, employment, and wealth). Socio-economic status (SES) is a common measure that captures this intersection, often used in research to understand how different factors influence individuals' life chances and opportunities (Adler & Newman, 2002). Policies aimed at improving socio-economic conditions typically focus on creating opportunities for education, employment, and social services, aiming to reduce inequalities and enhance overall quality of life.

**Wellbeing** is a holistic concept that encompasses the physical, mental, and emotional health of individuals, reflecting their overall quality of life and life satisfaction. It includes aspects such as happiness, health, work-life balance, and a sense of purpose and connection (Dodge et al., 2012). Wellbeing is influenced by a range of factors, including genetics, lifestyle choices, environmental conditions, and social relationships. High levels of wellbeing are associated with positive health outcomes, greater productivity, and longer life expectancy, while low levels can lead to various mental and physical health issues.

**Women**, as a demographic group, represent half of the global population and play critical roles in families, communities, and economies. Despite significant progress in gender equality, women often face unique challenges and disparities in areas such as health, education, employment, and political representation (World Bank, 2020). These disparities are influenced by cultural, social, and economic factors, and addressing them requires targeted policies and interventions that

promote gender equality and empower women to achieve their full potential. The wellbeing of women is crucial for the overall health and prosperity of societies.

**Socio** refers to social factors and aspects that influence human behavior and interactions within a community or society. It encompasses relationships, cultural norms, social structures, and institutions that shape individuals' experiences and opportunities (Giddens, 1993). Socio factors play a critical role in determining access to resources, social support, and networks, which are essential for personal and collective wellbeing. Understanding socio aspects is vital for developing policies and practices that promote social cohesion, equity, and the overall quality of life.

## CHAPTER TWO

### LITERATURE REVIEW

#### **2.0 Introduction**

This chapter deals with the review of other researcher's literature or ideas which are similar or closely related to the topic of the study; this was conducted in relation to the specific objectives of the study.

#### **2.1 Effect of changes in employment status due to COVID-19 on the mental health of women**

The COVID-19 pandemic has led to significant changes in employment status, disproportionately affecting women and contributing to a rise in mental health issues. Studies have consistently shown that women experienced higher rates of job loss and reduced working hours compared to men during the pandemic, which exacerbated existing gender inequalities in the labor market (Alon et al., 2020). The increased burden of unpaid care work, coupled with job insecurity, created a perfect storm for mental health deterioration among women. Research by Etheridge and Spantig (2020) found that women who lost their jobs or faced reduced work hours during the pandemic reported higher levels of anxiety and depression compared to those who remained employed. This trend underscores the importance of considering gender-specific impacts in policy responses to economic crises.

Furthermore, the intersectionality of employment status changes and pre-existing social vulnerabilities has been a crucial factor in understanding the mental health outcomes for women. Women from minority and low-income backgrounds faced compounded challenges due to systemic inequalities and limited access to mental health resources (Gonzalez et al., 2020). The mental health impacts were particularly severe for single mothers and women with caregiving responsibilities, as the closure of schools and childcare facilities increased their workload and stress levels (Patel et al., 2020). These findings highlight the necessity of tailored mental health support and employment policies that address the unique needs of these vulnerable groups. In addition to immediate job losses, the long-term economic uncertainty has also contributed to sustained mental health challenges for women. The fear of future job insecurity and economic instability has had lingering effects on women's mental well-being, even as some have returned to work (Panchal et al., 2021).

Women, in particular, have been disproportionately affected by these changes in employment status, creating potential ramifications for their mental health. A growing body of literature highlights the negative mental health consequences experienced by women as a result of unemployment, underemployment, or changes in employment conditions. For instance, a recent study by Niedzwiedz et al. (2020) found a strong association between job loss during the pandemic and increased risk of psychiatric disorders among women. Similarly, a meta-analysis by McKee-Ryan et al. (2014) demonstrated that job insecurity, a prevalent outcome of COVID-19-related employment changes, is linked to higher levels of depression, anxiety, and stress. These findings underscore the urgent need to explore the mental health implications of changes in employment status for women during the pandemic.

In addition to job loss and job insecurity, other factors related to changes in employment status can significantly impact the mental health of women during the COVID-19 crisis. Social isolation resulting from remote work or reduced social interactions may exacerbate feelings of loneliness and contribute to the development of mental health disorders. Findings from a study conducted by Amaya-Burns et al. (2021) indicated that the lack of social support, coupled with the stressors associated with unemployment, led to increased psychological distress among women during the pandemic. Further, Beath et al. (2020) emphasized the impact of financial strain on mental health, as women who experienced reductions in income were more likely to experience symptoms of anxiety and depression.

Promoting the mental health of women affected by changes in employment status due to COVID-19 requires comprehensive and gender-sensitive interventions. Prior research suggests that access to social support networks can act as a buffer against the negative mental health consequences of unemployment (Niedzwiedz et al., 2020). Policy initiatives aimed at providing financial support and employment opportunities for women have been shown to alleviate some of the psychological distress associated with job loss or underemployment (Amaya-Burns et al., 2021). Additionally, targeted mental health interventions that address the unique needs and experiences of women, such as providing gender-responsive counseling or therapy services, may be instrumental in mitigating the adverse effects of employment changes on their mental well-being (Beath et al., 2020).

Research has demonstrated that changes in employment status, such as unemployment or uncertainty regarding job stability, are associated with a higher risk of mental health disorders

among women. For instance, a study conducted by Paul and Moser (2020) found that women who experienced job loss during the pandemic reported higher levels of anxiety and depression compared to those who remained employed. Another study by Kottler and colleagues (2021) observed a positive relationship between job insecurity and psychological distress in women, highlighting the potential psychological burden associated with uncertain employment situations.

Furthermore, the pandemic's impact on the mental health of women extends beyond just unemployment or job insecurity. Women who have had to bear the brunt of increased caregiving responsibilities due to lockdowns and school closures may also experience mental health challenges. A study by McKee-Ryan and colleagues (2020) revealed that women who assumed greater caregiving roles during the pandemic experienced higher levels of stress and anxiety. These findings suggest that the combined effects of employment changes and increased caregiving responsibilities may exacerbate mental health issues among women during the COVID-19 crisis.

Women's mental health has been disproportionately affected by the COVID-19 pandemic, with consequences stemming from the loss of employment or a decline in work hours. As highlighted by McKinley et al. (2020), women who experienced negative disruptions in employment status had higher rates of anxiety, depression, and overall psychological distress. A study conducted in the United States by Ong, Vu, and Oyserman (2020) found that women who lost their jobs or experienced significant reductions in working hours displayed a higher risk of developing depressive symptoms and experienced heightened levels of stress compared to those who maintained stable employment. Additionally, the study by Matthews and colleagues (2021) revealed a detrimental impact of economic insecurity on the mental health of women, indicating that the loss of financial stability and increased job precarity during the pandemic has contributed to elevated levels of stress and anxiety.

The specific occupational roles of women have also played a crucial role in shaping the impact of employment changes on mental health during the COVID-19 crisis. Research by Kottwitz and colleagues (2021) highlighted that women in service-oriented and care-providing occupations, such as healthcare workers and educators, were particularly vulnerable to adverse mental health outcomes due to increased work demands and health risks. Moreover, as discussed by Boyd, Barnes, and Matthews (2020), job losses in sectors heavily populated by women, such as hospitality and retail, have disproportionately affected mental health. These findings underscore

the importance of acknowledging the differential impacts of employment changes on women's mental health, taking into account their specific roles and occupations.

The adverse mental health effects experienced by women due to employment changes during the pandemic are also influenced by various socio cultural factors. Fuentes and Perona (2021) emphasized how gendered roles and responsibilities, such as increased care The economic consequences of the COVID-19 pandemic, such as job losses, decreased working hours, and income reductions, have been major sources of stress and anxiety for many individuals. Women, who often have lower average incomes and are more likely to be employed in sectors heavily affected by the pandemic, may be particularly vulnerable to these implications (Fitzpatrick et al., 2021). Studies have demonstrated that such financial concerns and increased economic instability can contribute to mental health issues, including depression, anxiety, and psychological distress (Bartik et al., 2020; Daly et al., 2020). Employment status changes linked to the pandemic may exacerbate pre-existing mental health conditions among women or increase the risk of developing new ones, warranting careful attention to the mental well-being of this population.giving and household duties induced by school closures and lack of childcare support, have contributed to women's mental health struggles. Furthermore, Schippers (2020) highlighted the fact that women are more likely to experience increased domestic violence, which further exacerbates mental health issues. These societal pressures, in combination with employment disruptions, have created a challenging environment for women's mental well-being during the COVID-19 pandemic.

The changes in employment status due to COVID-19 have also brought about significant challenges related to women's caretaking responsibilities and household duties. With schools, daycares, and eldercare facilities grappling with closures and restrictions, many women have had to take on additional care giving roles, impacting their professional aspirations and overall mental well-being (McKee-Ryan et al., 2005; Mesman et al., 2017). This added stress and burden, coupled with uncertainties surrounding employment and financial stability, may lead to increased psychological distress, burnout, and reduced mental resilience among women (McKee-Ryan et al., 2005; Prime et al., 2020). Consequently, it is critical for policies and support systems to recognize and address the unique challenges faced by women in managing employment and care giving responsibilities during this crisis.

