

**Women Empowerment, Intimate Partner Violence and Psychological Wellbeing among
Women in Kira Municipality, Wakiso District**

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Degree of Master of Counseling Psychology**

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DECLARATION

I, Twikirize Jean Milly, declare that this research report is my own original work and that it has never been submitted to any University or higher institution of learning for the award of any academic qualification.

Signature.....

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APPROVAL

This is to certify that this research report entitles “Women Empowerment, Intimate Partner Violence and Psychological Wellbeing among women in Kira Municipality Wakiso district” has been submitted for examination with our approval as University supervisors.

1. Associate Professor Kagaari James

Signed.....

Date.....

2. Dr. Namusoke Jane

Signed.....

Date.....

DEDICATION

This research dissertation is a dedication to my beloved children: Owomugisha Reuben Lindsay and Owembabazi Mellissa Abrielle.

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LIST OF ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
DHS	Demographic and Health Surveys
HIV	Human Immune Virus
IPV	Intimate Partner Violence
IUD	Intrauterine Device
MDG	Millennium Development Goals
NBS	National Bureau of Statistics
PSTD	Post Traumatic Stress Disorder
PWB	Psychological Wellbeing
SDG	Sustainable Development Goals
SSA	Sub Saharan Africa
STIs	Sexually Transmitted infections
UN	United Nations
UNICEF	United Nations Children's Fund
WHO,	World Health Organization
WSW	Women who have sex with women
WSWM	Women having sex with men

OPERATIONAL DEFINITIONS

Women empowerment: Is a process of acquiring knowledge and awareness which enable women to move towards life with greater dignity and self-assurance.

Intimate partner violence: Intimate partner violence is any behaviour within an intimate relationship or ex-relationship that causes physical, psychological, or sexual harm.

Psychological wellbeing: Psychological well-being is the overall satisfaction and happiness or the subjective report of one's mental state of being healthy, satisfied or prosperous, and, broadly, to reflect the quality of life and mood states.

ABSTRACT

The study aimed at examining the relationship between intimate partner violence, women empowerment and psychological wellbeing among women in Kira Municipality, Wakiso. The study was guided by the following objectives: to examine the relationship between intimate partner violence and psychological wellbeing, to assess the relationship between intimate partner violence and women empowerment, to assess the relationship between women empowerment and psychological wellbeing, to establish the mediating effect of women empowerment on intimate partner violence and psychological wellbeing and to determine the predictive potential of women empowerment and intimate partner violence on psychological wellbeing. The study followed a cross sectional survey design involving 392 women participants. Results indicated: a significant and positive relationship ($r = .202, p \leq .001$) between intimate partner violence and psychological wellbeing; a significant relationship ($r = .309, p \leq .001$) between intimate partner violence and women empowerment and a negative relationship ($r = -.339, p \leq .001$) between women empowerment and psychological wellbeing among the same women. Furthermore, the study established that women empowerment has a full mediation of the relationship between intimate partner violence and psychological wellbeing (Effect size = -.29, Boot standard error = .07, BootLLCI = -.41, BootULCI = -.16), and women empowerment was found to be a strong predictor of Psychological Wellbeing, ($\beta = -.350, p \leq .001$); and intimate partner violence strongly predicted Psychological Wellbeing, ($\beta = -.327, p \leq .001$, with $R^2 = .121$). Hence, high levels of women empowerment increased intimate partner violence because empowerment is still perceived as a threat to traditional gender roles and male dominance where men fear that empowerment could cause women to deviate from their gender roles and become more self-independent, thus, undermining men's authority.

Chapter One

Introduction

Background

A global report by the World Health Organization (2016) established that 30% of women who have been in intimate relationships have been victims of either physical or sexual violence. Conversely, studies conducted in Sub-Saharan Africa on intimate partner violence against women, revealed that Rwanda had high levels with (56.4%) Cameroon (51.1%) and Democratic Republic of Congo (50.7%) (Devries et al., 2013). In Uganda, the Uganda Demographic Health Survey (UDHS) findings revealed that 64.8% of women who have been victims of either physical or sexual violence were into intimate relationships (UBOS, 2016).

Fowler & Faulkner (2011) established that women who experience intimate partner violence are prone to being physically, emotionally and psychologically affected by the trauma caused by this vice. Practices of women battering, beating, torture, verbal abuse, acid baths and even death through killing are so common that they leave individuals psychologically traumatized and surprisingly, these acts are not readily perceived as threatening and often taken for granted as well as a normal phenomenon (Devries et al., 2013).

Generally, our society has never considered intimate partner violence as a vice that affects the psychological wellbeing of individuals that have fallen victim (Rivera, Sullivan & Zeoli, 2012). However, it was established that intimate partner violence inflicts both physical wounds and mental scars on individuals that have experienced it as well as negatively impacting on their physical and mental health which compromises these people's ability to learn and socialize (Rivera, Sullivan & Zeoli, 2012).

People who have been found to be victims of intimate partner violence have always shown decelerated self-esteem, social interaction and hope for the future. Scholars have highlighted the effects of intimate partner violence as health –related issues which are not only limited to human rights but also global public health (Fulu&Heise, 2015).

Psychological wellbeing is a globally used construct among psychologists and mental health professionals (Ryff, 2001). To this, there has not been an agreed definition for this construct due to the fact that many theories of wellbeing are extensively conducting research on which definition best describes psychological wellbeing from the general context (Steptoe et al., 2014). Conversely, the input of theorists has established complexity of psychological wellbeing with many controversies surrounding the right definition of this concept (Seligman, 2011).

In Uganda, intimate partner violence is wide spread and has been found to affect majority of women and girls and the most common forms of violence experienced by these individuals include: physical, emotional, sexual, and economic violence (UBOS, 2016). A survey that was conducted by the Uganda demographic and health survey (UDHS, 2011) established that women who were aged between 15 and 49 years and had been in an intimate relationship experienced physical violence with a representation of 56% whereas 28% of women experienced sexual violence, as compared to 9% of men in the same age group.

In a study conducted in Wakiso, it was established that accelerated levels of intimate partner violence were as a result of payment of bride price (Kaye, Mirembe, Ekstrom, Kyomuhendo, Johansson, 2006) and this violence was found to negatively affect women's psychological wellbeing in various ways such as, affecting their self-esteem, emotions, behavior, memory, learning ability, social interactions, perceptions and understanding (MOH, 2020).

