

**THE EFFECT OF GENDER INEQUALITY ON PSYCHOSOCIAL WELLBEING OF
WOMEN IN KAMUTUR SUB COUNTY BUKEDEA DISTRICT**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
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ABSTRACT

This study focused on the effect of gender inequality on psychosocial wellbeing of women in Kamatur Sub-County, Bukedea District. The study was guided by the following research objectives: to ascertain the factors perpetuating gender inequality in Kamatur Sub-County, Bukedea District, to find the effects of gender inequality on psychosocial wellbeing of women in Kamatur Sub-County and lastly to examine interventions for preventing gender inequality and enhance psychosocial wellbeing of women in Kamatur Su-County, Bukedea District. The study used a descriptive research design in form of questionnaire's and interview guide, it considered a population of 100 respondents with a sample size of 80 respondents. The study findings revealed that: Gender discrimination contributes to gender inequality, that gender bias and social norms contribute to gender inequality, that uneven access to education contributes to gender inequality and lastly that lack of legal protection contributes to gender inequality. Additional study findings also revealed that: that perceived gender discrimination is associated with various psychiatric disorders, including major depression and post-traumatic stress disorder, that childhood maltreatment is significantly associated with physical and mental illnesses and lastly that higher levels of stress, anxiety, sadness and Post-Traumatic Stress Disorder (PTSD) in women and persons of marginalized genders are some of the psychological repercussions of gender inequality furthermore the study recommended that: There is need to upgrade the quality of mental health services, that there is need for encouragement initiatives to attend to the causes and consequences of collective and interpersonal violence in order to improve psychosocial wellbeing of women and lastly the study recommends that there is need to direct efforts specifically to primary prevention of mental disorders and behavioral, psychosocial and neurological disorders to prevent gender inequality and enhance psychosocial wellbeing of women.

DECLARATION

I, **Tino Eseza Florence** hereby declare that this research report entitled the effect of gender Inequality on psychosocial wellbeing of women in Kamutur Sub-County Bukedea District is my original work and to the best of my knowledge has never been submitted to any University or any other institution of higher learning for any academic award.

Sign:



Date: 14th /05/2024

Tino Eseza Florence

APPROVAL

This research was carried out under my supervision on the topic “the effect of gender inequality on Psychosocial Wellbeing of women in Kamutur Sub-County Bukedea District “and it is now ready for submission as a partial fulfillment for the requirement of the award of a bachelor’s degree of social work and social administration of Uganda Christian University.

Signature



Date: 14th /05/2024

Mr. Komo Richard Samson

Supervisor

DEDICATION

This research report is a special dedication to my beloved family members, friends and relatives who have in one way or another supported me till the completion of this course. May the almighty God bless the work of their hands abundantly.

ACKNOWLEDGEMENT

I acknowledge God the Alpha and Omega, for the precious gift of life, strength knowledge and wisdom which have enabled me carry out this research successfully. without this gift I wouldn't complete this course. Great thanks go to the highest God.

I acknowledge my research supervisor Mr. Komo Richard Samson for his tireless efforts patience, being present at all times and guidance till the completion of this research report May God the Alpha and Omega bless the work of his hands abundantly.

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LIST OF ACRONYMS

BPFA	Beijing Platform of Action
CEDAW	Convention on the Elimination all forms of Discrimination Against Women
CSBAG	Civil Society Budget Advocacy Group
EPRC	Economic Policy Research Center
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GOU	Government of Uganda
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
ILO	International Labour Organization
MoGLSD	Ministry of Gender, Labour and Social Development
SDGs	Sustainable Development Goals
UBOS	Uganda Bureau of Statistics
UDHS	United Nations Development Programme
UNDP	United Nations Development Programme
UNHS	Uganda National Household Survey
UWEP	Uganda Women's Empowerment Programme
YLP	Youth Livelihood Programme

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents the background to the study, problem, statement, objectives of the study, research questions, scope of the study, and significance of the study and definition of key terms in the research study.

1.1 Background to the study

Worldwide, an estimate of one in five women is a victim of gender inequality either through rape or attempted rape in their lifetime. One in three have been beaten, coerced into sex, or otherwise abused, usually by a family member or an acquaintance. Each year, hundreds of thousands of women are trafficked and enslaved, millions more are subjected to harmful practices, suffer discrimination in agriculture, finance and employment, poor state of psychosocial wellbeing kills and disables many women between the ages of 18 and 44 as cancer and its toll on women's health surpasses that of traffic accidents and malaria combined (OXFAM, 2020).

Europe holds the top four spots for gender equality, with Iceland, Finland, Norway and Sweden ranking first to fourth respectively, it also contains two Nations ranked in the bottom 30 countries, Albania at 108 and Turkey at 120 (OXFAM, 2020 and WHO, 2019). The Nordic Countries, for several years, have been at the forefront of bridging the gap in gender inequality but many of its women are suffering from poor psychological conditions. In contrast to the Nordic nations, the countries of Albania and Turkey continue to struggle with poor psychosocial wellbeing of women which is determined by gender inequality (Kissinger, 2020).

In Saudi Arabia, psychosocial health-related quality of life has been well investigated using different tools in different sub-populations (WHO, 2019). However, no studies have been conducted using the WHO Well-being Index among women; additionally, no studies have investigated the independent effect of material and psychosocial conditions and lifestyle factors on wellbeing in Nations with a unique culture in which gender roles are enforced via legal and societal measures.

On the African scale, although African Nations have made considerable strides towards improving gender inequality, the World faces considerable barriers to attaining equal status to men in terms of property ownership, gainful employment, political power, credit, education, and health outcomes.

In addition, women are disproportionately affected by poverty and HIV/AIDs because of their lack of access to resources and cultural influences. Other key issues are adolescent births, maternal mortality, gender-based violence, child marriage, and female genital mutilation. It's estimated that 50% of adolescent childbirths and 66% of all maternal deaths occur in Sub-Saharan African Nations (OXFAM, 2020).

In Uganda, there exists a close relationship between gender inequality and psychosocial wellbeing of women. Although statistics on psychosocial well-being of women in the country are scanty, anecdotal qualitative evidence suggests a decline in gender equality of women to men. According to Uganda Bureau of Statistics, (2022) basing on UNSHS (2018/19), of all households with women aged 20 years and above (an estimated 74% of households), 46% of women are living in a poor state of psychosocial wellbeing. Similarly, physical and psychological war-relates trauma accounts for major depressive disorders among 62% of women who are refugees and internally displaced persons.

Although ethnographic research and case descriptions have enriched quantitative studies on gender inequality of women, Bell et al, (2020) argued that many of such studies lack clear assessment even an assessment of clusters of post-traumatic stress disorder and dissociative disorders, depression and sociopath, and other mental illnesses among women are not highly correlated with societal breakdowns and social problems, such as civil strife, domestic violence, street violence,, community disintegration, substance abuse and family breakdown. These case studies do not illustrate the effect of gender inequality on psychosocial wellbeing of women thus creating a research opportunity for this study.

1.2 Problem Statement

Even with well- funded women projects and programs, such as equality campaigns for women, girl child education, offering opportunities for political positions for women among others to make them better by the Government of Uganda. Psychosocial wellbeing of women has continued to deteriorate (UWESO,2022). Women productivity continued to lower, decisions making of women is still poor and women incomes have continued to reduce which all affect their wellbeing. Though psychological wellbeing being of women leads to health relationships and strong families. What is happening in Kamatur Sub County of Bukedea District is a situation of deterioration in psychosocial wellbeing among women folks as evidenced in high levels of traumatic stress disorders, domestics, civil violence, hopelessness and dependence.

Kamutur Sub County is one of the poorest Bukedea district with poor state of Psychosocial wellbeing of women. Of the 8,767 people ,54% are women. Often socially and economically marginalized and 46% of them live in a poor state of psychosocial wellbeing (Okiido,2021).

Women also suffer a lot of gender inequality. from psychosocial stress and distress, manic depression, mental disorders, suicidal tendencies and Schizophrenia. Despite of the interventions by government in Bukedea District through gender equality programs such as women's fund, youth livelihood fund, NUSAF and NAADS and access to services , psychosocial wellbeing of women is still poor and if still poor and if nothing is done to reverse the situation , there will be a likelihood of low productivity among women, high morbidity, domestic violence³ and deaths .Additionally, there is limited information about this study hence this study will assess the effect if gender inequality on psychosocial well-being of women in Kamutur Sub County, Bukedea District.

1.3 Purpose of the Study

the purpose of this study was to find out the effect of gender inequality on psychosocial wellbeing of women in Kamutur Sub County, Bukedea District.