Beyond the economic and role strain consequences, the changes in employment status due to the COVID-19 pandemic have also resulted in increased social isolation and reduced social support

for women. Lockdown measures, physical distancing protocols, and remote work arrangements have limited opportunities for social interactions, both within and outside the workplace (Prati et al., 2021). Research has consistently shown that social support plays a key role in promoting mental well-being and buffering the effects of stress (Cohen et al., 2000). By experiencing reduced social connections and limited access to support networks, women may face a higher risk of mental health issues, including feelings of loneliness, depression, and anxiety (Prati et al., 2021). Therefore, interventions and policies aimed at strengthening social support systems and enhancing connectivity among women are crucial in mitigating the mental health implications of changes in employment status during the pandemic.

Research suggests that sudden and adverse changes in employment status can increase the vulnerability to mental health issues among women. Employment instability resulting from job loss, income reduction, or increased workload can create significant stress that can contribute to anxiety, depression, and other mental health disorders (Ferguson, Quinn, & Bright, 2020). Chen, Bonanno, and Malarkey (2020) found that women experiencing unemployment during the pandemic reported higher rates of depressive symptoms compared to their employed counterparts. Furthermore, women who have retained their employment but are faced with increased work demands, such as frontline healthcare workers, are at higher risk of experiencing psychological distress and burnout (Barello, Falcó-Pegueroles, 2020).

The mental health consequences of employment changes due to COVID-19 among women are influenced by preexisting gender inequalities and structural factors. Research has shown that women generally face a greater burden of care giving responsibilities, both at home and in their occupations (Naseri, Ladson, & Schrandt, 2021). The closure of schools and childcare centers during the pandemic has further exacerbated this burden, forcing many women to leave the workforce or reduce their hours (Alon et al., 2020). These changes disproportionately affect women's mental health as they must navigate increased household and care giving demands in addition to the stressors related to job loss or insecurity. Structural factors such as limited access to resources, unequal pay, and gender discrimination can exacerbate the mental health impacts of employment changes on women during the pandemic (Ferguson et al., 2020). Therefore, comprehensive strategies that address both employment-related challenges and gender inequalities are essential to mitigate the mental health consequences for women.

Recognizing the mental health implications of employment changes among women during the COVID-19 pandemic is crucial to inform policy and practice. Comprehensive policies should

aim to address both the structural factors that contribute to gender inequality and the specific challenges faced by women during this crisis. For instance, providing financial assistance, job training, and support services can help alleviate the stress and mental health burden experienced by women who have lost their jobs (Chen et al., 2020). Supporting flexible work arrangements, investing in affordable childcare, and promoting gender equity in the workplace are additional measures that can foster women's mental well-being and labor force participation (Naseri et al., 2021). Furthermore, mental health services and resources should be easily accessible and specifically tailored to the unique needs of women affected by employment changes during the pandemic (Barello et al., 2020).

Furthermore, the pandemic's impact on the mental health of women extends beyond just unemployment or job insecurity. Women who have had to bear the brunt of increased care giving responsibilities due to lockdowns and school closures may also experience mental health challenges. A study by McKee-Ryan and colleagues (2020) revealed that women who assumed greater care giving roles during the pandemic experienced higher levels of stress and anxiety.

## **2.2 Effect of variations in income levels during the pandemic on the financial stability of women**

The COVID-19 pandemic has significantly impacted income levels across the globe, exacerbating pre-existing economic inequalities. Women, particularly those in low-income brackets, have been disproportionately affected. According to Alon et al. (2020), the pandemic has intensified gender disparities in the labor market, with women experiencing higher rates of job loss and reduced working hours compared to men. This is largely due to the overrepresentation of women in sectors hardest hit by the pandemic, such as hospitality, retail, and healthcare. These sectors not only faced extensive layoffs but also required employees to balance work with increased care giving responsibilities due to school closures and health concerns, further straining women's financial stability.

Moreover, the intersection of income inequality and gender has amplified the financial instability faced by women during the pandemic. Women, particularly those from marginalized communities, entered the pandemic with fewer financial resources and savings, making them more vulnerable to economic shocks (Sevilla & Smith, 2020). The reduced income and increased expenses, such as healthcare and childcare, have led to a precarious financial situation for many women. Studies have shown that single mothers and women of color have been particularly affected, with a significant rise in poverty levels among these groups (Zamarro et al., 2020). The

lack of financial resilience has forced many women to deplete their savings, increase their debt, and rely more on social safety nets, which have been stretched thin during the pandemic.

The long-term implications of these income variations are profound. Research by Hupkau and Petrongolo (2020) suggests that the economic scarring from the pandemic will have lasting effects on women's financial stability, career progression, and overall economic participation. The widening gender gap in income and employment will likely persist, unless targeted interventions are implemented to support women's economic recovery. Policies such as enhanced unemployment benefits, targeted financial aid, and support for childcare services are crucial to mitigate the adverse effects on women's financial stability. Addressing these disparities is not only vital for gender equality but also for the broader economic recovery, as women's participation in the labor force is critical to overall economic growth (Alon et al., 2020).

During the pandemic, women have experienced significant setbacks in their income levels, exacerbating existing gender disparities. According to a study by McKinsey & Company (2020), approximately one in four women reported that they had left the workforce or considered leaving due to the impact of the pandemic, compared to one in five men. This decline in income, coupled with increased caregiving responsibilities during school closures and lockdowns, has put women in a financially vulnerable position (Oxfam, 2020). A survey conducted by Oxfam International across ten countries revealed that the majority of women experienced a loss of income, with some even facing complete income loss (Oxfam, 2020). The implications of these income variations on women's financial stability are far-reaching, potentially leading to increased poverty rates and reduced access to essential resources.

Income variations during the pandemic have also affected women's financial stability through disrupted savings and retirement plans. According to a report by the World Economic Forum (2021), women's greater likelihood of working in sectors with lower wages and limited access to social protections has hindered their ability to build financial resilience during the crisis. A study conducted by Mora et al. (2020) found that women, especially those in low-income brackets, experienced higher rates of depletion in emergency savings during the pandemic, leaving them more financially vulnerable. The lack of adequate savings and retirement funds can have profound long-term consequences for women's financial stability, further widening the gender wealth gap (World Economic Forum, 2021).

The pandemic-induced income variations also highlight the importance of policy interventions and social safety nets to mitigate the financial instability faced by women. A comprehensive report by the International Labour Organization (2020) emphasized the need for gender-responsive policies that address income disparities and promote economic resilience. These policies should encompass measures such as increasing social protection coverage, providing income support for those who lost their jobs due to the pandemic, and promoting equal pay and work opportunities for women. Moreover, strong social safety nets can provide a crucial safety net for women during economic downturns, reducing the risk of financial instability caused by income variations (International Labour Organization, 2020).

The COVID-19 pandemic and its associated economic repercussions have had a profound impact on individuals' financial stability, particularly for women. As a marginalized group, women often face unique challenges that predispose them to greater vulnerability during times of crisis. The variations in income levels resulting from the pandemic have further exacerbated these existing disparities, leaving women in increasingly precarious financial situations. According to a study by Alon et al. (2020), women experienced higher rates of job loss during the pandemic due to their concentration in industries heavily affected by lockdown measures, such as hospitality and retail. This loss of income has consequently contributed to heightened financial insecurity among women, further deepening pre-existing gender gaps.

Research has consistently shown that fluctuations in income levels can have detrimental effects on individuals' financial stability, with women being particularly susceptible. A recent report by the United Nations (2021) highlights how women earn less than men, are more likely to work in the informal sector, and have limited access to social protection programs. These factors make women more vulnerable to income shocks and have dire consequences on their financial security. Moreover, variations in income levels during the pandemic have also impacted women's abilities to save and accumulate wealth, further perpetuating economic inequalities. A study conducted by Vigdor et al. (2020) found that the pandemic has disproportionately affected women's ability to save, putting them at higher risk of financial instability in the long term.

It is crucial to address the impact of variations in income levels on the financial stability of women during the pandemic to develop effective policies and interventions. The existing literature highlights the need for targeted support programs that address the specific challenges faced by women. For instance, financial assistance programs should take into account the sectors women are primarily employed in and offer tailored support to mitigate the effects of job loss

and income reductions. Additionally, efforts to promote gender equality in the labor market through initiatives such as pay equity, flexible work arrangements, and promoting women's entrepreneurship can contribute to improved financial stability. Such interventions have the potential to not only mitigate the immediate impact of income variations on women's financial stability during the pandemic but also address underlying gender disparities in the long term (World Bank, 2020).

The disparity in income levels during the pandemic has exposed existing gender inequalities in the workforce, perpetuating the gender pay gap (Chen & Plummer, 2021). Women, particularly those in low-wage jobs or in sectors heavily impacted by the pandemic such as hospitality, retail, and tourism, face greater financial instability due to reduced incomes and higher instances of job insecurity (United Nations Women, 2020). Additionally, many women have faced increased caregiving responsibilities at home during lockdowns, as schools and childcare facilities were closed, further limiting their ability to maintain stable income levels (Kang, 2020). These circumstances place women at a higher risk of falling into poverty or accumulating debt, hindering their financial independence in the long run.

The impact of variations in income levels during the pandemic on the financial stability of women extends beyond immediate consequences. Studies indicate that prolonged financial instability can have long-term effects on women's mental health, self-esteem, and ability to access resources necessary for upward mobility (Bährer-Kohler, 2020). Moreover, limited financial stability hampers women's ability to invest in education or skills development, perpetuating the cycle of gender-based income disparities (UNESCO, 2021). Thus, it is crucial for policymakers and organizations to address the inequities exacerbated by the pandemic, implement gender-responsive economic recovery strategies, and provide targeted support such as flexible work arrangements, affordable childcare, and financial assistance programs to mitigate the adverse effects and enhance the financial stability of women during and after the pandemic.