Statement of the Problem

Women in intimate relationships suffer psychological challenges such as posttraumatic stress disorder, depression and anxiety, sleep disorders, poor self-concept, low self-esteem and feelings of powerlessness (Jesca & David, 2014) because of intimate partner violence (Dillon, Hussain, Loxton et al., 2013). Nantume (2017) established that Wakiso being a densely populated area most women experience intimate partner violence of different forms including sexual, physical, and economical which are largely affiliations of psychological violence. This kind of violence enables the perpetrator to treat the victim in a manner that makes life a mental battle of psychological trauma through intimidation and constant humiliation. Therefore, it is from this background that the researcher felt the need to conduct a study on the relationship between women empowerment, intimate partner violence and psychological wellbeing among women in Kira Municipality, Wakiso.

Purpose

The purpose of the study was to examine the relationship between women empowerment, intimate partner violence, and psychological wellbeing among women in Kira Municipality, Wakiso District.

Objectives

The study was guided by the following objectives:

- i) To examine the relationship between intimate partner violence and psychological wellbeing;
- ii) To assess the relationship between intimate partner violence and women empowerment;
- iii) To assess the relationship between women empowerment and psychological wellbeing;

- iv) To establish the mediating effect of women empowerment on intimate partner violence and psychological wellbeing;
- v) To assess the extent to which Women empowerment and Intimate Partner Violence predict Psychological Wellbeing.

Hypotheses

The study employed the following hypotheses:

- i) There is a statistically significant relationship between intimate partner violence and psychological wellbeing.
- ii) There is a statistically significant relationship between intimate partner violence and women empowerment.
- iii) There is a statistically significant relationship between women empowerment and psychological wellbeing.
- iv) Women empowerment mediates the relationship between intimate partner violence and psychological wellbeing.
- v) Women empowerment and intimate partner violence significantly predict psychological wellbeing.

Scope

This part is divided into three sub sections including:

Content Scope

The content scope of this study was limited to the relationship between Women empowerment, Intimate Partner Violence, and Women psychological wellbeing.

Geographical Scope

The study was limited to Kira Municipality found in Wakiso District in the central region of Uganda. The study area was chosen because it is found in Wakiso which registered high intimate partner violence cases in the 2015-2016 Report by Ugandan Police (UBOS, 2016) and was the second district after Kampala district.

Time Scope

The researcher used the time from March-September 2019.

Significance of the study

- i) The study will provide policy makers and service providers with information about the relationship between women empowerment, intimate partner violence and psychological wellbeing to help them accelerate Women's Utilization of Reproductive Health by facilitating development of strategies that address the issues of spousal violence and Women's Empowerment at all levels.
- ii) The study will also help the Ministry of Health to improve on the Health policies especially on women reproductive health and how to handle the victims of partner violence. The findings from the study will avail relevant information about the correlations between intimate partner violence, women empowerment and psychological wellbeing among women.
- iii) The study findings will further be useful to future researchers who intend to carry out studies on women empowerment, intimate partner violence and psychological wellbeing among women as a source of literature.

**Conceptual Framework Showing the Relationship between Women Empowerment
Intimate Partner Violence, and Psychological Wellbeing**

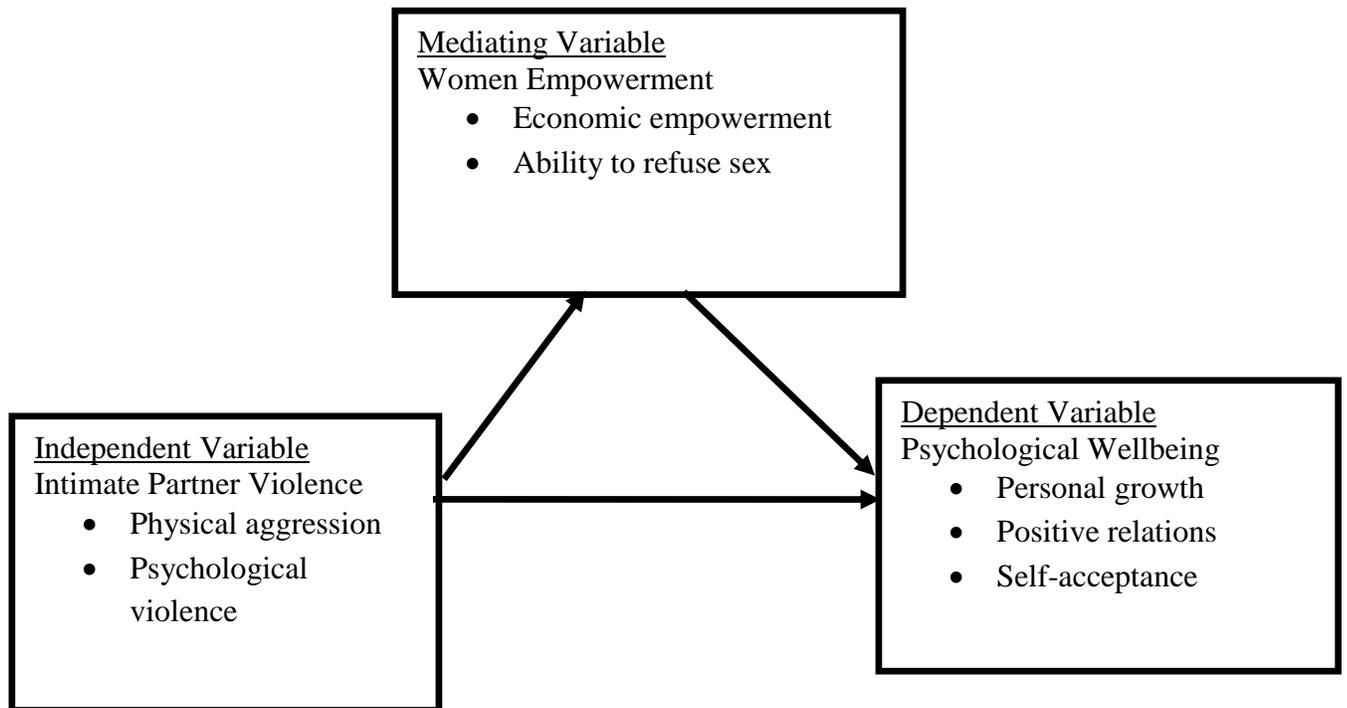


FIGURE 1. Conceptual Framework derived from Literature Review

The conceptual framework derived from different dominant scholars including: Barnett, et al. (1997), Allen & Sullivan (2004), Hughes et al. (2015), Ryff (1989), among others. Each variable is from dominant scholars with more of the indicators included in the literature review. The conceptual framework shows there is a relationship between intimate partner violence, women empowerment and psychological wellbeing where women empowerment mediates the relationship between intimate partner violence and psychological wellbeing.