1.4 Specific Objectives

This study was guided by the following objectives;

- i) To ascertain the factors perpetuating gender inequality in Kamutur Sub County, Bukedea District.
- ii) To find out the effects of gender inequality on psychosocial wellbeing of women in Kamutur Sub County, Bukedea District
- iii) To examine interventions for preventing gender inequality and enhance psychosocial wellbeing of women in Kamutur Sub County, Bukedea District

1.5 Research Questions

- i) What factors perpetrate gender inequality in Kamutur Sub County, Bukedea District?
- ii) In which ways has gender inequality affected psychosocial wellbeing of women in Kamutur sub county, Bukedea District?
- iii) What interventions can be implemented to help prevent gender inequality and enhance psychosocial wellbeing of women in Kamutur sub county, Bukedea district?

1.6 Scope of the Study

1.6.1 Content Scope

The study collected data on the effect of gender inequality on psychosocial wellbeing of women in Kamatur Sub County of Bukedea District. It specifically focused on causes of gender inequality and how they affect psychosocial wellbeing of women in Kamatur Sub County, Bukedea District .it also looked at interventions that can be implemented to help prevent gender inequality and enhance psychosocial wellbeing of women in Kamatur Sub County, Bukedea District.

1.6.2 Geographical Scope

The study was conducted in the selected parishes in Kamatur Sub County, Bukedea District whose major economic activities are farming, pastoralism, businesses and bodaboda. The vegetation cover of the sub county is savannah grasslands though some areas are arid.

1.6.3 Time Scope

The study looked at the period of the past three years i.e.2020-2023.This period was considered because it is during this time that psychosocial well- being of women deteriorated considerably (Offices of the prime Minister, OPM-2022)

1.7 Significance of the Study

The results of the study may go a long way to help strengthening gender policies to achieve gender equity and improved psychosocial wellbeing of women in the Sub County and the County at large.

The study may help stakeholders in gaining insight into the effect of gender inequality on psychosocial wellbeing of women.

Findings of the study may also help to form a basis for future planning and negotiations with various stakeholders on closing gender gaps and removing barriers to women's psychosocial wellbeing.

In addition to this, the findings of the study may provide useful and practice information to planners and decision makers that may inform policy thinking and practice as far as gender inequality is concerned.

Conclusively, the study findings may contribute to the existing body of knowledge on the effect of gender inequality and psychosocial wellbeing of women. Which may benefit future researchers.

1.8 Justification for the Study

Similar studies have been done but not assessed the effect of gender inequality on psychosocial well-being of women in Kamatur Sub County thus creating a research opportunity for this study. For example, Obwangoli et al, (2022), study broadly examined psychosocial well -being of children not women. While other studies considered youth, students and farmers. (Onyango et AL,2021 and UNBS, 2022) thus creating limitations in literature thus this study analyzed the effect of gender inequality on psychosocial well-being of women in Kamatur Sub County, Bukedea District.

1.9 Conceptual frame work

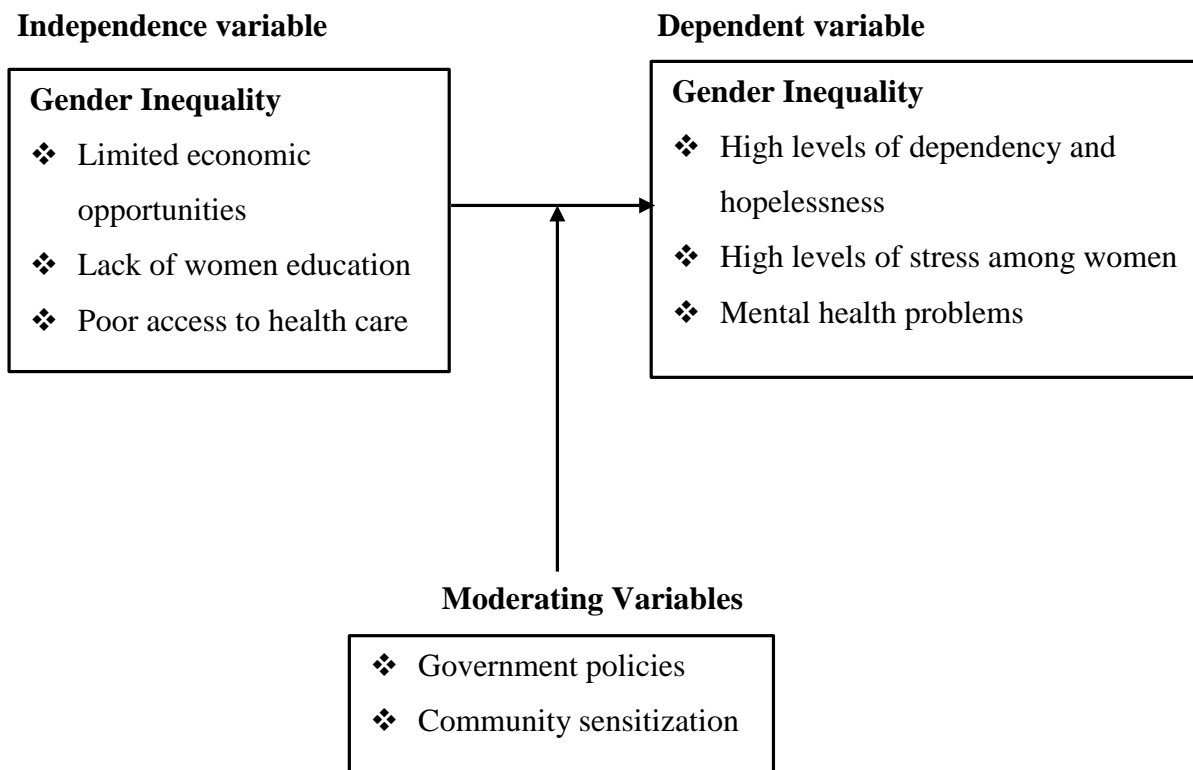


Figure 1: Conceptual Framework showing relationship between variables.

Source: [Miles & Ilubcarman (1994, p. 18) and modified by the researcher 2023.

From the above conceptual framework, Gender inequality as an independent variable (IV) was measured by limited economic opportunities, lack of women education and poor access to health care. The dependent variable in this case is psychosocial wellbeing of women which was measured by high levels of dependency and hopelessness, high levels of stress among women and mental health problems. The framework assumes gender inequality directly affects psychosocial wellbeing of women.

1.10 Operational definitions

- a) Psychosocial well-being:** this encompasses multiple aspects of positive functioning of an individual in all aspects of life such as decision making, relationships, work and leisure so as to attain the goals of life (Singer,2008)

- b) Gender Inequality:** refers to the disparities between women and men in a society in terms of their access and opportunities in the social, economic and political spheres and their share in decision-making power at all social levels. It also includes legal, social and cultural situation in which sex and /or gender determine different rights and dignity for women and men, which are reflected in their unequal access to or enjoyment of rights as well as the assumption of stereotyped social and cultural roles (MoGLSD,2020, OXFAM,2018)

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the review of the past literature related to area under investigation. The review was conducted according to the objectives of the research study as seen below:

2.1 Factors perpetrating gender inequality

Klinger et al, (2021) opined that gender discrimination impacts all aspects of a women's life, such as limited access to employment opportunities and quality health care, which can result in poor health outcomes. This power imbalance becomes especially in resource poor areas where multiple disadvantages cluster. In addition to discrimination, women who do not conform to the socio-cultural norms of their gender can face stigma, social exclusion and violence. Women hold multiple forms of minority statuses (due to their ethnicity) meaning that they can be subject to discrimination from a myriad of angles, which to gather leads to greater stress and worse mental health outcomes. From the study by Cruz et al, (2021) there was growing recognition of gender -influenced isolation, social exclusion, bullying and threats that added to the burden and injustice of discrimination.

In their other works, Cruz et al (2022) argued that the root causes of gender inequality are gender bias and social norms that restrict women's rights and opportunities, which, together with preference/comparative advantage between men and women, are the root drivers of gender gaps. Gender bias/social norms and preference/comparative advantage between men and women interact with other factors for example development, technological advances, and public policies in determining gender gaps and gender inequality in different areas such as education, labor market and financial access. In other words, the root causes of gender inequality are gender bias and social norms; gender inequality in different areas is just symptoms of the root causes. But what is missing in Cruz and Klinger et al, (2021) studies is that while some policies can help reduce gender inequality in some of these areas, fully addressing gender inequality would require the elimination of the root causes, gender bias/social norms to help enhance Psychosocial wellbeing of women.