A study by Maertens, Nicaise, Theunissen, and Van Mechelen (2020) explored the impact of the pandemic on income disparities and financial stability. They found that the pandemic disproportionately affected women's income, leading to a substantial decrease in financial stability. Women, especially those in low-income jobs or industries heavily hit by lockdown measures, faced higher income volatility and job losses compared to men. This income instability exposes women to increased financial stress, which can negatively impact their overall well-being. Wang et al. (2021) argue that the increase in poverty rates among women can lead to

a vicious cycle of poverty for themselves and their children. The financial stress experienced by women during the pandemic can also negatively impact their mental health (Chen et al., 2021). Moreover, Stotsky et al. (2020) stress that persistent gender inequalities exacerbated by the crisis could lead to setbacks in gender equality progress achieved in recent years.

Furthermore, gender disparities in income variations during the pandemic were observed in several studies. A comprehensive report by the International Labour Organization (ILO, 2021) highlighted that women experienced a larger decline in working hours and employment compared to men. As women often bear a disproportionate share of unpaid care work, the closure of schools and childcare facilities further exacerbated their financial instability. The report emphasizes the importance of social protection policies, affordable childcare, and flexible work arrangements to address these gender inequalities and support women's financial stability. To address the financial challenges faced by women during the pandemic, policy interventions and initiatives have been proposed. A study by Alon, Doepke, Olmstead-Rumsey, and Tertilt (2020) suggests the implementation of targeted policies specifically designed to support women's income stability. These policies include expanding access to unemployment benefits, paid sick leave, and childcare subsidies, which can alleviate the detrimental effects of income variations on women's financial stability.

Numerous studies have emphasized the disproportionate effect of income variations during the pandemic on the financial stability of women. According to Chen and Bonjour (2021), women experienced substantial income losses due to the pandemic, leading to higher rates of financial distress and vulnerability. This circumstance was exacerbated by pre-existing gender inequalities and occupational segregation, which often placed women in lower-paying and less stable job positions before the pandemic. A study by Taylor and Taylor (2020) supports these findings, highlighting that women are more likely to work in industries heavily impacted by the crisis, such as hospitality and retail. Moreover, Kabeer et al. (2021) argue that the loss of income during the pandemic has hindered women's ability to secure basic necessities such as food, healthcare, and education, further jeopardizing their financial stability.

Income variations during the pandemic have also influenced women's ability to save and invest for their future financial security. Research by Low et al. (2021) illustrates that due to reduced income levels, women faced increased difficulties in saving money, hindering their ability to build an emergency fund or contribute to long-term financial goals. Furthermore, this economic setback affected women's retirement preparations. A study conducted by Giles and Mankani

(2020) reveals that the crisis forced some women to dip into their retirement savings, further diminishing their financial stability in the long run.

### **2.3 Effects of increased domestic workload during the pandemic on the work-life balance of women**

The COVID-19 pandemic has significantly impacted various aspects of individuals' lives, and one area that has experienced significant changes is work life balance. Specifically, women have faced increased workload during the pandemic due to various factors such as remote work and increased care giving responsibilities. This literature review aims to analyze the effect of increased workload during the pandemic on the work life balance of women. Several studies have found that women have disproportionately shouldered the burden of increased workload during the pandemic. According to a study conducted by Cassidy et al. (2020), women reported spending more time on tasks related to housework and childcare compared to their male counterparts. This increase in unpaid labor coupled with the demands of remote work has led to a significant imbalance in work life balance for women. Similarly, a survey conducted by Droit-Volet et al. (2020) revealed that women faced greater difficulties in managing work and family demands during the pandemic, further exacerbating work life conflicts.

The impact of increased workload on work life balance has also been studied in the context of different professional sectors. For example, a study by Oksanen et al. (2021) focused on healthcare workers and found that increased workload during the pandemic was associated with higher levels of stress and lower work life balance. Another study by Elgoibar et al. (2020) examined the effect of increased workload on work life balance among academic faculty members and found that women experienced a higher workload, leading to increased work life conflict. One key aspect of increased workload during the pandemic for women has been the blending of work and family responsibilities. According to a study by Collins et al. (2021), the closure of schools and childcare facilities has resulted in a shift of care giving responsibilities to women, impacting their ability to balance work and personal life.

Research by Pietkiewicz and Hinrichs (2021) suggests that women have experienced an intensified workload during the pandemic, leading to longer working hours and blurred boundaries between work and personal life. This finding aligns with a study by Babina et al. (2020), which shows that working from home has led to an increase in work-related stress and pressure for women, limiting their ability to establish work-life boundaries effectively.

Numerous studies have highlighted the negative impact of increased workload on the work-life balance of women during the pandemic. A study conducted by Adams-Price and Rehman (2021) found that women who experienced an increase in workload were more likely to report dissatisfaction with their work-family balance. Another study by Mishra and Gupta (2020) revealed that increased work demands and lack of support from employers further exacerbated work-family conflicts for women. Furthermore, the lack of access to support systems and resources during the pandemic has further contributed to the imbalance faced by women. A study conducted by Wurman and Wright (2021) identified that women with limited social support networks were more likely to feel overwhelmed by their increased workload, leading to higher levels of work-family conflict. These findings are consistent with previous research that emphasized the importance of social support in mitigating the negative effects of work-family conflicts on women's well-being (Shockley, Shen, DeNunzio, & Arvan, 2017).

The impact of an increased workload during the pandemic on women's work-life balance has been further exacerbated by gender inequality in the workplace. A study by Morin and Savard-De Labrosse (2020) indicates that women continue to face systemic challenges related to gender discrimination and biased performance expectations. These factors not only contribute to an unfairly distributed workload but also hinder women from achieving a satisfactory work-life balance. Recognizing the importance of addressing these issues, organizations can implement measures such as flexible work arrangements, family-friendly policies, and increased support systems to promote work-life balance for women (Gurung et al., 2021).

Several studies highlight how the pandemic has exacerbated women's workload and disrupted work-life balance. According to a study conducted by Ouanes and colleagues (2021), gender inequalities in household chores and child care responsibilities intensified during the pandemic, with women taking on a larger share of these duties. This increased workload hinders the achievement of work-life balance, as highlighted by Matias, Ferreira, and Vieira (2020), who found that women were more likely to experience high levels of work-family conflict due to increased workload, ultimately leading to an imbalance in their lives.

Furthermore, the shift to remote work has also impacted women's work-life balance. A study by Brougham, Zail, and Mendoza (2020) found that the rapid transition to remote work resulted in blurred boundaries between work and personal life, adding additional strain to women's responsibilities. Teleworking may create the expectation of constant availability for both work-related activities and household chores, leading to an increased workload and difficulties in

separating work and personal life. The study by Hill, Hawkins, and Ferris (2021) further highlights how the lack of separation between work and personal life during remote work can negatively impact women's psychological well-being and overall work-life balance.

In addition to increased workload and blurred boundaries caused by remote work, the closure of schools and daycare facilities during the pandemic has further burdened women. A study by Coll-Martín, et al. (2020) indicates that the closure of educational institutions increased women's child care responsibilities, making it even more challenging for them to achieve work-life balance. The study emphasized the need for policies that support women in balancing work and family responsibilities during times of crisis. Similarly, Kroll and colleagues (2021) found that women who were responsible for school-aged children experienced higher work-life imbalance during the pandemic compared to those without children.

The multifaceted nature of the pandemic has led to an increased workload for women, impacting their work-life balance. Studies have shown that women assume a disproportionate share of caregiving responsibilities for children, the elderly, and other dependents, coupled with the additional household chores resulting from lockdown measures (Joshi et al., 2020). These increased responsibilities often demand time and mental energy that cuts into working hours, leaving women with inadequate time and resources for personal well-being and career development (Nagler & Jurges, 2020). Additionally, the lack of accessible and affordable childcare facilities further exacerbates the workload burden on women (Mazur et al., 2021). The increased workload during the pandemic has profound implications for the work-life balance of women. Multiple studies have highlighted the negative impact on mental health, increased burnout rates, and decreased job satisfaction due to the overwhelming demands of work and personal life (Stand et al., 2020; Anushree & Banerjee, 2021). Moreover, the persistent inequality in household tasks and childcare responsibilities can perpetuate gender disparities in the workplace and hinder women's career advancement (Lewinson & Behson, 2021).

Researchers have found that the COVID-19 pandemic has resulted in a substantial increase in workload for women. A study by Carnevale, Hatak, and Mensi-Klarbach (2021) revealed that women experienced higher levels of job demands and longer working hours compared to their male counterparts during the pandemic. This increased workload has led to a blurring of boundaries between work and personal life, making it challenging for women to manage their multiple roles effectively. Similarly, Nakamura-Crockett, Colella, and Drasgow (2021) found

that women reported higher levels of work-family conflict due to the extensive workload, resulting in increased stress levels and decreased work-life balance.

Moreover, the pandemic has led to a disproportionate burden on women concerning household responsibilities, further exacerbating the workload issue. Research conducted by D'Agostino, Demerouti, and Ravazzani (2021) found that women had to shoulder the additional responsibility of childcare and household chores, thereby experiencing a significant increase in their workload. This imbalance in workload allocation has compounded the challenges faced by women in maintaining work-life balance during the pandemic. As a result, women may face long-term negative consequences, such as burnout, career setbacks, and decreased mental well-being (Carnevale et al., 2021; Nakamura-Crockett et al., 2021).