Ryff (1989) established psychological wellbeing model which consists of six dimensions where each relates with particular individual concerns experienced in trying to function optimally (Keyes, Shimotkin&Ryff, 2002; Ryff, 1989; Ryff &Keyes, 1995). These indicators of psychological wellbeing include: self-acceptance, positive relations with others, environmental mastery, autonomy, purpose in life, and personal growth contributes to individuals' psychological wellbeing, contentment, and happiness (Ryff, Keyes & Hughes, 2003). Therefore, for any individual to attain Psychological wellbeing there must be desire to achieve a state of balance affected by both challenging and rewarding life events.

The researcher established the hypothesis of relationships between the pairs of variables from the conceptual framework and variable sub constructs. These variables as a group had not been examined in the Ugandan specific context. Therefore, the study was hypothesized using a model "Conservation of Resources Theory" posited by Hobfoll (1989). The model stipulates that any psychological distress experienced due to a traumatic and stressful life event, greatly results in a person's "resource loss," which results in loss of economic, social, and interpersonal resources which are considered central to people's well-being. Thus, Women who are engaged with abusive partners are exposed to issues like relocation and abandonment of family and friends, experiencing physical injuries, depression, reduced sense of self all of which are found to lower the psychological wellbeing of an individual.

Chapter Two

Literature Review

Introduction

This chapter provided an overview of previous research on women empowerment, intimate partner violence and psychological wellbeing. The purpose of the literature review was to establish what other scholars had studied and documented so as to provide direction on what the researcher would be limited to.

Intimate partner violence

Intimate partner violence (IPV) has been found to be a tremendous and preventable public health concern that has affected millions of women who are in intimate relationships world over (McCleary & Moreno, 2016) and this form of violence is experienced by both heterosexual and same-sex couples. IPV has been considered a normal practice amongst perpetrators and victims who look at it as a justified, acceptable and entitlement act that it goes unreported by most women. In such circumstances, majority of the perpetrators and victims do not take this as a violation because they attribute it to family conflicts (Peterman, Bleck & Palermo, 2015).

Nantume (2017) established that economic violence is not limited to women but men also experience it. This economic violence involves lack of access and control of resources such as land, financial control, and restricted access to services. The fact that majority of women lack ownership of land as well as power to determine what is done on the same land, the man may prefer to do a different investment on the land for future profits but the woman wants the same land for food crops. Instances where the woman succeeds in growing food crops, the man may frustrate her after the harvest and end up taking charge by selling off all the harvests.

It is through situations that the woman is not expected to question the acts of a man and if she does, he becomes violent and physically assaults her. Sexual violence in most domestic settings is rarely an issue of discussion because it comes with a lot of stigma. Issues like forced intercourse, crimes of passion, child marriages, forced abortions and other sexual coercions (Johnson& Das 2009)) are so sensitive that victims find it hard to talk about them. Also, life time prevalence of isolated acts within relationships is comparable among men and women, but repeated coercive, sexual, or severe physical violence is perpetrated largely against women by men. Conversely, Devries et al. (2013) assert that, even when IPV is experienced by people in same -sex relationships, studies have established that its health related consequences as well as the care of the survivors is adversely focused on women in heterosexual relationships.

Psychological wellbeing

Psychological wellbeing is globally known as a construct of mental health (WHO, 2011). Traditionally, psychological wellbeing has been described as the absence of distress symptoms such as depression, anxiety and other symptoms of disorders, and overtime; this concept has been defined more from a positive perspective (Keyes&Magyar-Moe, 2003). Psychological wellbeing constitutes an individual's healthy mental state, satisfaction, positive moods, emotion balance and reflected quality of life (Ryff, 2008).

Psychological wellbeing is a dimension that is globally used by both psychologists and mental health professionals (Ryff, 2001). Psychological wellbeing has been recognized adversely to not only refer to the absence of distressful symptoms, but also to include positive qualities that facilitate individual's mental health.

Different concepts have been designed by scholars to explain the psychological wellbeing aspects such as empowerment, purpose in life, environmental mastery, autonomy, self-acceptance, purpose in life, positive relations and personal growth (Ryff, 2003).

Hindin (2012) urge that psychological wellbeing in normal circumstances involves both good and bad experiences whereby an individual is able to go through painful emotions like disappointment, failure and grief. However, the ability to manage these negative and painful emotions is profoundly critical for an individual's sustainable well-being. Thus, psychological well-being most times is compromised when these negative emotions go overboard and lasts longer to the extent of affecting an individual's functioning abilities.

Individuals are expected to have a sound mind and body as this stresses the importance of positive mental health and having mental health is an undeniable right to all human beings. Wellbeing encompasses people's evaluation, including affective and cognitive aspects of their lives (VandenBos, 2015) while the psychological dispositions at one's end shapes the health and wellbeing of the human beings.

Women Empowerment

Women empowerment has been used to represent numerous concepts in ascertaining diverse outcomes as well as advocating diverse forms of policies and intervention strategies rather than to analyse them, to ensure social inclusion and participative development of women (Doepke et al., 2012). From the World Health Organization's definition of health, "as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health, thus ensures, people's responsibility to having both satisfying and safe sex life with the capability to reproduce, as well as having the freedom to decide when and how often to do so" (WHO, 2015).

The World Health Organization affirm that the ability of a woman to control her own body ,have access to health services irrespective of sexuality, residence, race, and income is a fundamental right. Tuladhar et al. (2013) established that women sexual reproductive health and rights is very critical to the empowerment process and facilitation of the quality of life on issues relating to social, economic, political and cultural participation by women. The neglect of women's sexual reproductive health and rights stems from problems relating to gender- based violence, HIV/AIDS, maternal mortality, teenage pregnancy, abandoned children and rapid population growth. The majority gender based violence victims are from developing countries putting women at the forefront and concerns of sexual reproductive health are not only individual but also public because the consequences impacts on the country's economy.