Around the world, women still have less access to education than men. $\frac{1}{4}$ of young women between 15-24 do not finish primary school. That group makes up 58% of the people not completing basic education. Of all the illiterate people in the world, $\frac{2}{3}$ are women. When

girls are not educated on the same level as boys, it has a huge effect on their future and the kinds of opportunities they'll get Demary and Gaddis et al, (2009). Austen et al, (2018) notes that gender inequality in education appears to be shifting from access to education to quality of education and field of study. For emerging and developing economies as a group, the gender inequality in education appears to be shifting from access to education to quality of education and field of study. For emerging and developing economies as a group, the gender gaps in access to preprimary, primary and secondary education are being closed, though some countries are still lagging behind; however, there are still gaps for tertiary education. As a result, many emerging and developing economies are still trying to achieve gender equality in access to education, particularly for tertiary education but psychosocial wellbeing of women is not showing signs of improving.

EPRC, (2017) opined that only 6 countries in the world give women the same legal work rights as men. In fact, most economies give women only $\frac{3}{4}$ the rights of men. Studies show that if employment became a more even playing field, it has a positive domino effect on other areas prone to gender inequality. One of the causes for gender inequality within employment is the division of jobs. In most societies, there's an inherent belief that men are simply better equipped to handle certain jobs. Most of the time, those are jobs that pay the best and these are given to men. This discrimination results in lower income for women.

Women also take on the primary responsibility for unpaid labor, so even as they participate in the paid workforce, they have extra work that never gets recognized financially. However, EPRC study did not mention substantial misallocation of human capital, including both investment in women and utilization of women talents. Even a growing body of literature however, does not show that reducing gender inequality can help foster low psychosocial wellbeing of women and this has created a research opportunity for this study.

According to research from the World Bank, (2019), over one billion women don't have legal protection against domestic sexual violence or domestic economic violence. Both have a significant impact on women's ability to thrive and live in freedom. In many Countries, there's lack of legal protections against harassment in the workplace, at school, and in the public. These places become unsafe and without protection, women frequently have to make decisions that compromise and limit their goals. However contrary to the World Bank's findings, gender bias/social norms and preference /comparative advantage between men and women interact with other factors (e.g. development, technological

advances, and public policies and all these lack legal protection in determine gender gaps and gender inequality in different areas such as education labor market and financial access.

Okiiria et al (2022) argued that many women around the world do not have authority over their own bodies even when they become parents. Accessing birth control is frequently very difficult. According to the World Health Organization, over 200 million women who don't want to get pregnant are not using contraception. There are various reasons for this such as a lack of options, limited access and cultural /religious opposition. However, the urgency to address gender inequality stems from its substantial social and economic consequences. First and foremost, gender inequality is a matter of fairness and concerning the wellbeing of women. For example, some gender reflects direct actions against women such as violence, harassment, and the resulting fear or restriction on women 's behaviors, legal or social.

Williamson and Pantazis et al, (2018) argued that it would be impossible to talk about gender inequality without talking about racism. It affects what jobs women of color are able to get and how much they're paid as well as how they are viewed by legal and healthcare systems. Gender inequality and racism have been closely- linked for a long time. According to sally Kitch, a professor and author, European settlers in Virginia decided what work could be taxed based on the race of the women performing the work. Africa women's work was "labor" so it was taxable, while work performed by English women was "domestic "and not taxable. The pay gaps between white women and women of color continue that legacy of discrimination and contributes to gender inequality.

2.2 Effect of gender inequality on psychosocial wellbeing of women

Onyango et al, (2022) argued that perceived gender discrimination has been associated with various psychiatric disorders, including major depression and post -traumatic stress disorder (PTSD), Research shows that the experience of gender discrimination accounts for more of the variance for depressive, anxiety and somatic symptoms in women compared with psychosocial stressors (known predictors of depression). Similar patterns are observed when more objective measures of discrimination are considered (e.g. gender pay inequalities). Women who earn less than men have significantly higher odds of major depression than their male counterparts. However, no significant fender differences in depression are observed among matched pairs in which women had a higher income than men. Interestingly, the female preponderance in depression has been found to be

pronounced in recent years and has been attributed to changes in the traditionalist of female gender roles (e.g. better female education). These findings provide preliminary but not convincing evidence that gender discrimination plays a prominent role in women's psychosocial wellbeing.

Seally et al, (2019) opined that childhood maltreatment is significantly associated with physical and mental illnesses, such as cardiovascular disease and mood disorders in adulthood, these associations have been shown to be strongest in women. The experience of domestic violence and abuse can lead to the development of mental health problems which affects decision making. For instance, a recent meta-analysis reported a seven-time increased in the likelihood of PTSD among women exposed to domestic violence and abuse. Childhood maltreatment is also a risk factor for domestic violence and abuse however, Sealkly did not provide evidence that victimization in childhood and adulthood has been shown to have an accumulative impact on women's psychosocial wellbeing.

Gender inequality has a significant impact on mental health around the world. Higher levels of stress, anxiety, sadness and post-traumatic stress disorder (PTSD) in women and persons of marginalized genders are some of the psychological repercussions of gender inequality. Inequality between men and women presents itself in a variety of ways people can generate mental health issues as an immediate reaction to bigotry or violence based on gender. Indirectly, they can acquire conditions as a result of socioeconomic disparity, chronic stress, and negative media messages.

Women with mental health disorders outnumber men by as much as two or three times, according to Macklain et al, (2020), depending on the ailment. Women, in comparison to men, are: Generalized anxiety disorder is twice as common; Panic disorder is twofold as widespread in women as it is in men, they are roughly twice as likely to experience depression throughout their lives and an eating disorder is four to ten times more likely, more than twice as liable to have post-traumatic stress disorder. While several factors, including biological various between sexes, play a role in mental illness, women are overrepresented in these figures, as well as in statistics for chronic physical disorders. However, there is no correlation in Mcklain et al, (2022), findings between discrimination and mental health problems. Sexism also exposes people to several mental health risk factors, such as chronic stress, low self-esteem and negative psychosocial self-image.

Ministry of Gender, labor and social development (MoGLSD, 2020) argued that gender inequality can lead to trauma which is one of the psychological impacts of sexism. Trauma

is a response to a traumatic incident that can result in a wide range of mental and physical symptoms, including panic and anxiety, anger, grief, numbness, insomnia or nightmares, dissociation, or a sense of being cut off from one's thoughts, feelings, or body, flashbacks, hyper arousal, puts the body in a state of awareness and makes it difficult to relax. People react to traumatic events in different ways. People may fit the criteria for PTSD if their symptoms last for a long time following a distressing experience. Women are slightly less likely than men to be exposed to stressful events. However, Gender, labour and social development did not provide adequate evidence on whether the aspects of trauma that women undergo are more apt to result in PTSD can affect their psychosocial wellbeing.

Fahmy et al, (2018) argued that events that can generate stress are known as stressors. Women suffer more chronic stressors than males, according to research. They also perceive these stressors as more dangerous. Chronic stress is a risk factor for a variety of health problems; therefore, it's likely that it plays a part in women's greater prevalence of mental illness. The following are some examples of stressors that disproportionately affect women: firstly, obligations in the home: Even though both parents working in two-parent households are prevalent in many countries, women still devote more time to parenting and housework than men. Women with partners and children spend 8.5 hours more each week on household duties, according to a 2014 nationwide study of female physicians and academics. Women with full time working partners were more likely to take time off work to care for their children. Secondary, care giving: women are likely than men to give unofficial care to family members and others.

In 2015 cross-cultural survey by Mark et al, (2019) men had higher self-esteem on average than women in 48 countries. The broad effect of gender roles, stereotypes, and the emphasis on women's physical beauty in particular nations, such as the United States, is one cause. Many studies have demonstrated that gender stereotypes, such as the assumption that boys are intrinsically better at math or science than girls, have a direct impact on academic achievement and diminish women's confidence in their talents. The disparity in mathematic aptitude between boys and girls vanishes in countries with weaker stereotypes. Low self-esteem is linked to a variety of mental health issues, some of which can be life-threatening. Eating disorders fall under this category. Body image, or how a person feels about image. Shame was experienced by 25% of women, Anxiety was reported by 40% of women and 28% of males. Depression feelings were reported by 45 per cent of women and 25 percent of men and eating disorders are more common in women than in males and both low self-esteem and a negative body image are risk factors.