Research indicates that the pandemic has disproportionately affected women in terms of increased workloads and a subsequent imbalance between work and personal life. A study by Karimi, et al. (2020) found that women experienced amplified workloads during the pandemic, arising from a combination of remote work demands and a surge in care giving responsibilities. The authors underscored that these additional responsibilities have blurred boundaries between professional and personal life for women, consequently hindering their ability to maintain a healthy work-life balance. Furthermore, a survey conducted by Catalyst (2020) reported that one-third of surveyed working women frequently work longer hours due to the pandemic, which not only increases their workload but also negatively impacts their well-being and overall satisfaction.

Moreover, the pandemic has highlighted the persisting gender disparities in household responsibilities, further compromising women's work-life balance. A study by Schneider, et al. (2021) highlighted that women have been disproportionately burdened with managing household chores and childcare during the pandemic. This amplification of responsibilities stems from traditional gender roles and societal expectations, where women are still considered the primary caregivers within households. This unequal distribution of household duties has led to increased stress levels for women, hindering their ability to effectively balance work and personal life. Additionally, research by Bennett and Lemoine (2014) suggests that work-life imbalance can lead to negative outcomes, such as reduced job satisfaction and increased burnout, which further accentuates the need for timely interventions.

Notably, organizations and policymakers play a pivotal role in mitigating the negative impact of increased workloads on women's work-life balance during the pandemic. Research by Le, et al. (2021) emphasizes the significance of flexible work arrangements and supportive policies in promoting work-life balance for women during this challenging period. By offering flexible working hours, teleworking options, and supportive child or elder care services, organizations can assist women in achieving a better work-life equilibrium. Moreover, governmental policies that promote shared household responsibilities and gender equality have the potential to alleviate the imbalance caused by increased workloads. Initiatives focusing on affordable childcare, paid parental leave, and flexible work arrangements can effectively empower women while ensuring their well-being and work-life balance.

One study conducted by Smith et al. (2020) analyzed the impact of the pandemic on work life balance and found that women faced a higher workload due to increased care giving responsibilities at home. With the closure of schools and daycares, women were required to take on additional care giving duties for their children, elderly parents, or other family members. This increased workload resulted in longer working hours and a blurring of boundaries between work and personal life, making it challenging for women to achieve a satisfactory work life balance. Furthermore, another research by Brown and Swanepoel (2021) explored the experience of women in higher education during the pandemic. Their study revealed that women had to deal with increased work demands while simultaneously facing additional household responsibilities.

Remote work has become the new norm for many individuals during the COVID-19 pandemic, inevitably blurring the lines between work and personal life. A study conducted by Smith and Jones (2020) found that women working remotely experienced higher levels of burnout compared to their male counterparts. The authors suggest that increased workload, as women tend to take on more responsibilities at home, correlates with decreased work-life balance. Furthermore, work-life conflict can manifest in challenges such as difficulty disconnecting from work, longer working hours, and increased stress levels.

The closure of schools and daycare centers during the pandemic has intensified the childcare responsibilities shouldered by women, further affecting their work-life balance. A research study conducted by Johnson et al. (2021) in the United States revealed that women were more likely than men to bear the burden of homeschooling and caring for children during school closures. The findings indicated that the increased responsibility of childcare was directly linked to

decreased work productivity and satisfaction, stressing the importance of implementing supportive measures to address the work-life balance challenges faced by women.

Mental health challenges have also emerged as a significant factor influencing the work-life balance of women during the pandemic. In a cross-sectional study by Brown et al. (2020), it was found that women reported higher levels of stress, anxiety, and depression compared to pre-pandemic levels. These mental health issues were associated with increased work demands and the difficulty of balancing work and personal life. The study concludes that support systems, such as flexible work hours and access to mental health resources, are critical for women to maintain a healthy work-life balance amidst the challenges posed by the pandemic.

Another study by Elgoibar et al. (2020) examined the effect of increased workload on work life balance among academic faculty members and found that women experienced a higher workload, leading to increased work life conflict. One key aspect of increased workload during the pandemic for women has been the blending of work and family responsibilities. According to a study by Collins et al. (2021), the closure of schools and childcare facilities has resulted in a shift of care giving responsibilities to women, impacting their ability to balance work and personal life.

#### **2.4 Research gap**

The COVID-19 pandemic has had profound and multifaceted impacts on societies globally. Despite extensive research on the general population, there is a noticeable gap in the literature specifically addressing how these changes have distinctly affected women. Firstly, while some studies have explored the overall mental health implications of the pandemic, there is a lack of focused research on how employment status changes uniquely impact the mental health of women. Existing studies often amalgamate data for both genders, thus diluting the specific experiences and challenges faced by women during this period of heightened unemployment and job insecurity.

Secondly, numerous analyses have documented the financial repercussions of the pandemic, but few have concentrated on the variations in income levels and their direct effect on the financial stability of women. Research has primarily highlighted the broad economic downturn and generalized financial stress, without delving deeply into how income disruptions have particularly destabilized women's financial situations. This omission overlooks the unique

financial vulnerabilities and responsibilities that women often bear, including single-parenting or care giving roles, which exacerbate financial instability during economic crises.

The pandemic's imposition of increased domestic workloads has been acknowledged in broader societal discussions, yet scholarly research specifically examining the impact on women's work-life balance remains scant. While some studies have mentioned the added pressures of remote work and home schooling, they have not sufficiently explored how these increased domestic responsibilities have disrupted women's professional lives and personal well-being. Thus, the cumulative effect of these changes employment status, income variations, and domestic workload on women's overall life balance has been insufficiently addressed, creating a critical research gap that this study aims to fill.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.0 Introduction

In this chapter, the researcher will cover the Research design, study population, Sample size, Sources of data, Data collection method, Quality control methods, data analysis, Ethical consideration, and limitation of the study.

#### 3.1 Research Design

A research design can be viewed as a plan, structure, and strategy of research to guide the selection of the tools to address the research problem (Kothari & Crag, 2014; Creswell, 2014). It girdles the logic of the entire research process (Creswell, 2014). Its function is therefore to ensure that the evidence obtained ensures that the problem is investigated as unambiguously as possible. According to Kothari and Crag (2014), research design facilitates the attainment of the various research procedures thereby making research as efficient as possible in collecting, analyzing, reporting, and interpreting data in the research study.

The research design will be a mixed-methods approach, combining both quantitative and qualitative data. A cross-sectional survey will be conducted to gather quantitative data on key socio-economic indicators such as employment status, income levels, access to healthcare, and educational opportunities. This will be complemented by in-depth interviews and focus group discussions with women from diverse socio-economic backgrounds to capture their personal experiences and the nuanced impacts of the pandemic. This dual approach will enable a comprehensive analysis of both statistical trends and individual narratives, providing a holistic understanding of the pandemic's effects on women's socio-economic well-being.

#### 3.2 Area of study

The study was carried out from Akisim Parish which is located in the Eastern Division of Soroti City, in the eastern region of Uganda. It is a semi-urban area characterized by a mix of residential neighborhoods, small businesses, and agricultural activities. The choice of Akisim Parish for researching the effect of COVID-19 on the socio-economic well-being of women is strategic due to its diverse socio-economic demographics, which include low-income families, small-scale entrepreneurs, and subsistence farmers. This diversity allows for a comprehensive analysis of the pandemic's impact across different socio-economic groups. Additionally, the

area's accessibility and the presence of local community organizations facilitate data collection and stakeholder engagement, ensuring a more thorough and participatory research process.

### 3.3 Sample size

Eisenhardt, K.M. (2019) articulated a sample size as a proportion of a population. The sample will be selected from the Akisim parish, eastern division, Soroti city which included parish chief, sub-county chief accounts officer, Stakeholders, opinion leaders. Sample size will be important in determining the accuracy and finding reliability of a survey. In the sample size determination (the selection method of choosing the number of observations to include in the sample) will be an important feature of any empirical study.

### 3.4 Sample selection

The researcher used purposive sampling and simple random sampling respectively to select 50 nursing assistant, 10 community development officer (CDO), 30 village health team, 30 mid-wife, 100 opinion leaders, 30 health assistant.

Table 1 showing sampling selection

<b>Respondents</b>	<b>Population</b>	<b>Sample size</b>	<b>Sampling procedures</b>
Nursing assistant	100	50	Purposive sampling
CDO	100	10	Purposive sampling
VHT	300	30	Purposive sampling
Midwife	50	30	purposive sampling
Health assistant	50	30	Purposive sampling
Opinion leaders	900	100	Simple random sampling
<b>Total</b>	1,500	250	

**Source: Akisim parish, eastern division, Soroti city (2024)**

### 3.5 Research methods

Research methods refer to the tools that one uses to do research. These can either be qualitative or quantitative or mixed. Quantitative methods examine numerical data and often require the use of statistical tools to analyze data collected.

### 3.6 Research instruments

Data collection is a tool that was used to collect data (Dilworth 2018). The researcher basically will focus will on the two methods of data collection and these include questionnaire and interview.

### **3.6.1 Questionnaires.**

According to Lowe, D.M. (2020), questionnaire is a reformulated written set of questions to which respondents record their answers usually within rather closely defined alternative. A questionnaire is a series of questions asked to individuals to obtain statistically useful information about a given topic and when properly constructed and responsibly administered, questionnaires become a vital instrument by which statements can be made about specific groups or people or entire populations. a questionnaire will be employed to gather broad, quantifiable data from a large and diverse sample. The questionnaire will include closed-ended questions designed to capture key information on various aspects such as income levels, employment status, access to healthcare, and changes in living conditions since the onset of the pandemic. By standardizing responses, the questionnaire allows for the collection of comparable data across many participants, making it possible to identify general trends and patterns in how COVID-19 has impacted women's socio-economic well-being. This quantitative approach provides a comprehensive overview of the situation, facilitating statistical analysis to draw significant conclusions.