Gender equality is considered by the World Health Organization as a fundamental human right which facilitates sustainable development (WHO, 2013) through the provision of quality education, healthcare and decent work to both girls and women .Therefore, supporting girls and women in crisis and implementing a more efficient, sustainable approach for saving the lives of mothers and babies such as protecting women and girls by offering counseling, medical care, as well as ending preventable deaths of mothers and children will help end cycles of intimate partner violence (WHO, 2015).

Intimate Partner Violence and Psychological Wellbeing

Intimate partner violence is often described as an act of abuse practiced on an individual through patterns of physical, sexual and or psychological torture by a person with whom the survivor had an intimate relationship (WHO&UNICEF, 2013).

IPV inflicts intentional injuries against women which create decreased self-esteem and this lowers their desire to participate fully in life (Diana, 2013) whereby individuals are affected regardless of their social and economic classes, races and religions in multiple patterns hence making it a societal concern.

Women who live in abusive intimate relationships have been found to suffer adverse effects with their mental health and psychological wellbeing. Research studies conducted in the last two decades established that there is a strong association between IPV and mental health problems among victims of intimate partner violence including, depression, post-traumatic stress disorder (PTSD), generalized anxiety disorder, phobias, obsessive compulsive disorder, panic disorders, somatization, attempted suicide, and substance-related disorders (Jessica & David, 2014).

Intimate partner violence is caused by diverse issues including illiteracy, poverty, economic dependence on men, inflexible norms and values which found to be elements of psychological and social factors all of which accelerate the existence of IPV (Moreno, Claudia & Heidi, 2013). Conversely, intimate partner violence against women by perpetrators contributes to life time psychological challenges among others, low self-esteem, poor self-perceived health, psychological distress and pathological disorders for which this increased violence encompassed with various effects on women's health dictates that intimate partner violence grossly puts women's health and psychological wellbeing at risk (Moreno, Claudia & Heidi, 2013). A study by Watts (2014) established that intimate partner violence tremendously impacts on the psychological functioning of women who have survived gender based violence.

Findings from the study revealed that survivors reported issues majorly on distressed psychological functioning ranging from hypertension, inability to concentrate, lack of interest, poor self-concept, low self-esteem, feelings of powerlessness, depression, sleep problems, post-traumatic stress disorder, and obsessive compulsive disorder.

World Bank (2008) explain that intimate partner violence is a serious global public health concern that is tricky to assess in our society considering the fact that it is regarded a private matter deserving secrecy amongst families which results in unreported data . However, the effects of this phenomenon have been observed from our society due to its increase with abusive acts such as slapping, hitting, punching, kicking, and pushing often disregarded as violence. The association of IPV on psychological wellbeing is for women experiencing who think of it as a replacement of the relationship status once the victim chooses to leave the partner. This however doesn't predict their safety or happy life thereafter. Hence, much as the relationship status may not improve an individual's wellbeing, it can work as a determinant to which the person feels safer and able to identify the different environmental challenges and stressors to which they are exposed.

Renner et al. (2018) in a panel study conducted on 85 women who were victims of intimate partner violence established that IPV is largely linked to negative mental health outcomes. The study assessed women's psychological wellbeing for a period of one-year period and it was hypothesized that women experienced lowered mental health symptoms with accelerated wellbeing after being supported. Conversely, the same women reported that there was decrease in depressive and post-traumatic stress disorder symptoms over one year, but with no changes attributed to their resilience.

Women who have been through intimate partner violence are reported to suffer multitude issues of mental health impacts (Dutton et al., 2005). Psychological concerns such as depression, anxiety, post-traumatic stress disorder and poor quality of life are three to four times experienced by intimate partner violence victims compared to the non-abused women (Golding, 1999). Additionally, Banett and Williams et al. (2001) assert that trauma of intimate partner violence has negative effects on individuals mental health wellbeing which limits their quality of life. As a result, victims of IPV are known to develop major psychological challenges such as post-traumatic stress disorders (PTSD), depression, anxiety, phobias, harmful alcohol consumption and psychoactive drug dependence.

Nantume (2017) asserts that, intimate partner violence has various forms. However, these forms are all encompassed with the way the perpetrator treats an individual which makes their life a mental battle causing a lot of psychological trauma through practices such as intimidation and constant humiliation. Also, controlling behaviours by partners in intimate relationships like those acts aimed at constraining free mobility or access to friends and relatives are regarded as forms of violence that may indicate the severity of IPV.

From the reviewed literature, the researcher hypothesized that given that women who are victims of IPV and have separated with their partners stand high chances of experiencing various psychological challenges, it is important to therefore examine how the psychological wellbeing of these women may vary from that of women who are still living with their batterers together with the non-abused divorcing women.

Intimate Partner Violence and Women Empowerment

Intimate partner violence is a global public health concern which is often expressed as “women abuse” to refer to those who suffer at the hands of their male partners, meaning that any woman abused by a man in a relationship is considered the most common form of violence against women (Clarke et al., 2017). World over, women are adversely known to be the most victims of intimate partner violence because they experience more severe forms of violence (Hughes, Bolis, Fries and Finigan, 2015) where in some countries there is often a justification for intimate partner violence especially in instances when the woman has been suspected to be in infidelity practices and this is legally permitted (UN, 2017).

Schuler& Islam (2008) argue that an individual’s social set- up is crucial in the promotion of intimate partner violence because traditionally the society trains men to be more powerful and aggressive whereas women are advised to always be submissive and weak. This is a historical practice in almost all national, ethnic and class boundaries. Intimate partner violence is a recognized problem in society today where different psychologists and sociologists have come up with definitions relating to people’s cultural perspectives.

Women’s economic empowerment through the process of development is associated to intimate partner violence (Kabeer, 1999) women who have income generating activities that enable them to provide for their families are capable of leaving bad relationships or choosing to live celibate and when women have more options, their chances of staying in abusive relationships lessens.

Conversely, Kabeer (1999) assert that women who are poor are the most vulnerable to violence. Consequently, women whose economic empowerment is accelerated facilitates male insecurity and feelings of economic inadequacy hence more violence in relationships.

A study was conducted among women in Bangladesh to establish the association of women empowerment on intimate partner violence and the results revealed that women who participated in making household decisions had gender-egalitarian beliefs which minimize the practice of violence on women (Koenig et al., 2003; Okenwa et al. 2009) also other findings established that wives who participated in a number of decision-making had increased risk of experiencing both physical and sexual violence from their husbands. Also, women who experienced beatings from their partners for one reason or more had lessened likelihood of experiencing all forms of IPV.