2.3 Interventions for preventing gender inequality and enhance psychosocial wellbeing women

Mental health services have a crucial role to play in alleviating suffering associated with psychiatric illnesses, emotional distress, psychosocial disorders and behaviors' pathology. Abused women, troubled children, those traumatized by political violence. those who have attempted suicide or are addicted to alcohol or narcotics and especially those who suffer acute or chronic mental illnesses can be helped substantially by competent mental health care. We have seen how women suffer disproportionately from mental illnesses such as depression and anxiety, and dissociative disorders associated with sexual abuse and yet these are the illnesses that competent

Clinicians may best help. With recent advances in psychiatric medications and specialized forms of psychosocial interventions, the potential for benefit is greater than at any time in history. Macklain et al (2022) yet mental health services in most societies are inadequate. Well-trained practitioners are scarce, drugs and psychosocial interventions are unavailable or of poor quality, and even where expertise and resources exist, they seldom reach into the communities where the needs are greatest. The human rights of the mentally ill are often severely comprised and mental health care too often associated with abusive social control. Financial investment is required for sustainable programs and creativity is needed to build programs that join local resources with professional Knowledge.

Mainstreaming a gender perspective in the mental health sector through educating women at all levels of society about the possibilities of mental health interventions and the potential for services and programs is central to the success of mental health program development can help prevent gender inequality and enhance women's psychological welfare. (MoGLSD,2021). The development of community based programs may build upon the engagement of many women to their local communities and their commitment to community and family health .Formal mental health services , including rational drug policies for psychotropic medications and the reliable provision of Adequate supplies at reasonable costs (selected generic antidepressants , antipsychotic and anticonvulsant drugs), must be complemented by non-medical support groups, consumer groups and healing institutions that provide crucial care in many communities.

Essential to mental health programs is a small cadre of well- trained mental health professionals: Psychiatrists, Psychological, social workers and Psychiatric nurses. They are the ones who must lead efforts to establish priorities of mental health in medical education

and health policy. Training primary care physicians, nurses and health workers in the recognition and appropriate referral and or treatment of mental illness is central to expanding community services to meet needs. Specific training in diagnosis and management of Psychiatric conditions is required to improve the quality of mental health policy. Training primary care Physicians, nurses and health workers in the recognition and appropriate referral and or treatment of mental illness is central to expanding community services to meet needs. Specific training in diagnosis and management of psychiatric conditions is required to improve the quality of mental health services offered in primary care. And since community practitioners often depend almost exclusively on agents of pharmaceutical companies' for new information on medications, initiatives in continuing education are needed to provide more basic training in the safe and effective use of psychotropic medications.

With appropriate training and supervision, non-physician primary health workers can learn to diagnose, treat and organize follow-up programs for a substantial fraction of cases of depression, anxiety and epilepsy and can with appropriate supervision ,manage patients with chronic schizophrenia in the community if their social welfare is provided .WHO has developed training and shown they can be effectively employed in societies as diverse as India, the Philippines and Tanzania In societies in which non physicians provide a substantial portion of primary care, specialized training activates are cost –effective means of improving and extending mental health services .Mainstreaming a gender perspective may build on the interests of many women professionals who have entered the field of mental health care as psychiatric nurses, counselors and social workers.

As we have noted above, investing in the health, education, and well-being of women is of high priority for improving the mental health of populations in low and middle income countries. The World Bank's 1993 World Development Report clearly demonstrates that educating women to primary school level is the single most important determine of both their own and their children's health .World Mental Health (1995) indicates women's education is an equally valuable investment for the mental health of women ,men and children .Such education also renders women less likely to tolerate domestic violence and abuse, or the spending of substantial portions of the family income on drinking or gambling by their spouses in public health programs

Women throughout the world constitute the vast majority of caretakers of first and last resort for chronically disable family members, including mentally retarded children, demented elderly, and adults suffering a major mental illness. Minimally, it is in a

community's long-term social interest to assist with this burden through formal health services. In addition, because women are critical to the successor health policies, their participation in formulating mental health policies should be encouraged, with governments, international organizations and NGOs defining avenues for women to exercise leadership roles. Policies may be evaluated by women's groups not only in terms of how they support women's mental health but also in terms of the quality of services offered to women, children and men.

Collective and interpersonal violence is one of the most pressing problems in the world today. Wars, prolonged conflicts, ethnic strife and political repression lead to deep trauma and psychological problems that persist beyond the period of conflict and violence. While only profound changes in international and national politics will reduce armed conflicts and violence. While only profound changes in international and national politics will reduce armed conflicts, peace and security initiatives should be strongly encouraged. In addition, mental health concerns should be more widely understood in peace and security programs. For ethnic conflict, for instance, mental health issues—from the effect of racism on ethnic identity to the vicious cycles of revenge—should become the target of new policies, such as education in schools. Transnational initiatives to treat trauma may assist in modest but effective ways as well to quickly respond to and aid victims of collective violence. Intervention programs of therapy and triage, which have been shown to have beneficial effects, need to be supported internationally as well as locally given costs and limited services in many parts of the world. Women's organizations have taken major roles in leading such efforts in the past and can be models for future efforts as well.

Curtailing and preventing interpersonal and domestic violence (often generated by community violence and breakdown) requires the mainstreaming of a gender perspective to formulate policies both in health care services and in the legal system. Although medical care for physical wounds and mental health care for psychological wounds may mitigate long term suffering, deterrence and ultimately prevention require laws that make domestic violence against women (and children) a crime.

Direct efforts specifically to primary prevention of mental disorders, and behavioral, psychosocial and neurological disorders. Such efforts would survey the scientific knowledge base, examine primary prevention activities around the world, address the cross-cultural relevance of prevention programs, and define training needs and related activities. Successful prevention programs call for the integration of biological and psychosocial factors, and the active promotion of proven preventive programs. Models

taking account of the co-morbidity of many disorders, the clusters of psychiatric disorders and psychosocial distress, must be developed in order to encourage interventions to support individuals who are afflicted with mental illness. In addition, prevention programs require an understanding of indigenous protective factors, such as the activities of caretakers of those who are ill and those local practices that enhance the mental and physical health and psychosocial wellbeing of women. Listening to women, professional and lay, should help in identifying these factors.

Better matching female talent to human capital development and employment, including as corporate and political leaders and entrepreneurs, can substantially boost psychosocial wellbeing of women. For example, higher female labor force participation can substantially boost economic growth Kolovich, (2020). As discussed earlier, between 20 to 40 percent of growth in aggregate market output per person between 1960 and 2010 in the United States can be explained by improved allocation of talent (Hsieh and others, 2019). Innovation is widely viewed as a central driver of productivity growth and output, and gender inequality hinders innovation at every state of the process, particularly as a growing literature is showing better outcomes of more diverse and mixed-gender teams (Rock and Grant 2016; Cook, 9; Cook and others, (2021)

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the methodology that was used in the study and some of the areas that were covered include: research design, area and population of the study, sample size, sample selection techniques, sources of data, data collection instruments, data quality control and data analysis.

3.1 Research Design

A cross-sectional design was used for both qualitative and quantitative research approaches to analyze the effect of gender inequality on psychosocial wellbeing of women. This design helped the researcher to generate more sufficient data and relevant information that supported the variables and objectives of the research study.

3.2 Study Area

The study was conducted in the selected parishes in Kamutur sub-county, Bukedea district.

3.3 Sample size and Study Population

The population consisted of 40 local people, 20 sub county Officials and 20 local leaders. Local people were chosen to participate in this study because gender inequality affects their psychosocial wellbeing while Sub-County Officials were selected because of their experience in combating gender inequality and they have firsthand information regarding the influence of effect. Additionally, local leaders were chosen because they had relevant information given their experience in sensitizing against gender inequality.

The total population (N) was 100 respondents and therefore the sample size was 80 respondents which was arrived at using solvents formula of determining a sample size from the population as below:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

N = Study population n = Sample size e = Precision error at 95% confidence interval

Thus

$$n = \frac{N}{1 + N(e)^2}$$

100

$$n = \frac{100}{1 + 100(0.05)^2}$$

$$n = \frac{100}{1 + (100 \times 0.0025)}$$

$$n = \frac{100}{1 + 0.25}$$

$$n = \frac{100}{1.25}$$

$$n = 80$$

Table 3.1: Summary of the Sample Size and Sampling Technique

Respondents	Study Population (N)	Sample Size (n)	Sampling Technique
Sub County Officials	50	40	Simple random
Local leaders	25	20	Simple random
Local people	25	20	Purposive
Total	100	80	sampling

Source: Primary data 2023 and modified by the researcher

3.4 Sampling Techniques

The researcher used the following sampling techniques:

3.4.1 Simple random sampling

The researcher used simple random sampling to select respondents from local leaders and local people category. This technique involved giving a number to every subject or member of the accessible population, placing the numbers in the container and then picking any number at random. The subject corresponding to the numbers was included in the sample.