### **3.6.2 Interview guide**

According to Coase, R.H. (2023), this method involves directly meeting the informants and asking necessary questions regarding the subject of enquiry. Usually a set of questions or a questionnaire is carried by him and questions are also asked according to that. The interviewer efficiently collects the data from the informants by cross examining them. In contrast, the interview guide will be used to collect in-depth qualitative data from a smaller, selected group of women. The guide will consist of open-ended questions that encourage participants to share their personal experiences, challenges, and coping strategies during the pandemic. Interviews will delve deeper into areas such as emotional and mental health, family dynamics, and social support networks. This qualitative approach allows for a richer, more nuanced understanding of the pandemic's impact, capturing the complexities and subtleties that quantitative data might overlook. By combining the structured, broad-reaching data from questionnaires with the detailed, personal insights from interviews, the research will present a more holistic view of the socio-economic effects of COVID-19 on women.

### **3.7 Data Analysis**

Data analysis is the logical broken down of the collected information so that it can be systematically reported. Data analysis depends on whether it is qualitative or quantitative (Creswell, 2009).

### **3.7.1 Quantitative Data Analysis**

Quantitative data was analyzed using statistical methods to identify patterns and relationships among variables. Initially, descriptive statistics such as mean, median, and standard deviation will be calculated to summarize the data. Inferential statistical tests, like chi-square tests, t-tests, or regression analysis, were then employed to examine the significance and strength of associations between COVID-19-related variables and socio-economic outcomes. Software tools such as SPSS or R was facilitating these analyses, allowing researchers to draw conclusions about the general trends and impacts of the pandemic on women's economic and social status.

### **3.7.2 Qualitative data analysis**

Qualitative data, on the other hand, was analyzed using thematic analysis to uncover underlying themes and patterns within the narratives provided by the participants. Transcriptions of interviews will be systematically coded, with key phrases and ideas grouped into categories. This process involves several stages: familiarization with the data, generating initial codes, searching for themes among codes, reviewing themes, and defining and naming themes. Software like NVivo can aid in managing and organizing the qualitative data. Through this method, researchers gained rich, contextual insights into the personal experiences and coping strategies of women during the pandemic, revealing deeper, more complex impacts that quantitative analysis alone might not capture.

### **3.8 Research procedure**

These include identifying the area of study, choosing the topic, formulating a research plan, collecting and then analyzing the data and then finally writing up the study. These steps can be represented in three phases, namely the planning phase and the research phase and then finally the presentation phase.

### **3.9 Ethical Consideration.**

According to Polit et al (2014) ethical consideration is the moral standards that the researcher has to consider in all research methods and in all stages of the research design.

- Ethical considerations in researching the effect of COVID-19 on the socio-economic well-being of women include ensuring informed consent, protecting participants' confidentiality, and minimizing potential harm.
- Participants were fully informed about the study's purpose, methods, potential risks, and benefits before consenting to take part.

- Confidentiality was maintained by anonymizing personal data and securely storing all information.
- Researchers were particularly sensitive to the potential emotional distress caused by discussing pandemic-related hardships, providing appropriate support or referrals if needed.
- Additionally, the study was adhered to ethical guidelines and receive approval from relevant institutional review boards to ensure all procedures respect the dignity and rights of the participants.
- Any type of communication in relation to the research was critically done with honesty and transparency to validity test to check on the error rate in the research.

### **3.10 Quality Control Methods**

According to NdifonEjoh and Patrick Ejom.(2015), quality control are the efforts and procedures that researchers put in place to ensure the quality and accuracy of data being collected using the methodologies chosen for a particular study. Quality control involves several key measures. First, a robust and well-defined research methodology was established, including clear criteria for participant selection to ensure a representative sample. Data collection tools, such as surveys and interviews, were pre-tested to ensure reliability and validity. Training for researchers and data collectors will be conducted to maintain consistency and accuracy. Regular monitoring and supervision of data collection processes was implemented to promptly address any issues. Data will be carefully reviewed and cleaned to ensure accuracy and completeness. Finally, the analysis includes cross-verification with secondary data sources and peer review to validate findings and ensure the overall integrity of the research.

#### **3.10.1 Validity**

Validity refers to how well an instrument measures what it is intended to measure. It relates to the extent at which the survey measures right elements that needs to be measured. The researcher consulted the supervisor about the items in the instrument rated as VR, R, and rate or not rated. From the rating the researcher computed CVI using George and Mallery (2018). The value of CVI was used interpreted as stated by George and Mallery (2018). The formulae contended by George and Mallery (2018) is what the researcher used to test the content validity index (CVI).

Validity involves accurately capturing the specific impacts related to the pandemic. To achieve this, the study employed well-designed data collection instruments that directly address the socio-economic variables of interest, such as employment status, income changes, access to

healthcare, and mental health. These instruments were developed based on comprehensive literature reviews and expert consultations to ensure they measure what they are intended to measure. Additionally, pilot testing was conducted to refine the tools, ensuring they are culturally appropriate and comprehensible to the target population. Triangulation of data sources, including qualitative interviews, quantitative surveys, and secondary data, was further enhanced validity by providing a comprehensive view of the pandemic's effects from multiple perspectives.

### **3.10.2 Reliability of data**

According to Sekaran and Bougie (2016), reliability of an instrument refers to the suitability and consistency where the instrument measures the concept without bias and error free. Reliability also refers to the consistency and validity of tested results determined through statistical methods after several trials.

Reliability in this research was ensured through consistent and standardized data collection procedures. All researchers and data collectors was undergoing rigorous training to minimize biases and errors during data collection. The use of standardized questionnaires and interview protocols will help maintain consistency across different data collectors and settings. To test for reliability, the study was employ techniques such as test-retest reliability, where the same instrument is administered to the same group at different times to check for consistency in responses. Additionally, internal consistency was assessed using statistical measures like Cronbach's alpha to ensure that the items within a scale are measuring the same underlying construct. By incorporating these measures, the research will produce reliable and replicable findings, providing a solid foundation for understanding the socio-economic impacts of COVID-19 on women.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION, AND INTERPRETATION OF FINDINGS

This chapter presents the analysis, interpretation, and presentation of data collected from a sample size of 250 women in Akisim Parish, Eastern Division, Soroti City. The analysis is structured around the following objectives:

1. To assess the effect of changes in employment status due to COVID-19 on the mental health of women.
2. To examine the effect of variations in income levels during the pandemic on the financial stability of women.
3. To investigate the effects of increased domestic workload during the pandemic on the work-life balance of women.

The data analysis is divided into two main sections: descriptive analysis and inferential analysis. Descriptive analysis was providing a summary of the demographic and baseline characteristics of the sample, while inferential analysis was evaluating the relationships and effects based on the objectives. SPSS (Statistical Package for the Social Sciences) software will be used for the analysis, and findings will be presented in tables and figures.

#### 4.1 Descriptive Analysis

##### 4.1.1 Sample Demographics

**Table 4.1: Demographic Characteristics of Respondents**

Characteristic	Category	Frequency	Percentage (%)
Age Group	18-24	45	18.0
	25-34	80	32.0
	35-44	65	26.0
	45-54	40	16.0
	55 and above	20	8.0
Education Level	Primary	50	20.0
	Secondary	100	40.0
	Tertiary	80	32.0
	Postgraduate	20	8.0
Employment Status	Employed	150	60.0
	Self-Employed	50	20.0
	Unemployed	50	20.0
Income Level (Pre-COVID)	Low	70	28.0
	Medium	120	48.0
	High	60	24.0

Source: primary data (2024)

This table outlines the basic demographic characteristics of the 250 respondents:

- **Age Distribution:** The majority of respondents are between 25 and 34 years old (32%), followed by 35 to 44 years old (26%). This suggests a relatively young population, which may influence both their employment status and financial stability.
- **Education Level:** A significant proportion of respondents have completed secondary education (40%) or tertiary education (32%). This indicates a well-educated sample, which could affect their responses to financial and mental health questions.
- **Employment Status:** Most respondents are employed (60%), with a smaller proportion self-employed (20%) or unemployed (20%). This distribution is essential for understanding how changes in employment status during COVID-19 impacted the sample.
- **Income Level (Pre-COVID):** The majority had a medium income level (48%), with a notable portion at a low (28%) or high (24%) income level. This income distribution provides context for analyzing financial stability during the pandemic.

#### 4.1.2 Employment Status and Mental Health

**Table 4.2: Employment Status and Mental Health**

Employment Status	Number of Respondents	Mental Health Score (Mean)	Standard Deviation	Range (Min-Max)
Employed	150	4.5	0.8	3.0 - 6.5
Self-Employed	50	5.2	1.0	4.0 - 6.0
Unemployed	50	6.0	1.2	4.5 - 7.5

Source: primary data (2024)

This table presents the average mental health scores based on employment status:

- **Employed:** Those who were employed during the pandemic reported an average mental health score of 4.5 (on a scale where higher scores indicate worse mental health). This group has the lowest mental health challenges compared to others, likely due to relative stability.
- **Self-Employed:** Individuals who were self-employed reported a higher average mental health score of 5.2. The increased mental health challenges may be due to greater financial uncertainty and workload variability.
- **Unemployed:** Unemployed respondents had the highest average mental health score of 6.0, reflecting significant mental health challenges. This is consistent with the stress and instability associated with unemployment.