This study could not establish a conclusive pattern of relationship between women's participation in household decision-making and the forms of violence they experience (Koenig et al. 2003) the findings also disagree with the assumption that when women have autonomy and ability to participate in household decision making it reduces their chances of experiencing domestic violence. Consequently, it is probable that part of the women who had ever experienced violence from their spouses agreed with them to make critical household decisions as a way to restrain conflict (Koenig et al., 2003). Therefore, the study findings cannot be relied upon to fully guarantee that women empowerment reduces the risk of intimate partner violence.

A research study conducted established a direct significant correlation between gender equality and intimate partner violence specifically with countries which have lowered gender equality programmes to register high intimate partner violence rates (UNEESCO, 2017).

Intimate partner violence is regarded as an element that signifies disempowerment of women (Anolue&Uzoma, 2017) and studies have revealed that intimate partner violence is associated with women empowerment construct (Rada, 2014) because when women have restricted access to employment, inheritance as well as income, it regulates their decision to leave violent relationships (Dala, 2014).

This study established that women who had less authority to make household decision had minimal risk to experience intimate partner violence as compared those that had household decision-making powers (Anolue&Uzoma, 2017) and this contradicts to the findings from Jordan where scholars established that women make independent household decisions relating to income have lowered chances of experiencing intimate partner violence. In a similarly a study conducted in Nepal and Pakistan, Murshid (2017) found that intimate partner violence was reported highest among women with low empowerment levels.

In most of our societies, intimate partner violence is considered a family issue because it happens from within a family set up which makes it private and this has resulted into difficulties in assessment as well effective intervention strategies considering that policy adjustments happen within cultural boundaries (Bryan et al., 2010) as it is well known that male dominance often is the major cause of intimate partner violence in our society and between 70% to 90% of women are prone to violence on a daily basis world over.

Investment in women's socio-economic empowerment does not explicitly lower the occurrence of violence against women because intimate partner violence largely affects majority of people both male and female who often do not take intimate partner violence serious (Tsai, Kakuhikire, Perkis, Vorechovska, McDonough, Ogburn, Downey, & Bangsberg, 2017) and this perception and the norms surrounding our society regarding the tolerance abusive behaviors have grossly facilitated the continuation of intimate partner violence in most family settings. Conversely, a study conducted in Africa among Large –scale cross-countries established that majority of women consider intimate partner violence normal in some situations (Tran, Nguyen & Fisher 2016; Uthman, Lawoko & Moradi 2009).

Schuler et al. (2013) asserts that studies established IPV as a global social epidemic with accelerated physical and psychological effects against victims thus a need to have certain interventions put forth to help out the victims and their children by getting for them shelter to enable them escape violent marriages as well as providing resource accessibility to facilitate their life adjustment and development. Conversely, Mistry et al. (2011) conform that women who escape intimate partner violence in an effort to recover from the effects caused may end up encountering diverse challenges which could come as result of limited resources.

Jessica and David (2014) report that women who are survivors of intimate partner violence have high chances of experiencing gynecological problems compared to those who are not and these result in gross long term physical health problems for example women who are victims of sexual abuse end up contracting sexually transmitted infections (STIs).

Conversely, women who have experience IPV often have elevated risk of negative sexual and reproductive health problems such as, unwanted pregnancies, risky abortions ,sexually transmitted infections including HIV, pregnancy complications, urinary tract infections, and other related sexual dysfunctions.

Women's empowerment especially economic and social is linked to IPV in a sense that women are often dependent on men for both economic and social support and in exchange, may end up encountering some degree of violence (Perova, 2010) instances where the woman's income accelerates; there is likelihood for lowered risk of violence because women's economic dependence on men reduces. Conversely, there is improved household income which lessens the pressure on men to spending which may also be expressed through violence (Vyas &Watts, 2009).

Existing literature on women empowerment studies is limited to dimensions such as autonomy, domestic economic power, gender egalitarianism as well tackling gender discrimination (Shimamoto, 2015) and this concentration is highly on depowerment of women against social and economic contexts as well the strategies put to facilitate empowerment. Consequently, Rewet (2014) revealed that depowerment of women is attributed to patriarchy attachments in our society which controls women from attaining certain levels of involvement in the political, economic, social, and cultural ventures.

Women who are poor have higher chances of experiencing intimate partner violence due to the fact that they are most exposed to the risk of violence and they are least able to remove themselves from violent situations (Kabeer, 2005) and women economic empowerment is assumed to facilitate insecurity and inferiority feelings of economic inadequacy among men which could result in gross violence against women in relationships, thus women empowerment is critical in the development process of any society. Conversely, the sustainable development goal 3 (SDG 3) – is to ‘promote gender equality and empower women’ but the achievement against this goal is very low (Clarke et al. 2017) considering the existing challenges of gender inequality and discrimination issues in the accessibility of education, employment as well as ownership of assets that women have persistently encountered.

Existing literature on research studies conducted about the relationship between intimate partner violence and women empowerment have contradicting results (Schuler et al., 2013). Available data indicate that women economic and social empowerment grossly accelerate the risk of intimate partner violence against women with justification that men often use IPV to prove their dominance through the patriarchal attachments and beliefs especially instances when the traditional norms are challenged (Schuler et al., 2013).

However, various studies have suggested otherwise. Therefore, it is critical to establish the origin of contradictions so as to facilitate greater understanding on how to merge women empowerment strategies as well as anti-violence strategies. Uganda is no exception with intimate partner violence experiences basing on the existing literature. Scholars have established that intimate partner violence as well as its attitudes towards addressing it is widespread (Wagman, Namatovu, Nalugoda, Kiwanuka, Nakigozi, Gray, Wawer & Serwadda, 2012).

From the researcher's view point, diverse studies have described intimate partner violence and women empowerment in terms of attitudes as well social cultural. Therefore, in this study, the researcher aimed to address this gap by assessing the relationship between women empowerment and intimate partner violence among women.