Simple random sampling enabled the researcher to get a representative sample. for the research study and allowed generalizability to a larger population with a margin error that was statistically determinable.

3.4.2 Purposive Random Sampling

Purposive sampling technique was used because some individuals in the population had special knowledge that made them become "privileged" to participate for the purpose of the study. According to Kothari (2010) purposive sampling is a type of sampling where the researcher purposively chooses persons who, in his/her judgment have some appropriate characteristic required of the sample members thought to be relevant to the research topic and are easily available. A purposive, or judgmental, sample was used because respondents would not be judged during participation.

3.5 Research Instruments

The researcher used both questionnaires and interview guide.

3.5.1 Questionnaire

The researcher used a self-administered questionnaire as a research tool to collect data from the local people. The questionnaire had three sections: Section A included the respondents' demographic information, Section B, C and D focused on general and closed ended statements which were in accordance with the objectives of the study. The researcher got a list of local people and local leaders selected through purposive sampling to which the questionnaire was administered. The questionnaire was administered to local people and local leaders because it is easy to administer and collect back. According to Fisher (2004), a questionnaire is used because it is easy to administer, not so expensive, and helps to collect unbiased data. The nature of the questions were in form of structured and closed ended questions where by a 5 Likert scale of measurement was on close ended questions based on a scale of strongly agree (5), agree (4), unsure (3), disagree (2), strongly disagree (1).

3.5.2 Interviews

Other data was collected using interviews with the help of interview guide. An interview guide is a research instrument that contains a set of questions on defined issues under study that are put to respondents on face to face basis (Saunders, et al, 2007). These instruments contained mostly open-ended questions. The interview guide was used on local leaders as

respondents because this category of the study population had in-depth knowledge and firsthand information that may not be fully captured using questionnaires.

3.6 Data quality control tools

3.6.1 Validity

Validity of an instrument is defined as the ability of an instrument to measure what it is intended to measure. To establish the validity of the instruments, the researcher used expert judgment as recommended by Gay (1997) as the best method for ensuring validity. Thus the researcher ensured that the instrument is clear, relevant, specific and logically arranged. Validity of the questionnaire was tested using content validity test (C VI). To arrive at the relevancy of the questionnaire, the researcher designed the instrument that yielded content valid data by first specifying the domain of indicators that are relevant to the concept being measured. A content-valid data measure contains all possible items that were used in measuring the effect gender inequality on psychosocial wellbeing of women in Kamatur Sub County, Bukedea District.

$$CVI = \frac{R}{R + N + 1R}$$

Where, Relevant (R), Neutral (N), Irrelevant (IR).

3.6.2 Reliability

Reliability of instruments was tested using a test re-test method of reliability and Cronbach alpha tests to determine the reliability index with the help of SPSS. Data was collected from 20 local people not among those in the sample. The principle of reliability as far as research instruments are concerned, is clearly put forward by Amin (2005), an instrument is reliable if it produces the same results wherever it is repeatedly used to measure a trait or a concept.

from the same population and under similar circumstances. In the case of reliability, Cronbach Alpha coefficient method of internal consistency was used to calculate the reliability co-efficient of the questionnaire.

The formula was as follows:

$$2 \left(\frac{\quad}{\quad} \right)$$

$$K - \sum D_i S$$

$$K - I \quad SDt^2$$

Where:

α the alpha coefficient

$\sum D_i S$ — sum of the variance of individual items in the questionnaire

SDt = variance of entire questionnaire

K number of items in the questionnaire.

Reliability of the questionnaire was found to be 0.911 therefore warranting the researcher to proceed.

3.7 Data Processing and Analysis

3.7.1 Quantitative data analysis

Data processing was done through editing of the data which was coded for further data analysis. After data processing, quantitative data analysis was carried out by simple frequency tabulation using a Statistical Package for Social Science (SPSS). Data was presented using different methods such as simple frequency tables which ultimately helped to measure the effect of gender inequality on psychosocial wellbeing of women. This is because data presentation requires clear portrayal of the findings presented, and the method above clearly fulfilled that purpose.

3.7.2 Regression Analysis

Regression analysis was used because the researcher was interested in finding out whether the independent variable predicted the dependent variable. The researcher used simple regression to analyze the effect of gender inequality on psychosocial wellbeing of women. This type of inferential statistics was easy to compute and interpret and it also helped in making conclusions. Descriptive statistical techniques (frequencies and percentages) were used to analyze field data from questionnaires to assist in the interpretation of data.

3.7.3 Qualitative data analysis

On the other hand, qualitative data gathered from open-ended questions in the interview guide was summarized. A style called content analysis was used to test the validity and authenticity. Content analysis is the analysis of data which is non-empirical. In qualitative data analysis, the researcher obtained detailed information about the effect of gender inequality on psychosocial wellbeing of women and tried to pattern trends and relationships.

Then data was coded and categorized according to the sub-themes identified earlier.

3.8 Data collection procedure

The researcher selected and presented a research topic to the department of social sciences. Thereafter the researcher developed a research proposal. After approval of the research proposal, the researcher obtained an introductory letter from the Head of department which as presented to the relevant authorities in the study area for data collection. Thereafter the researcher wrote a report to be presented to the department for further examination

3.9 Ethical Considerations

3.9.1 Consent

The researcher got approval consent from the respondents. Respondents willingly decided to participate in the study after the researcher explaining to them the purpose of the study, which was purely academic. It is possible that the researcher's views influenced the way the study. Findings would be documented thus creating an ethical dilemma of failure to present exactly what the study subjects would reveal in the course of the data collection. However, the prepared instruments helped the researcher to collect objective information hence fears of personal views were reduced.

3.9.2 Confidentiality

Respondents were assured of confidentiality by keeping information given confidential. Respondents' identity was kept anonymous or pseudo names were used. This increased disclosure of information as well as increasing on respondents' willingness to participate in the study.

3.9.3 Fraud and plagiarism

Mugenda and Mugenda (2007) argued that fraud involves faking data. It also includes false presentation of research methodologies. On the other hand, plagiarism refers to owning

another person's work by the researcher without acknowledging the author. According to copy rights law, in many countries including Uganda, both fraud and plagiarism are crime punishable by panel code. To avoid fraud and plagiarism, the researcher personally collected analyzed and presented data and endeavored to present exactly what the study subject revealed. Where information was picked from another source, the author (copy right owner) was acknowledged.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents on data analysis and interpretation based on the study objectives identified earlier. It begins with the analysis of the demographic data as seen below;

4.1 Demographic characteristics of the respondents

The first part of this chapter is a presentation and analysis of the preliminary data obtained from the study. It involves the background information of the respondents. The variables involved are age (years), gender of respondents, educational level and marital status. Data obtained has been presented in tables below.

4.1.1 Age of Respondents

Table 4.1 contains the age distribution of respondents who participated in the study. The purpose was to find out the average age of respondents in the study area.

Table 4. 1:: Age of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-29	3	3.8	3.8	3.8
	30-39	34	42.5	42.5	46.3
	40-49	40	50.0	50.0	96.3
	50 above	3	3.7	3.7	100
	Total	80	100.0	100.0	

Source: Primary Data (2023)

A close look at the Table 4.1 show that 3.8% of the respondents were 21-29 years of age, 42.5% were between 30-39 years of age, 50% who constituted the majority were 40-49 years and 3.8% of the respondents were 50 years and above. The findings of the study imply that since majority of the respondents were 40 years above, this meant that they were mature enough and information acquired from them was reliable. The above view is in the line with Amin (2005) who argued that the majority age of above 18 years adds value to the responses given that mature people are more trustable as they take time to think about a particular aspect of life.

4.1.2 Gender of Respondents

Respondents were asked to indicate their gender by ticking the appropriate column they belonged. The purpose was to find out the number of males and females who actually participated in the study.

Table 4 2: Gender of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	29	63.8	63.8	63.8
	Male	51	36.2	36.2	100.0
	Total	80	100.0	100.0	

Source: Primary Data (2023)

Table 4.2 shows that out of the 80 respondents who participated in the study, majority 63.8% were males, while the remaining 36.3% were females. This finding means that there are more male than females who participated in the study, naturally, males and females have different attitudes and views toward events since females are home makers, they tend to remain at home, and this explains their lower turn up rate (Singer, 2014)

4.1.3 Marital status of the respondents

Table 4.3 depicts the marital status of respondents who participated in the study. The purpose was to find out the marital status of the participants and below are the findings:

Table 4 3: Level of Education

	Frequency	Percent	Valid Percent	Cumulative Percent
Married	62	77.5	77.5	77.5
Single	11	13.8	13.8	91.3
Widower/ Widow	7	8.7	8.7	100
Total	80	100	100	

Source: Primary Data (2023)

Table 4.3 shows that 13.8% of the respondents were single, 77.5% of the respondents were married, 7.5% were widows/widower and 1.3% of the respondents had divorced. Data shows that majority of respondents were married (mature adults) and therefore their responses were trusted because they had experience in solving various socio-economic problems.