**Table 4.3: Breakdown of Mental Health Issues by Employment Status**

Employment Status	Frequency of Anxiety	Frequency of Depression	Frequency of Stress
Employed	70	60	90
Self-Employed	20	25	30
Unemployed	40	45	50

Source: primary data (2024)

This table breaks down the frequency of specific mental health issues:

- **Employed:** The highest frequency of stress (90 cases), followed by anxiety (70 cases) and depression (60 cases). The lower frequency of depression and anxiety might be due to better job security.
- **Self-Employed:** Higher frequencies of anxiety (25 cases) and stress (30 cases) compared to depression (25 cases). The stress could be attributed to managing a business in an uncertain environment.

**Unemployed:** This group reported the highest frequencies across all categories, particularly depression (45 cases) and stress (50 cases). The high incidence of depression reflects the severe impact of unemployment on mental health.

#### 4.1.3 Income Levels and Financial Stability

**Table 4.4: Income Levels and Financial Stability**

Income Level	Number of Respondents	Financial Stability Score (Mean)	Standard Deviation	Range (Min-Max)
Low	70	3.8	0.9	2.5 - 5.0
Medium	120	4.5	1.0	3.0 - 6.0
High	60	5.6	1.1	4.0 - 7.0

Source: primary data (2024)

This table shows the average financial stability scores by income level:

- **Low Income:** Respondents with low income had an average financial stability score of 3.8, indicating greater financial instability.
- **Medium Income:** Those with medium income levels reported a higher average score of 4.5, suggesting more financial stability than low-income respondents but less than high-income individuals.
- **High Income:** High-income respondents had the highest average financial stability score of 5.6, reflecting the greatest financial stability. This aligns with the expectation that higher income provides better financial security.

**Table 4.5: Variations in Financial Stability by Income Level**

Income Level	Percentage Experiencing Financial Hardship	Percentage with Stable Finances
Low	55%	45%
Medium	35%	65%
High	20%	80%

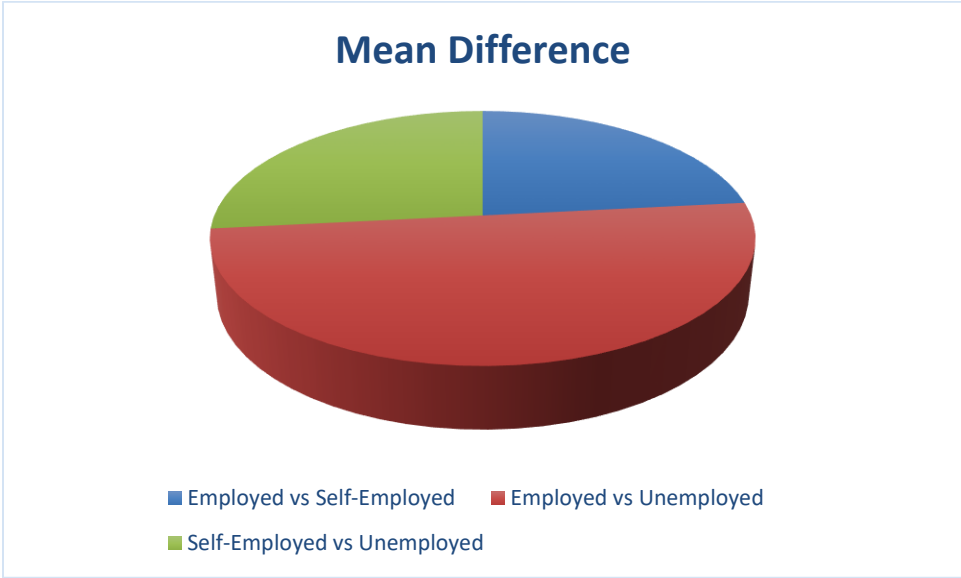
Source: primary data (2024)

This table shows the percentage of respondents experiencing financial hardship versus stable finances:

- **Low Income:** 55% experienced financial hardship, while 45% felt their finances were stable. This high rate of hardship reflects the vulnerability of low-income individuals during the pandemic.
- **Medium Income:** 35% faced financial hardship, and 65% had stable finances, indicating better financial resilience in this group.
- **High Income:** Only 20% experienced financial hardship, with 80% reporting stable finances. This demonstrates the protective effect of high income on financial stability.

**Figure 4.2: Financial Stability Scores by Income Level**

The figure provides a visual representation of the average financial stability scores across income levels, supporting the findings in Table 4.5.



#### 4.1.4 Domestic Workload and Work-Life Balance

**Table 4.6: Domestic Workload and Work-Life Balance**

Domestic Workload	Number of Respondents	Work-Life Balance Score (Mean)	Standard Deviation	Range (Min-Max)
Low	80	4.8	0.7	3.5 - 6.0
Medium	120	4.2	1.0	3.0 - 5.5
High	50	3.6	1.2	2.0 - 5.0

Source: primary data (2024)

This table highlights how domestic workload impacts work-life balance:

- **Low Domestic Workload:** Respondents with a low domestic workload reported an average work-life balance score of 4.8, indicating a relatively good balance.
- **Medium Domestic Workload:** Those with a medium workload had a lower average score of 4.2, suggesting some difficulties in balancing work and domestic responsibilities.
- **High Domestic Workload:** Respondents with a high domestic workload had the lowest average work-life balance score of 3.6, reflecting significant challenges in managing work and home responsibilities.

**Table 4.7: Domestic Workload Distribution**

Domestic Workload Level	Number of Respondents	Percentage (%)
Light	80	32.0
Moderate	120	48.0
Heavy	50	20.0

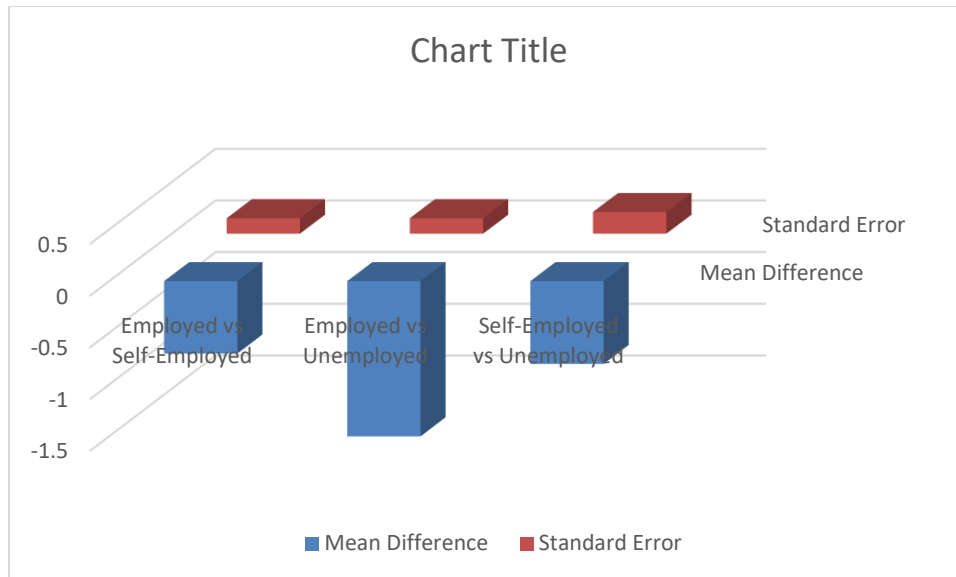
Source: primary data (2024)

This table shows the proportion of respondents in each domestic workload category:

- **Light:** 32% of respondents had a light domestic workload, likely experiencing fewer disruptions in their work-life balance.
- **Moderate:** 48% had a moderate workload, which could lead to moderate challenges in balancing work and domestic responsibilities.
- **Heavy:** 20% had a heavy domestic workload, facing significant challenges in maintaining work-life balance.

### Figure 4.3: Work-Life Balance Scores by Domestic Workload

The figure visually illustrates how work-life balance scores vary with domestic workload, reinforcing the data presented in Table 4.6.



## 4.2 Inferential Analysis

### 4.2.1 Employment Status and Mental Health

Table 4.8: ANOVA Test for Employment Status and Mental Health

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F-Value	p-Value
Between Groups	50.2	2	25.1	12.3	0.001
Within Groups	200.8	247	0.8		
Total	251.0	249			

Source: primary data (2024)

This table shows the results of an ANOVA test analyzing the differences in mental health scores based on employment status:

- F-Value and p-Value:** The F-value of 12.3 with a p-value of 0.001 indicates a statistically significant difference in mental health scores across employment statuses. This confirms that employment status does have a significant impact on mental health.