Women empowerment and Psychological wellbeing

Women empowerment measurements are reliant on the wellbeing of women (Lépine, 2012) and this is considered strength in facilitating negotiations with the husband and influencing the type of husband one wants as well differentiated partner preferences. Studies have established critical evidence relating to constructs of empowerment that have a positive effect on the health status of women such as antenatal care, child nutrition, vaccination against infections (Allendorf, 2010; Mistry et al., 2011) also this evidence is common in the Indian community where much concentration is on explicit health outcomes other than the general women wellbeing .

Conversely, other literature conforms diverse outcomes, however concentrates on specific empowerment construct regarding domestic violence incidences (Durevall&Lindskog, 2013; Miller &Cauley, 2014; Miner et al., 2011) where available evidence asserts that violence results in poor outcomes and these could be relating to physical health indicators, mental health, as well as subjective wellbeing and women who are victims of violence because it results in severe psychological adjustments challenges such as depression, trauma and poor self-concept.

Psychological well-being is often and explicitly used by psychologists and mental health professionals (Girum, 2012) and by this; scholars have established that psychological well-being is too complex and controversial in its definition and meaning in general.

Psychological wellbeing is grossly used to refer to numerous dimensions that examine psychological functioning of individuals (Girum, 2012). Rani et al. (2014) asserts that having a woman whose psychological wellbeing is affected is an internal element that is attributed to experiences of violence. Therefore, women who are victims of domestic violence have life straining experiences and these lead to psychological distresses such as anxiety, depression as well as posttraumatic stress disorder and major depression (Rani et al., 2014).

Women who are victims of violence are prone to experiencing gross levels of depression (Tornello, 2014) however, women who do not get to experience intimate violence again, and there are high chances of having decreased depression over time more so with interventions. Additionally, women experiencing IPV have elevated risks of reporting extreme posttraumatic stress disorder symptoms such as intrusive thoughts, obsessive ruminations as well as avoidance compared to women who are not in violent relationships (Hidrobo & Fernald, 2013). Studies conducted on women who are victims of intimate partner violence have established that 45% to 62% qualify for PTSD assessment criteria.

Gross violence experiences as well as PTSD are revealed to be positively correlated with high trauma symptoms (Clarke et al., 2017). Therefore, in such instances, women empowerment is vital in improving the psychological well-being of women because women with high empowerment have increased levels of psychological well-being compared to women with low empowerment (WHO, 2015). From the researcher's view, the importance given to mental health and psychological wellbeing of women is less or sometimes completely ignored. The mental health care practices in an emerging field and, at times, talking of mental health becomes a taboo, in general, and women, in particular.

Mediating effect of women empowerment on intimate partner violence and psychological wellbeing

Existing literature explains the association between intimate partner violence and its adverse effects on women's mental health. This is a revelation is from the study conducted where battered women were sampled to have their shelters, batterer intervention programs and medical clinics assessed (Ditcher&Gelles, 2012) however, the same study established that not much is known to ascertain the psychological wellbeing of those other women who report their violence experiences to human defense institutions such as police departments.

A study was carried out using data from reported cases of domestic violence victims who approached the police for intervention (Dillon, Hussain, Loxton &Rahman, 2013) and these reported cases were used to help in the establishment the influence of socio demographic information such as age, ethnicity, marital status, financial dependence, resource of social support and coping strategies regarding the form of violence experienced and how often on women psychological wellbeing. The findings suggested that with established coping resource strategies, there is decreased risk of IPV which lessens the effects of mental health symptoms among women.

According to Blumberg (1999) economic empowerment is argued to lower intimate partner violence by providing evidence that women who have their own income can have improved ability to negotiate over fertility preferences, household decision-making as well as self-esteem and when women are empowered, taking household actions to improve on both their wellbeing and that of the children is easily achieved. Studies conducted in India revealed that, even after women had control of total household income, the greater the wife's income, the lower the chances that she will experience violence (Rao, 1991).

Conversely, there is a link between women's economic empowerment and intimate partner violence where Blumberg (1991) established that the more women gain domestic power from the earned income, the likelihood of experiencing violence from their partners. Hidrobo and Fernald (2013) assert that most times when cash transfers are offered to women, it acts as way of decreasing the likelihood of intimate partner violence. This is due to the expectation attached to empowered women with the thought that an empowered woman is likely to have more decision-making power within her family as well as increased mobility opportunities. Schuler and Islam (2008) on the other hand argue that this can expose women to intimate partner violence vulnerability because her decision making power within the family is considered a threat to male dominance and considering that intimate partner violence is existent in almost all societies as well as linked to mortality, women need to be well knowledgeable on how to deal with this vice.

Following the establishment that there is a relationship between intimate partner violence and psychological wellbeing, intimate partner violence and women empowerment, or women empowerment and psychological wellbeing, therefore, we can hypothesize that women empowerment significantly mediates the relationship between intimate partner violence and psychological wellbeing.

Women empowerment, intimate partner violence and psychological wellbeing

Any form of violence against an individual is a gross violation of human rights and by this, intimate partner violence is no exception because it presents with the most terrible forms and effects against women (Devries et al., 2013, Heise, 2011). Intimate partner violence is linked to having adverse negative outcomes on women who are victims of IPV such as miscarriages, STIs including HIV as well as symptoms of psychological dilemmas (Durevall & Lindskog, 2015; Krishnan, 2005).

True (2012) adds that intimate partner violence is sought to be a negative characteristic which affects majority of women who most times do not come to openly express their victimization because of fear of repeated violence and this lowers their psychological wellbeing through the experience of poor self-concept, emotional breakdowns and prolonged stress.

Violence is considered a global public health issue as well as a violation of human rights specifically intimate partner violence against women and a violation of women's human rights (Clarke et al., 2017) where world over estimates conducted by the World Health Organization revealed that 1 in 3 (35%) of women are victims of either physical and/or sexual violence from either their intimate partners or non-partners in their lifetime. Research studies reported that at least 30% of women globally have been in an intimate relationship revealed that there was some form of either physical/sexual violence experienced in their lifetime (Clarke et al., 2017).

According to Bostock, Plumpton, & Pratt (2009) 1 in 4 women have ever experienced either physical or sexual violence and/ or both from an intimate partner at some point in their lives and this form of violence leads to multiple negative physical and mental health effects which dictate seeking healthcare interventions compared to other women who are violence free. Jennifer, Shelby and Claudia (2015) assert that studies have focused on measuring the magnitude of intimate partner violence for example a survey by WHO on women's health and domestic violence involving 24000 women from ten countries which represent diverse cultural, geographical and urban/rural settings. Findings revealed that IPV is widespread in these with 61% experienced physical violence; 59% sexual violence and 75% stated emotional violence from an intimate partner in their lifetime.