4.1.4 Educational level of the respondents

Level of education was used to demonstrate the knowledge of respondents on vocational skilling and its effect on gender inequality and women wellbeing.

Table 4.4: Levels of Education

	Frequency	Percent	Valid Percent	Cumulative Percent
University	29	20.0	20.0	20.0
Tertiary	35	36.3	36.3	56.3
Secondary	16	43.7	43.7	100
Total	80	100	100	

Source: Primary Data (2023)

From the research findings, 20% of the respondents had ended at University level of education, 43.8% had ended at secondary level and 36.3% ended at tertiary level of education. Data shows that majority of the respondents had attained some level of education whose opinions and views regarding the effect of gender inequality on psychosocial wellbeing of women were good because of them being well informed. This was in line with Uma et al, (2021) who argued that it is important in social investigation research to involve people that have attained an acceptable level of literacy and numeracy in order to be in position to understand and interpret content in the questionnaires.

4.2 Factors perpetuating gender inequality.

This was the first objective of the study which was about finding out how factors perpetuating gender inequality. Responses are shown below:

Table 4.5: Descriptive Statistics

	N	SD	D	N	A	SA	Mean	Std. D	Comments
Uneven access to education is another cause of increased gender inequality	80	3 3.80/	4 5%	25 36.3%	25 36.3%	23 18.8%	4.26	0.647	Very High
Gender discrimination contributes to gender inequality	80	2 3.80/	5 6.3%	8 23.8%	45 48.8%	20 17.5%		0.694	Very High
Gender bias and social norms negatively affect gender inequality	80	2	3 90/0	16 22.5%	55 52.5%	4 13.8%	4.12	0.731	Very High
Lack of equality in employment contributes to increased gender inequality	80	2	3	5 (10.2%)	58 (60%)	12 (22.8%)		0.875	High
Lack of legal protection for women increases on gender inequality among women	80	2	4	7 (6.8%)	15 (30%)	52 (58.2%)	4.47	0.647	Very High
Valid N (list wise)	80								
Overall Mean & Standard Deviation							4.34	0.677	Very High

0.00-1.00 very Low, 1.10-2.00 Low, 2.10-3.00 Moderate, 3.10-4.00 High, 4.10-5.00 very high

The study investigated whether gender discrimination contributes to gender inequality in Kamatur sub county, Bukedea district. According to the findings in table 4.5 above 3.8% of the respondents strongly disagreed that gender discrimination does not contribute to gender inequality, 6.3% disagreed, 23.8% were neutral, while 48.8% of the respondents who were the majority agreed and 17.5% of the respondents strongly agreed to the statement.

From the above findings, it was noticeable that gender discrimination contributes to gender inequality with similar findings obtained from interviews conducted with sub county staffs.

In support of the findings from Greinert et al, (2019) opined that gender discrimination contributes to gender inequality.

The study also investigated whether gender bias and social norms contributed to gender inequality and according to the findings presented, only 1.3% of the respondents strongly disagreed that gender bias and social norms contribute to gender inequality, 22.5% were neutral, 52.5% of the respondents who were the majority agreed that gender bias and social norms contribute to gender inequality, 13.8% strongly agreed and lastly 9.9% of the respondents disagreed with the statement. The findings meant that gender bias and social norms contribute to gender inequality. Even data collected from interviews show that gender bias and social norms contributed to gender inequality which is in line with Tomkins et al, (2017) who equality agrees with the findings where he argued that gender bias social norms contributed to gender inequality.

On whether uneven access to education contributes to gender inequality, 3.8% of the respondents strongly disagreed to the statement noting that uneven access to education contributed to gender inequality, 5% disagreed, 36.3% were neutral, the same percentage of 36.3% agreed and 18.8% strongly agreed. The above findings imply that uneven access to education contributes to gender inequality. In line with the above findings, bray et al, (eds) (2012) argued that uneven access to education contributes to gender inequality, with similar results from interviews.

The study also investigated whether lack of equality in employment contributed to gender inequality and study results shown that 2% of the respondents strongly disagreed 5% of the respondents disagreed to the statement noting that lack of equality in employment does not contribute to gender inequality, 10.2% were neutral, 60% and 22.8% of the respondents strongly agreed to the statement. These findings were I the line with respondents strongly

agreed to the statement. These findings were in line with Okiiria and Okiidi et al, (2019) who noted that lack of equality in employment contributes to gender inequality.

Respondents were also asked to find out whether lack of legal protection contributed to gender inequality. Findings showed that 2% of the respondents strongly disagreed, 5% of the respondents disagreed to the statement noting that lack of equality in employment does not contribute to gender inequality, 10.2% were neutral, 60% and 22.8% of the respondents strongly agreed to the statement. These findings were in line with Okiiria and Okiidi et al, (2019) who noted that lack of equality in employment contributes to gender inequality.

Respondents were also asked to find out whether lack of legal protection contributed to gender inequality. Findings showed that 2% of the respondents strongly disagreed that lack of legal protection does not contribute to gender inequality, 3% of the respondents disagreed, 6.8% were neutral, 30% agreed and 58.2% of the respondents strongly agreed that lack of legal protection contributes to gender inequality. The study findings were in line with Sharon et al, (2019) who conducted a research study in Namibia and found out that lack of legal protection for women is a major source for increased gender inequality.

An overall mean of 4.34 is very high and standard deviation of 0.677 indicated that there are many factors perpetuating gender inequalities in Kamutur sub county, Bukedea district.

4.3 Effect of gender inequality on psychosocial wellbeing of women

The second objective in this study was to investigate the effect of gender inequality on psychosocial wellbeing of women.

Table 4.6: Descriptive statistics

	N	SD	D	N	A	SA	Mean	Std. D	Comments
Perceived gender discrimination has been associated with various psychiatric disorders	80	0 (0%)	8 (12.8%)	5 (5.2%)	50 (60%)	17 (22%)	3.82	1.022	High
Childhood maltreatment is significantly associated with physical and mental illness leading to inequality. 3.96	80	4 (5%)	5 (3.5%)	10 (17%)	46 (48.4%)	15 (26.1%)	3.96	0.815	High
Higher levels of stress, anxiety, sadness and post-traumatic stress disorder (PTSD) in women.	80	3 (4%)	2 (3%)	8 (10.3%)	55 (60%)	12 (22.7%)	4.14	0.600	Very High
Gender inequality leads to trauma	80	1 (1.1%)	7 (12.5%)	5 (6.8%)	53 (51.1%)	14 (28.5%)	4.01	0.905	High
Gender inequality results into chronic disease exposure	80	6 (3%)	3 (2.3%)	13 (15%)	41 (62.5%)	17 (17.2%)	3.93	0.745	High
Valid N (List wise)	80								
Overall mean & standard deviation							4.00	0.824	High

0.00-1.00 very low, 1.10-2.00 low, 2.10-3.00 moderate, 3.10-4.00 high, 4.10-5.00 very high.

The study investigated whether perceived gender discrimination is associated with various psychiatric disorders, including major depression and post-traumatic stress disorder and the findings show that majority of the respondents 60% agreed, 22% strongly agreed, 5.2% of the respondent were neutral, 12.8% disagreed and lastly none of the respondents strong disagreed. A high mean of 3.82 indicated that gender discrimination is associated with various psychiatric disorders, including major depression and post-traumatic stress disorder this finding was in line with Abagi et al, (2018) who noted that perceived gender

discrimination is associated with various psychiatric disorders, including major depression and post-traumatic stress disorder.

Respondents were asked whether childhood maltreatment is significantly associated with physical and mental illnesses, such as cardiovascular disease and mood disorders in adulthood and only 5% of the respondents strongly disagreed noting that childhood maltreatment is significantly associated with physical and mental illnesses, such as cardiovascular disease and mood disorders in adulthood, 3.5% of the respondents disagreed, 17% were neutral, 48.4% who were the majority agreed and lastly 26.1% of the respondents strongly agreed that childhood maltreatment is significantly associated with physical and mental illnesses. A high mean of 3.96 was the reason behind this finding. This was in support with a study done by Bayrak, et al, (2019) who found out that childhood maltreatment is significantly associated with physical and mental illnesses, such as cardiovascular disease and mood disorders in adulthood.