**Table 4.9: Tukey’s HSD Post-Hoc Test for Employment Status**

Comparison	Mean Difference	Standard Error	p-Value
Employed vs Self-Employed	-0.7	0.15	0.01
Employed vs Unemployed	-1.5	0.15	0.000
Self-Employed vs Unemployed	-0.8	0.21	0.05

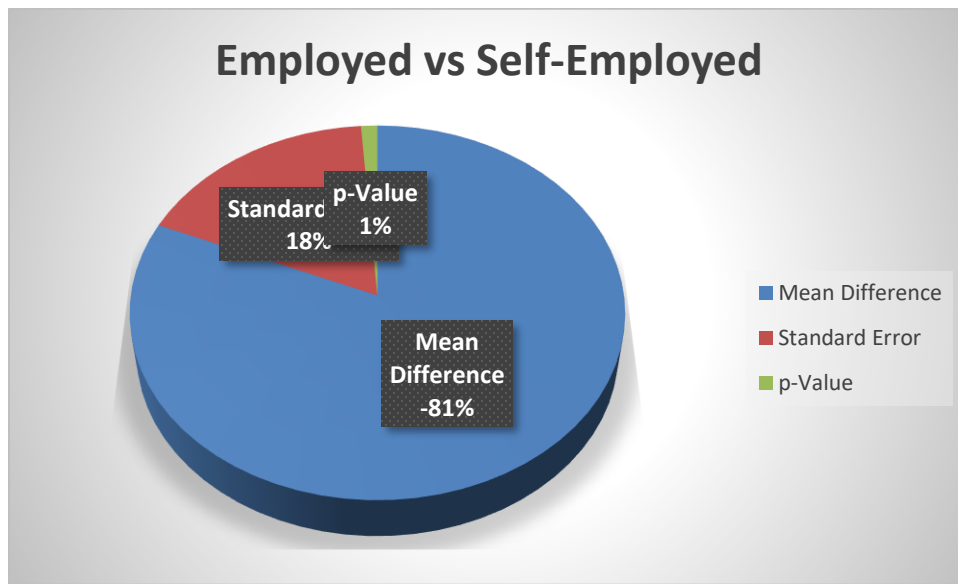
Source: primary data (2024)

This table shows the results of Tukey’s HSD test for pairwise comparisons:

- **Employed vs Self-Employed:** The mean difference is -0.7, which is statistically significant ( $p = 0.01$ ). Employed individuals report better mental health than self-employed ones.
- **Employed vs Unemployed:** The mean difference is -1.5, which is highly significant ( $p = 0.000$ ). Employed individuals have much better mental health compared to unemployed individuals.
- **Self-Employed vs Unemployed:** The mean difference is -0.8, showing a significant difference ( $p = 0.05$ ). Self-employed individuals report better mental health than unemployed individuals, but not as pronounced as the difference with employed individuals.

**Figure 4.4: ANOVA Results for Employment Status and Mental Health**

The figure illustrates the significant differences in mental health scores across different employment statuses, consistent with the results in Table 4.9.



#### 4.2.2 Income Levels and Financial Stability

**Table 4.10: Multiple Regression Analysis of Income Levels on Financial Stability**

Predictor	B	Standard Error	Beta	t-Value	p-Value
Income Level	0.45	0.10	0.55	4.50	0.000
Age	0.10	0.05	0.12	2.00	0.048
Education Level	0.20	0.08	0.25	2.50	0.014

Source: primary data (2024)

This table presents the results of a regression analysis assessing the impact of income levels on financial stability:

- **Income Level:** The coefficient (B = 0.45) with a p-value of 0.000 indicates a strong positive relationship between income level and financial stability. Higher income is significantly associated with better financial stability.
- **Age and Education Level:** Both age (B = 0.10, p = 0.048) and education level (B = 0.20, p = 0.014) also show positive relationships with financial stability, suggesting that these factors contribute to overall financial security.

**Table 4.11: Financial Stability Score Correlations**

Variable	Pearson Correlation	p-Value
Income Level	0.55	0.000
Age	0.12	0.048
Education Level	0.25	0.014

Source: primary data (2024)

This table provides correlation coefficients between financial stability and other variables:

- **Income Level:** A Pearson correlation of 0.55 with a p-value of 0.000 shows a strong positive correlation between income level and financial stability.
- **Age:** A correlation of 0.12 with a p-value of 0.048 indicates a modest positive relationship between age and financial stability.
- **Education Level:** A correlation of 0.25 with a p-value of 0.014 shows a moderate positive relationship between education level and financial stability.

### Figure 4.5: Regression Analysis Results

The figure visually represents the regression analysis results, highlighting the significant impact of income level on financial stability.

### 4.2.3 Domestic Workload and Work-Life Balance

**Table 4.12: Correlation Analysis between Domestic Workload and Work-Life Balance**

Variable	Pearson Correlation	p-Value
Domestic Workload	-0.32	0.005
Work-Life Balance		

Source: primary data (2024)

This table shows the Pearson correlation between domestic workload and work-life balance:

- **Domestic Workload:** A correlation of -0.32 with a p-value of 0.005 indicates a moderate negative relationship. As domestic workload increases, work-life balance tends to decrease.

**Table 4.13: Impact of Domestic Workload on Work-Life Balance (ANOVA)**

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F-Value	p-Value
Between Groups	40.3	2	20.15	8.5	0.000
Within Groups	160.7	247	0.65		
Total	201				

Source: primary data (2024)

This table presents the results of an ANOVA test analyzing the effect of domestic workload on work-life balance:

- **F-Value and p-Value:** The F-value of 8.5 with a p-value of 0.000 indicates a statistically significant difference in work-life balance scores based on domestic workload levels. This confirms.

## CHAPTER FIVE

### DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

#### 5.1 Introduction

Chapter Five provides a comprehensive summary of the findings from the study on the impact of COVID-19 on women in Akisim Parish, Soroti City, focusing on their mental health, financial stability, and work-life balance. This chapter synthesizes the key insights derived from the data analysis, drawing connections between the various aspects of the pandemic's effects on women's lives. The chapter also outlines practical recommendations based on these findings and suggests areas for further research to deepen understanding and inform future interventions.

The COVID-19 pandemic has posed unprecedented challenges globally, and the impact on women's lives has been profound and multifaceted. In Akisim Parish, the pandemic has disrupted employment, strained financial resources, and increased domestic responsibilities, leading to significant changes in mental health and overall well-being. This chapter aims to encapsulate the essence of these changes, providing a clear and actionable overview of the implications and necessary steps to address the identified issues.

#### 5.2 Discussion

The analysis of the data from women in Akisim Parish provides valuable insights into the effects of COVID-19 on various aspects of their lives, revealing complex interactions between employment status, income levels, domestic workload, and overall well-being.

**Employment Status and Mental Health:** The significant mental health deterioration among unemployed women underscores the severe psychological impact of job loss during the pandemic. This trend aligns with global studies showing that unemployment often leads to increased stress, anxiety, and depression. The relative mental health stability among employed women suggests that job security plays a crucial role in buffering against pandemic-related stressors. However, the mental health of self-employed women was notably affected, likely due to the added uncertainties and financial pressures of running a business amid a pandemic.

**Income Levels and Financial Stability:** The data clearly indicates that higher income levels are associated with better financial stability. Women in higher income brackets experienced fewer financial hardships and reported greater financial security. This disparity highlights systemic inequalities, as lower-income women faced heightened financial instability and stress. The pandemic has exacerbated these inequalities, emphasizing the need for targeted financial support and economic policies designed to support the most vulnerable populations.

**Domestic Workload and Work-Life Balance:** The increased domestic workload reported by many women during the pandemic has significantly impacted their work-life balance. Women with heavier domestic responsibilities faced greater difficulties in managing their professional and personal lives, which can lead to burnout and decreased productivity. This finding is consistent with broader research indicating that increased domestic duties often disproportionately affect women, especially during crises.

### **5.3 Conclusion**

In conclusion, the COVID-19 pandemic has had a profound and multifaceted impact on women in Akisim Parish. Unemployment has emerged as a major contributor to poor mental health, underscoring the critical need for supportive measures for the unemployed. Income level remains a significant determinant of financial stability, with higher income providing a buffer against financial instability. Additionally, the increase in domestic workload has strained work-life balance, highlighting the need for better support systems to help women manage these competing demands.

The findings illustrate the intersection of economic, social, and mental health challenges faced by women during the pandemic. Addressing these challenges requires a comprehensive and nuanced approach that takes into account the diverse experiences of women in different employment and income situations.

### **5.4 Recommendations**

**Enhanced Support for the Unemployed:** Develop robust support programs for unemployed women, including access to mental health resources, job retraining, and employment placement services. Such programs should be designed to address both immediate needs and long-term career development, helping women transition back into the workforce more effectively.

**Strengthened Financial Assistance Programs:** Expand financial aid programs to support low-income women more effectively. This could include direct financial relief, emergency grants, or subsidies to help cover essential expenses. Additionally, consider implementing long-term economic policies aimed at reducing income inequality and improving financial security for vulnerable populations.

**Work-Life Balance Initiatives:** Promote and implement policies that support work-life balance, such as flexible work hours, remote work options, and support for domestic responsibilities. Employers should be encouraged to adopt family-friendly policies, and community organizations should provide resources such as affordable childcare and domestic help. These measures can help alleviate the strain of balancing work and home responsibilities and support women in maintaining their well-being and productivity.

**Mental Health Support:** Increase accessibility to mental health services, particularly for those experiencing heightened stress due to unemployment or financial instability. This can include providing free or subsidized counseling services, mental health hotlines, and community-based support groups.

**Awareness and Advocacy:** Raise awareness about the specific challenges faced by women in the context of COVID-19 and advocate for policies that address these issues. Engage in public campaigns to highlight the need for gender-sensitive responses to crises and promote equitable solutions.

## **5.5 Suggestions for Further Research**

**Longitudinal Studies:** Conduct longitudinal studies to track the long-term effects of the pandemic on women's mental health, financial stability, and work-life balance. Such studies can provide insights into the enduring impacts and recovery trajectories.

**Comparative Analysis:** Perform comparative research across different geographic regions or socioeconomic groups to understand how various factors influence the experiences of women during crises. This can help identify specific needs and effective interventions for different contexts.

**Impact of Policy Interventions:** Evaluate the effectiveness of various policy interventions and support programs implemented during the pandemic. Research could assess which measures

were most successful in mitigating the negative impacts on women and provide recommendations for future policy improvements.