World Health Organization (2015) asserts that women's empowerment is a construct that is profoundly critical among the 17 Sustainable Development Goals as well as 169 indicators adopted by the UN General Assembly in 2015. Sustainable Development Goal 5, "Achieve gender equality and empower all women and girls," is about focusing on the women health and human rights of both women and girls by appreciating the quest for women leadership, decision making as well as economic resource accessibility (WHO, 2015) and these targets are well stipulated in the SDGs, specifically in Goal 5 which describes the behavioral associations between women's reproductive health, human capital, labor force participation, productivity, and poverty (WHO, 2015).

Spousal psychological violence affects the wellbeing of women and it is likely that in Western countries, people do have awareness about their rights, and as a result, any incident of any kind of violence is reported (Sullivan, 2010) but in under developed countries, people do not have much awareness of their rights and, especially women, are treated as less privileged parts of the population. Accordingly, some estimates between 70% and 90% of women become victims of domestic violence and the type of violence that is mostly practiced against women includes: physical abuse, mental abuse, emotional abuse, honor killing, spousal abuse, acid attacks, and burns (Sullivan, 2010).

Majority of studies conducted on women empowerment indicate that women's empowerment is a concealed construct which is hard to conclusively measure (Tornello et al. 2014) because of this, quantifying the findings such that they can be used to ascertain the empowerment impact on household outcomes as well as women's wellbeing.

However, existing literature on epidemiology studies relating to empowerment indicate negative outcomes on health with direct extent where empowerment was assessed using data on women's decision-making power within their homes (Tornello et al., 2014) and findings revealed that women were most empowered to make decisions singlehandedly and least empowered when their husbands are involved in the decision making alone.

Related literature on a survey from Nigeria involving women from seven Sub-Saharan African nations (Oyodiran&Isiugo- 2015) the survey conversely involved men to assess elements relating to men's attitudes towards IPV in six of the Sub Saharan African countries. The findings from the participating countries indicated that men who had low positive attitudes on women battering considered elements such enough household assets, higher education, and older age (Oyodiran&Isiugo- 2015). However, the prevalence of IPV is hard to measure considering that diverse factors are involved for example, fear of discrimination, patriarchal norms and beliefs, under-reporting as well as unverified, data source (WHO, 2010).

Psychological wellbeing is often conceptualized as a representation of the overall positive affective elements for example happiness as well as the optimal psychological functioning of an individual effectiveness and their social life (Ryan, 2008). The construct of psychological wellbeing is generally described to mean people's lives going on well (Ryan, 2008) and it encompasses an individual's effective functioning as well as positive feelings.

Therefore, individuals with high psychological wellbeing often present with feelings of happiness, self-acceptance, positive relations, social support, and life satisfaction. Crumbaugh and Moholick (1969) view psychological wellbeing as a combination mental health elements relating to individual positive functioning such as resilience abilities like self-efficacy, purpose in life as well positive relations.

According to “Eudemonic Perspective”, the common assessment for psychological wellbeing is associated with an individual’s view of “self-acceptance”, described as major characteristic of mental health, self-actualization, optimal functioning, and maturity. An expression about empowered women is that they have reduced risk of IPV and accelerated psychological wellbeing. Women who are victims of intimate partner violence globally are faced with adverse psychological challenges such as depression and anxiety (Hughes, 2015) and these women are prone to experiencing suicidal attempts, physical injuries, sexually transmitted infections including HIV, miscarriages as well as psychosomatic disorders. Therefore, based on the reviewed literature, the researcher established a significant prediction between women empowerment and intimate partner violence on psychological wellbeing.

Conclusion

Any form of violence against a woman is a total violation of human rights because its effects are enormous with both temporal and permanent physical, mental, sexual as well reproductive health problems which significantly have negative outcomes on women's psychological wellbeing. The effects brought about by intimate partner violence can stay longer even when the violence has stopped and the more the adverse of abuse; the bigger the impact on women's physical and psychological wellbeing and this over time leads to cumulative psychological difficulties. Therefore, the study was aimed at establishing the relationship between women empowerment, intimate partner violence and psychological wellbeing.

Chapter Three

Methodology

Introduction

This chapter describes the study methodology used. It explains the research design, target population, sample size, sampling technique, data collection instruments, data collection procedure measurement of variables, validity and reliability, data management, data analysis and presentation as well as ethical considerations.

Research Design

A cross sectional survey design using quantitative approach was employed for this study and this research design was opted for in order to enable the researcher to conduct this study at one point in time.

Target Population

The target population for Women headed households in Kira municipality was 131,190 (UBOS, 2014). Women headed households were chosen because women empowerment and women disempowerment happen in households.

Sample size

The sample size of the women headed households in this study was 392. This sample is above the minimum that was to be used (384) as determined by Krejcie & Morgan (1970) (see appendix B).

According to Krejcie&Morgan (1970), the minimum sample that is acceptable is 384. However, the researcher thought it necessary to take care of participants who would drop out or submitted incomplete questionnaires, thus, distributed questionnaires that were more than the sample size, which makes it a representative sample in the study.

Sampling Technique

The researcher employed a convenience sampling technique to conduct a selection of participants from Kira Municipality that is found in Wakiso District, central Uganda. The convenience sampling technique was chosen because of its effectiveness in primary data collection from geographically dispersed populations, cost-effectiveness, and time effectiveness, as well as its high level of flexibility.

The researcher chose a sampling frame based on participants who were conveniently available to participate in this study. This means that the researcher got participants wherever they were found and typically wherever it was convenient where no inclusion criteria identified before sample selection and all the study subjects were invited to participate in the study.

Data collection instruments

The data was collected using a questionnaire. The questionnaire consisted of four sections.

- i) Section A considered the demographic characteristics, such as age, marital status, religious affiliation, education, and employment.
- ii) Section B consisted of a 19 item women empowerment instrument adopted from Care (2014). This instrument was piloted for its reliability in our environment. It had acceptable psychometric properties and the Cronbach Alfa value was .963.

The women empowerment tool was measured using a Six-Likert scale from 1= Strongly Agree, 2=Moderately Agree, 3= Slightly Agree, 4=Strongly Disagree, 5= Moderately Disagree and 6=Slightly Disagree.