In addition to this, respondents were asked whether higher levels of stress, anxiety, sadness, and post-traumatic stress disorder (PTSD) in woman and persons of marginalized genders are some of the psychological repercussions of gender inequality and findings were as follow; 4% of the respondents strongly disagreed, 3% of the respondents disagreed, 10.3% of the respondents were neutral, 60% of the respondents agreed that higher levels of stress, anxiety, sadness, and post-traumatic stress disorder (PTSD) in women and persons of marginalized genders are some of the psychological repercussions of gender inequality and lastly 22.7% of the respondents strongly agreed.

Furthermore, the study investigated whether gender inequality leads to trauma which is one of the psychological impacts of sexism and findings showed that: 1.1% of the respondents strongly disagreed 12.5% disagreed, 6.8% were neutral, while 51.1% of the respondents agreed and lastly 20% of the respondents strongly agreed that gender inequality leads to trauma which is one of the psychological impacts of sexism. This finding was supported with a high mean of 4.01. In addition to this, the discovery was in line with Okumbe et al, (2017) who carried out a research study in Kenya and found out that gender inequality leads to trauma which is one of the psychological impacts of sexism.

Conclusively, the study also investigated if gender inequality results into chronic disease exposure and 3% of the respondents strongly agreed, 2.3% of the respondents disagreed, 15% of the respondents were neutral, 62.5% of the respondents agreed and lastly 17.2% of the respondents strongly agreed. Respondents DDG1 noted that gender inequality results

into chronic disease exposure. Even results of the interviews conducted from local leaders showed that low savings result into lack of self-employments hence low incomes for household thus gender inequality. This finding was in agreement with Kaplan, et al, (2018) who agreed that gender inequality results into chronic disease exposure.

A high mean od's 4.0 was a signal that, of the effects of gender inequality on psychosocial wellbeing of women in Kamatur Sub County, Bukedea District.

4.5 Interventions for preventing gender inequality and enhance psychosocial wellbeing of women.

Table 4 7: Descriptive statistics

	N	SD	D	N	A	SA	Mean	Std. D	Comments
Upgrade the quality of mental health services	80	2 (2%)	5 (4%)	6 (6%)	10 (30%)	57 (58)	4.46	1.072	Very High
Mainstreaming gender into the mental health sector	80	0 (0%)	2 (3%)	11 (7%)	50 (54%)	17 (36%)	4.22	0.668	Very High
Encourage systematic efforts to upgrade the amount and quality of mental health training for workers.	80	5 (5%)	2 (2%)	8 (10.3%)	52 (60.0%)	13 (22.7)	4.14	0.600	Very High
Promote efforts to improve state gender policies towards interdicting violence against women	80	1 (1%)	9 (6%)	0 (0%)	29 (38%)	41 (55%)	4.50	0.684	Very High
Encourage initiatives to attend to the causes and consequences Of collective and interpersonal violence.	80	4 (4%)	2 (1%)	2 (1%)	25 (34%)	47 (60%)	4.58	0.509	Very High
Valid N (list wise)	80								
Overall Mean & Standard Deviation.							4.34	0.732	Very High

0.00-1.00 very Low, 1.10 low, 2.10-3.00 moderate, 3.10-4.00 High, 4.10-5.00 Very High.

Response on if upgrade of the quality of mental health services of can work as a strategy of prevent gender inequality and improve on psychosocial wellbeing of women showed that 2% of respondents strongly disagreed 4% disagreed 6% of the respondents were neutral, 30 agreed and lastly 58% of the respondents strongly agreed that upgrading the quality of mental health services helps in eliminating gender inequality. In support of these findings, research by Musaazi et al, (2022) in his research study in South Africa found out that upgrading the quality of mental health services helps in eliminating gender inequality.

On whether mainstreaming gender into the mental health sector may help sector may help may prevent gender inequality, none of the respondents strongly disagreed with the statement, 3% disagreed, 7% were not sure, 54% agreed and 36% f the respondents strongly agreed. This was in line with Okojie (2019) who argued that mainstreaming gender into mental health sector may help prevent gender inequality.

Finding on if encouraging systematic efforts to upgrade the amount and quality of mental health training for workers at all levels, from medical students to graduate physicians, from nurses to community health works help to prevent gender inequality, showed that: 5% of the participants strongly disagreed, 2% disagreed, 10.3% of the respondents were neutral the amount and quality of mental health training workers at all levels, from medical students to graduate physicians, from nurses to community health workers will help to prevent gender inequality this was in line with findings of Abdullah et al, (2017) who opined that encouraging systematic effort to upgrade the amount and quality of mental health training for works at all levels, from medical students to graduate physicians, from nurse to community health workers prevents gender inequality.

Further, the study investigated whether promoting efforts to improve state gender policies, toward interdicting violence against women indicated that 1% of the respondents were neutral, while disagreed, 6% of the respondents disagreed, none of the respondents were neutral, while 38% agreed and 10% strongly agreed to the statement that promoting effort to improve state gender policies, toward interdicting violence against women towards empowering state gender policies towards interdicting violence against women, and towards empowering women economically and to make women central in policy planning and implementation of mental health services will help to prevent gender inequality.

In addition, to this the researcher investigated whether encouraging initiatives to attend to the causes and consequences of collective and interpersonal violence will help to prevent gender inequality illustrated that: 4% of the respondents strongly disagreed with the statement 1% agreed, 1% were neutral 34% of the respondent agreed, and lastly 60% of the respondents strongly agreed. A very high means of 4.58 showed that encouraging initiative to attend to the causes and consequences of collective and interpersonal violence will help to also argued that encouraging initiatives to attend to the causes and consequences of collective and interpersonal violence will help to prevent gender inequality.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary, conclusion and recommendations of the research study.

It also presents areas for further research.

5.1 Summary

5.1.1 Factors perpetuating gender inequality.

It was revealed that a number of factors significantly contributed to gender inequality with effect to women's psychosocial wellbeing in varying magnitude and among these was gender discrimination. Gender discrimination impacts of a woman's life such as limited access to employment opportunities and quality health care, which can result in poor health outcomes. This power imbalance becomes especially troubling in resource-poor areas where multiple disadvantages cluster.

Another contributory factors to gender inequality was gender bias and social norms. The root causes of gender inequality are gender bias and social norms that restrict women's right and opportunities creating gaps between men and women. Gender bias/social norms and preferences between men and women interact with development, technological advances, and public policies in determining gender gaps and gender inequality in different areas such as education, labor market and financial access and this negativity affect women's psychosocial wellbeing.

Additionally, uneven access to education has worked to the disadvantage of women affecting women's psychosocial wellbeing. Women's access to education has been restricted thus denying them equal opportunities in schooling, employment and decision making.

Further, lack of equality in employment has tended to perpetuate gender inequality and lower psychosocial wellbeing of women. One of the causes for gender inequality within employment is the division of jobs. In most societies, there's an inherent belief that men are simply better equipped to handle certain jobs. Most of the time, those are the jobs that pay the best and these given to men.

Not surprisingly, lack of legal protection for women has incidentally contributed to gender inequality that has affected psychosocial wellbeing of women in large measure. Women lack legal protection against domestic sexual violence or domestic economic violence which all have a significant impact on women's ability to thrive and live in freedom.

5.1.2 Effect of gender inequality on psychosocial wellbeing of woman

Gender inequality has affected psychosocial wellbeing of women significantly and in varying degrees and intensity. It is not news that perceived gender discrimination has been associated with various psychiatric disorder including major depressive, anxiety and somatic symptoms in women compared with psychosocial stressors (known predictors of depression). Similar patterns are observed when more objective measure of discrimination are considered (e.g. gender pay inequalities). Therefore, women who earn less than men have significantly higher odds of major depression than their male counterparts.

Additionally, childhood maltreatment is significantly associated with physical and mental illnesses, such as cardiovascular disease and mood disorders in adulthood. These associations lead to the development of mental health problems which affect decision making.

Even high levels of stress, anxiety, sadness and post-traumatic stress disorder (PTSD) in women and persons of marginalized gender are some of the psychosocial repercussions of gender inequality. People can generate mental health issues as an immediate reaction to bigotry or violence based on gender. Indirectly, they can acquire conditions as a result of socioeconomic disparity, chronic stress and negative media messages.