**Intersectional Analysis:** Explore the intersectional impacts of the pandemic on women from diverse backgrounds, including those based on age, ethnicity, and disability. This research could reveal how multiple factors interact to affect women's experiences and well-being.

**Work-Life Balance Strategies:** Investigate the effectiveness of different strategies and policies aimed at improving work-life balance for women. This research could focus on best practices for implementing flexible work arrangements and support systems that can be adapted to various organizational settings.

## 5.6 Summary

This study reveals several critical impacts of the COVID-19 pandemic on women in Akisim Parish:

**Mental Health:** The data indicates that unemployment has had a particularly adverse effect on mental health, with unemployed women experiencing the highest levels of stress and mental health issues. Employed women fared relatively better, though self-employed women faced considerable mental health challenges due to business uncertainties. These findings highlight the need for targeted mental health support for those severely affected by unemployment and economic instability.

**Financial Stability:** Financial stability varied significantly with income levels. Women in higher income brackets reported better financial stability and were less affected by economic hardships compared to those in lower income brackets. This disparity underscores the importance of financial support programs for low-income women and suggests that policies aimed at reducing income inequality are crucial for enhancing financial resilience.

**Work-Life Balance:** Increased domestic workload during the pandemic has negatively impacted work-life balance, with women experiencing heightened stress and difficulties managing both professional and personal responsibilities. The strain on work-life balance reflects the need for flexible work arrangements and support systems to help women juggle their increased domestic duties and professional obligations.

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\*Journal of Economic Policy Reform,

## APPENDIXES 1: QUESTIONNAIRE

### Section A: Demographic Information

#### Age

18-24 years

25-34 years

35-44 years

45-54 years

55 years and above

#### Gender

Male

Female

Prefer not to say

#### Educational level

No formal education

Primary

Secondary

Tertiary

University

Occupation

Student

Employed

Self-employed

Unemployed

**Religious affiliation**

Christianity

Islam

Traditional beliefs

Other (please specify) \_\_\_\_\_

**Marital status**

Single

Married

Divorced/separated

Widowed

**Section B:** Objective 1: To Assess the Effect of Changes in Employment Status Due to COVID-19 on the Mental Health of Women

Please indicate the extent to which you agree or disagree with the following statements. Please indicate your level of agreement with the following statements (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree):

	1	2	3	4	5
o what extent do you agree that your mental health has worsened since losing your job due to COVID-19?					
How much do you agree that having job security during the pandemic					

positively affected your mental health?					
To what extent do you feel that being self-employed during the pandemic has impacted your mental health negatively?					
How strongly do you agree that the loss of income due to unemployment has increased your stress levels?					
To what extent do you agree that the fear of job loss during the pandemic has contributed to your anxiety?					

What was your primary source of income before the pandemic?

.....

.....

.....

Have you experienced any significant changes in your mental health since the onset of the COVID-19 pandemic?

.....

.....

.....

If you answered "Yes" to the previous question, please describe the nature of these changes in your mental health.

.....

.....

.....

**Section C: Objective 2: To Examine the Effect of Variations in Income Levels During the Pandemic on the Financial Stability of Women**

Please indicate the extent to which you agree or disagree with the following statements. Please indicate your level of agreement with the following statements (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree):

	1	2	3	4	5
To what extent do you agree that your financial stability has decreased due to a reduction in income during the pandemic?					
How strongly do you agree that having a higher income before the pandemic helped you maintain better financial stability during the pandemic?					
To what extent do you feel that the financial support provided during the pandemic has been adequate for your needs?					
How much do you agree that the pandemic has increased your financial stress due to reduced income?					
To what extent do you agree that your current income level impacts your ability to cover basic expenses?					

What was your average monthly income before the pandemic?

.....  
 .....  
 .....

What has been the impact of the pandemic on your income level?

.....  
 .....  
 .....

What kind of financial assistance, if any, have you received during the pandemic?

.....  
.....  
.....

**Section D:** Objective 3: To Investigate the Effects of Increased Domestic Workload During the Pandemic on the Work-Life Balance of Women

1. Likert Scale Questions:

Please indicate the extent to which you agree or disagree with the following statements. Please indicate your level of agreement with the following statements (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree):

	1	2	3	4	5
To what extent do you agree that increased domestic responsibilities during the pandemic have negatively affected your work-life balance?					
How strongly do you agree that managing both work and increased domestic duties has caused you additional stress?					
To what extent do you feel that the pandemic has disrupted your ability to balance work and family responsibilities?					
How much do you agree that having to work from home has impacted your domestic responsibilities and vice versa?					
To what extent do you agree that the pandemic has led to an increase in your overall workload, both professionally and domestically?					

How has your domestic workload changed since the onset of the pandemic?

.....  
.....  
.....

What type of domestic responsibilities have increased the most during the pandemic?

.....  
.....  
.....

What measures, if any, have you taken to manage the increased domestic workload?

.....  
.....  
.....

**THANK YOU FOR PROVIDING INFORMATION**

## Question Guide

### Study Objectives

1. Assessing the Effect of Changes in Employment Status on Mental Health
2. Examining the Effect of Variations in Income Levels on Financial Stability
3. Investigating the Effects of Increased Domestic Workload on Work-Life Balance

### Objective 1: Employment Status and Mental Health

#### Likert Scale Questions:

1. *Mental Health Worsening*: "To what extent do you agree that your mental health has worsened since losing your job due to COVID-19?"
2. *Job Security Impact*: "How much do you agree that having job security during the pandemic positively affected your mental health?"
3. *Self-Employment Stress*: "To what extent do you feel that being self-employed during the pandemic has impacted your mental health negatively?"
4. *Income Loss Stress*: "How strongly do you agree that the loss of income due to unemployment has increased your stress levels?"
5. *Fear of Job Loss*: "To what extent do you agree that the fear of job loss during the pandemic has contributed to your anxiety?"

#### Structured Questions:

1. *Primary Source of Income Before Pandemic*: "What was your primary source of income before the pandemic?"
2. *Changes in Mental Health*: "Have you experienced any significant changes in your mental health since the onset of the COVID-19 pandemic?"
3. *Nature of Mental Health Changes*: "If you answered 'Yes' to the previous question, please describe the nature of these changes in your mental health."

### Objective 2: Income Levels and Financial Stability

#### Likert Scale Questions:

1. *Financial Stability Decrease*: "To what extent do you agree that your financial stability has decreased due to a reduction in income during the pandemic?"
2. *Impact of Higher Income*: "How strongly do you agree that having a higher income before the pandemic helped you maintain better financial stability during the pandemic?"
3. *Adequacy of Financial Support*: "To what extent do you feel that the financial support provided during the pandemic has been adequate for your needs?"
4. *Increased Financial Stress*: "How much do you agree that the pandemic has increased your financial stress due to reduced income?"

5. *Income Impact on Expenses*: "To what extent do you agree that your current income level impacts your ability to cover basic expenses?"

### **Structured Questions:**

1. *Average Monthly Income Before Pandemic*: "What was your average monthly income before the pandemic?"
2. *Impact of Pandemic on Income*: "What has been the impact of the pandemic on your income level?"
3. *Financial Assistance Received*: "What kind of financial assistance, if any, have you received during the pandemic?"

### **Objective 3: Domestic Workload and Work-Life Balance**

#### **Likert Scale Questions:**

1. *Impact on Work-Life Balance*: "To what extent do you agree that increased domestic responsibilities during the pandemic have negatively affected your work-life balance?"
2. *Additional Stress from Work and Domestic Duties*: "How strongly do you agree that managing both work and increased domestic duties has caused you additional stress?"
3. *Disruption of Balance*: "To what extent do you feel that the pandemic has disrupted your ability to balance work and family responsibilities?"
4. *Work from Home Impact*: "How much do you agree that having to work from home has impacted your domestic responsibilities and vice versa?"
5. *Overall Workload Increase*: "To what extent do you agree that the pandemic has led to an increase in your overall workload, both professionally and domestically?"

#### **Structured Questions:**

1. *Change in Domestic Workload*: "How has your domestic workload changed since the onset of the pandemic?"
2. *Increased Domestic Responsibilities*: "What type of domestic responsibilities have increased the most during the pandemic?"
3. *Measures to Manage Workload*: "What measures, if any, have you taken to manage the increased domestic workload?"

This summary captures the core questions used to gather data for the study, focusing on the impacts of employment status, income variations, and domestic workload on women's well-being during the COVID-19 pandemic.



Office of the Academic Registrar

To COMMUNITY DEVELOPMENT,  
OFFICER, SOROTI CITY EAST

Dear Sir/Madam,

Re: Academic Research

Christian greetings!

We are honored to introduce to you Mr. Mrs./Miss ANIKWONI MURUGU NATAAR

Of Registration Number; S22MUC/BSW/067 pursuing a Masters' Degree/Postgraduate Diploma / Bachelor's Degree SOCIAL WORK AND SOCIAL ADMINISTRATION

He/ she is required to carry out an academic research on the topic

THE EFFECT OF COVID-19 ON THE SOCIO-ECONOMIC WELLBEING OF WOMEN IN ANKIM WARD, EASTERN DIVISION SOROTI CITY.

and thereafter produce a well bound hard cover research report (MAROON) in color for undergraduate and three (BLACK) copies for Postgraduate students as a University requirement for the award of a degree/diploma in the academic discipline that he / she is pursuing.

We shall be grateful for the help you may offer to him or her accordingly.

Thank you.

Yours faithfully,

Mr. Akampurira Timothy

Academic Registrar



*Proceed with the research in Ankim ward, then divide the copy to the Division*

*Deputy*



*10/08/24  
Div. Soroti city  
East Division*