5.1.3 Interventions for preventing gender inequality and enhancing psychosocial wellbeing of woman

There is need to upgrade the quality of mental services, mainstreaming gender into the mental health sector, encourage systematic efforts to upgrade the amount and quality of mental training for workers at all levels, from medical students to graduate physicians, from nurses to community health workers. Women suffer disproportionately from mental illnesses such as depression and anxiety, and dissociative disorders associated with sexual abuse and yet these are the illnesses that competent clinicians may best help. With recent advances in psychiatric medications and specialized forms of psychosocial interventions, the potential for benefit is greater than at any time history.

Promoting effort to improve state gender policies towards interdicting violence against women and toward empowering women economically and to make women central in policy planning and implementation of mental health services. Training primary care physicians' nurses and health workers in the recognition and appropriate referral and /or treatment of diagnosis and management of psychiatric conditions is required to improve the quality of mental health services offered in primary care.

Further, there is need to encourage initiatives to attend to the causes and consequences of collective and interpersonal violence will improve psychosocial wellbeing of woman.

Transnational initiatives to treat trauma may assist in modest but effective ways as well to quickly respond to and aid victims of collective. Intervention programs of therapy and triage, which have been shown to have benefits, need to be supported internationally as well as locally given costs and limited services.

5.2 Conclusions

5.2.1 Factors perpetuating gender inequality

According to the study findings, it was revealed that a number of factors significantly contributed to gender inequality with effect to women's psychosocial wellbeing in varying magnitude and among these was gender discrimination. Study participants also mentioned that another contributory factors to gender inequality are gender bias and social norms that restrict women's rights and opportunities creating gaps between men and women, uneven access to education has worked to the disadvantages of women affecting women's psychosocial wellbeing, in addition to this, the study conclude that lack of equality in employment perpetuates gender inequality and lower psychosocial wellbeing of woman and lastly the study concluded that lack legal protection for women incidentally contributed to gender inequality that affect psychosocial wellbeing of woman.

5.2.2 Effect of gender inequality on psychosocial wellbeing of woman

Findings concluded that gender inequality affects psychosocial wellbeing of woman significantly and in varying degrees and intensity. It is not news that perceived gender discrimination has been associated with various psychiatric disorders including major depression and post-traumatic stress disorder. Additionally, children maltreatment is significantly associated with physical and mental illnesses, such as cardiovascular disease and mood disorders in adulthood and these associations have been shown to be strongest in women, the study findings also concluded that higher levels of stress, anxiety, sadness,

and post-traumatic stress disorder (PTSD) in women and persons of marginalized gender are some of the psychosocial repercussions of gender inequality furthermore the study concluded that gender inequality leads to trauma which is one of the psychosocial impacts of sexism, gender inequality can result in chronic disease exposure. Conclusively the study findings revealed that lower self-esteem is a psychosocial consequence of gender inequality. Gender stereotypes such as the assumption that boys are intrinsically better at math or science than girls, have a direct impact on academic achievement and diminish women's confidence in their talents.

5.2.3. Interventions for preventing gender inequality and enhancing psychosocial wellbeing of woman

Many interventions were put forward to help prevent gender inequality and improve the psychosocial wellbeing of woman and among these is upgrading the quality of mental health services, the study findings also concluded that there is need to promote effort to improve state gender policies, toward interdicting violence against women and toward empowering women economically furthermore, the study concluded that there is need to encourage initiatives to attend to the causes and consequences of collective and interpersonal violence in order to improve psychosocial wellbeing of woman, study findings also concluded that directing efforts specifically to primary prevention of mental disorders, and behavioral, psychosocial and neurological disorders can help prevent gender inequality and hence psychosocial wellbeing of woman.

5.3 Recommendations

According to the study findings, the study recommends the following;

There is need to upgrade the quality of mental health services, mainstreaming gender into the mental health sector, encourage systematic effort to upgrade the amount and quality of mental health training for workers at all levels.

The study recommends promotion of efforts to improve state gender policies, toward interdicting violence against women and toward empowering women economically, and to make women central in policy planning.

The study also recommends encouragement initiatives to attend to the cause and consequences of collective and interpersonal violence in order to improve psychosocial wellbeing of woman.

Conclusively, the study recommends that there is need to direct efforts specifically to primary prevention of mental inequality and enhance psychosocial wellbeing of woman.

5.5 Area for further study

The study recommends further research in the following topics.

- Effect of gender inequality on family stability.
- Effect of gender inequality.
- Effect of gender inequality on women's education achievement

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APPENDICES

Appendix 1: Questionnaire guide for local leaders and local people

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Bachelor of Social Works and Social Administration

RESEARCH PROJECT -UGANDA CHRISTIAN UNIVERSITY, MBALE

Consent Letter

I am **Tino Eseza Florence** a student of Uganda Christian university, currently undertaking a research on a topic ‘Effect of gender inequality on psychosocial wellbeing of woman in Kamutur sub county Bukedea District’. You are privileged to participate in this research and your selection has been based on random sampling. Please feel free as you respond because the information you provide will only be used for academic purposes, treated confidential and will be held anonymous before publication.

Thank you



Researcher

Section A: Respondent's Bio Data

Instructions

Please fill in the blank spaces or tick in the boxes provided where necessary

1. Name (Optional)

.....

2. Age: 15-30 31-45 46-60 60+

3. Sex: Male Female

4. Marital status: Single Married Divorced Separated Widowed

5. Location: Cell Parish Sub county

6. Levels of Education:

None Primary Secondary Tertiary and above

Other (please specify)

.....

7. Religion: Protestant Ca Muslim Born again

Others (please specify),.....

Section B: Factors perpetuating gender inequality

Please choose the most appropriate answer where SD- Strongly disagree, D-Disagree, A-Agree, SA-Strongly Agree and N-Neutral.

Question statement	SD	D	N	A	SA
Gender discrimination contributes to gender inequality					
Gender bias and social norms negatively affect gender inequality					
Uneven access to education is another cause of increased gender inequality					
Lack of equality in employment contributes to increased gender inequality					

Lack of legal protection for women increases on gender inequality					
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Section C: Effects of gender inequality on psychosocial wellbeing of woman

Please choose the most appropriate answer where SD- Strongly disagree, D-Disagree, A-Agree, SA-Strongly Agree and N-Neutral.

Question statement	SD	D	N	A	SA
Perceived gender discrimination has been associated with various psychiatric disorders					
Childhood maltreatment is significantly associated with physical and mental illness leading to inequality					
Higher levels of stress, anxiety, sadness and post-traumatic stress disorder (PTSD) in women.					
Gender inequality can lead to trauma					
Gender inequality results into chronic into chronic disease exposure					

Section D: Interventions for preventing gender inequality and enhancing psychosocial wellbeing of woman.

Please choose the most appropriate answer where SD- Strongly disagree, D-Disagree, A-Agree, SA-Strongly Agree and N-Neutral.

Question statement	1	2	3	4
Upgrade the quality of mental health services				
Mainstreaming gender into the mental health sector				
Encourage systematic efforts to upgrade the amount and quality of mental health training for workers				
Promote efforts to improve state gender policies, toward interdicting violence against women.				
Encourage initiatives to attend to the causes and consequences of collective and interpersonal violence.				

Thank you very much

Appendix II: interview guide for local leaders

- 1) What is your designation?
- 2) How long have you worked here?
- 3) What are the different causes of gender inequality among women?
- 4) What are the effects of gender inequality on psychosocial wellbeing of women?
- 5) Suggest possible solutions to gender inequality in order to improve psychosocial wellbeing of women



**UGANDA CHRISTIAN
UNIVERSITY, MBALE UNIVERSITY COLLEGE.**
A Centre of Excellence in the Heart of Africa

Office of the Academic Registrar

To SAS
KAMUTUR SIC

Dear Sir/Madam,

Re: Academic Research


Christian greetings!

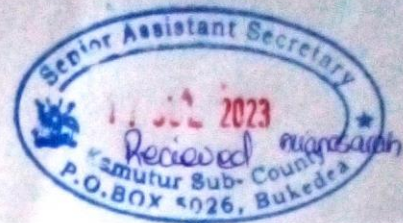
We are honored to introduce to you Mr. Mrs./Miss TINO ESEZA FLORENCE
Of Registration Number; T221muc1Bsw1087 pursuing a
Masters' Degree / Postgraduate Diploma / Bachelor's Degree
SOCIAL WORK AND SOCIAL ADMINISTRATION

He/ she is required to carry out an academic research on the topic
EFFECTS OF GENDER INEQUALITY ON PSYCHOSOCIAL WELLBEING
OF WOMEN ACASE STUDY OF KAMUTUR SIC, BUKEDA DISTRICT.
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



A Complete Education for a Complete Person