- iii) Section C consisted of a 12 item intimate partner violence instrument adopted from Care (2014). This instrument was piloted for its reliability in our environment and it had acceptable psychometric properties. Cronbach value was .891.
- iv) The intimate partner violence was measured using a Six -Likert scale from 1= Strongly Agree, 2=Moderately Agree, 3= Slightly Agree, 4=Strongly Disagree, 5= Moderately Disagree, and 6=Slightly Disagree.
- v) Section D consisted of a 42 item psychological wellbeing instrument adopted from Ryff (1989). This instrument had six dimensions including; Autonomy, Positive Relations, Self-Acceptance, Environmental Mastery, Personal Growth and Purpose in Life. The instrument was piloted for its reliability in our environment, and it established acceptable psychometric properties with the Cronbach value of .707. Psychological wellbeing was measured using a Six-Likert scale from 1= Very Low, 2= Low, 3=Somewhat Low, 4= Somewhat High, 5= High and 6 = Very High.

Data collection procedure

The researcher got an introduction letter from the Head of Psychology Department introducing her to the Kira Municipality leadership for permission to conduct data collection from the participants. The researcher approached participants to voluntarily participate in the study as well as re- assured them on the degree of utmost confidentiality regarding the information that was given.

The researcher took the participants through the distributed questionnaire for easy understanding and then retrieved the questionnaires from the participants once they had been completed.

Measurement of variables

The variables, Women empowerment and intimate partner violence, were measured using items adopted from Care (2014), and Psychological wellbeing was measured using items adopted from Ryff (2014).

Validity and Reliability of the measured instrument

Validity

Validity was checked through with the supervisors' guidance and the researcher checked for ambiguity, simplicity, clarity, and relevancy of the instruments used. The researcher ran an exploratory factor analysis test to establish the extent to which the items measured the distinct variables (McCarthy &Garavan, 2007), cited in Kagaari, et al. (2010). The exploratory factor analysis was used because it is recognized as the most powerful and dispensable method of construct validation as well as the heart of measurement for psychological constructs which determine the major reason for conducting a factor loading.

Therefore, exploratory factor analysis was carried out on the study variables for two major reasons, including, identifying the factor structure of variables that comprised of factors and reducing the items measuring the variables to retain only those that contained adequate information about the variables. Using the Varimax method for principal components measurement, only those factors with an Eigen value greater than 1 were retained according to the Guttman-Kaiser rule as shown below in Tables1, 2 and 3.

Table 1
Showing Exploratory Factor Analysis for Women Empowerment

Items	Component			
	1	2	3	4
Self-efficacy to go to the health facility	.871			
Self-efficacy to refuse sex	.843			
Belief in women's right to refuse sex	.828			
Belief in women's health rights	.783			
Women's participation in household decision making		.838		
Community support in times of crisis if beaten by husband		.807		
Collective efficacy		.796		
Participation in collective action		.764		
Ownership of household assets/resources		.747		
Community support in times of crisis when pregnant and bleeding		.742		
Rejection of intimate partner violence			.890	
Self-efficacy to ask husband to help with household duties			.738	
Female mobility			.736	
Contribution to household resources			.718	
Support for traditional gender role(male dominance)				.887
Interpersonal communication				.741
Eigen values	12.440	1.482	1.327	1.131
Percentage Total Variance	29.252	28.297	19.736	8.933
Cumulative Percentage	29.252	57.548	77.285	86.218

Results in Table 1 indicate that factor 1 is on the self –efficacy of women, and accounts for 29.3% of variation, factor 2 is on collective responsibly and accounts for 28.3 % of the variation, factor 3 is on contribution to house hold resources and accounts for 19.7% of the variation, while factor 4 is on support for traditional gender roles and accounts for 8.9% of the variation.

Therefore, self efficacy, collective responsibly, economic independence, and limited adherence to traditional gender roles are strong predictors of women empowerment. All the four factors account for 86.2% of variation in women empowerment. But they are also negatively predicting psychological wellbeing. This implies that when women deviate from the traditional gender roles and they become more self independent, or actively participate in contributing to family resources and decision making, their partners do not take this in good light, which may increase partner violence, leading to lower psychological wellbeing.

Table 2
Showing Exploratory Factor Analysis for Intimate Partner Violence

Items	Component	
	1	2
A man is justified in hitting his wife if she refuses to have sex with him	.968	
A man is justified in hitting his wife if she argues with him	.968	
A man is justified in hitting his wife if she does not cook the food properly	.858	
A man is the one who decides when to have sex with his wife	.759	
A man is justified in hitting his wife if she neglects their children	.717	
Only when a woman has a child is she a real woman		.852
It is woman's responsibility to take care of the children		.789
It's better to have more sons than daughters in a family		.598
Eigen Values	4.215	2.013
% Total Variance	40.212	22.066
Cumulative Percentage	40.212	62.278

Results from Table 2 indicate two factors where factor 1 is about traditional beliefs on gender roles to the effect that a man should have a final say on all relationship issues and has a right to treat his partner the way he wants if she fails to fulfill her roles, and this accounts for (40.2%). Factor 2 relates to the value of a woman; a woman is valued when she has produced boys and a man is justified to mistreat his wife if she does not behave as expected, and this accounts for 22.0%.

These two factors contribute to 62.2% of the variation in intimate partner violence.

Therefore, dominance of men, perception on the value of a woman, and subjugation, are strong predictors of intimate partner violence. This implies that the more the people in a relationship subscribe to the traditional beliefs of male dominance and subjugation of women, the higher the likelihood of intimate partner violence. This reduces women empowerment and as well as psychological wellbeing.

Table 3 Showing Exploratory Factor Analysis for Psychological Wellbeing

Items	Component					
	1	2	3	4	5	6
I used to set goals for myself , but that now seems like a waste of time	.878					
I tend to focus on the present because the future nearly always brings me problems	.860					
I am not afraid to voice my opinions even when they are in opposition to most people	.661					
I enjoy personal and mutual conversations with family members and friends	.641					
Being happy with myself is more important to me than having others approve of me	.603					
I made some mistakes in the past , but I feel that all in all everything has worked out for the best		.788				
In many ways i feel happy about my achievements in life		.765				
I am quite good at managing the many responsibilities of my daily life		.759				
Often I feel comfortable with my responsibilities		.573				
In general I feel confident and positive about myself			.811			
When I compare myself to friends and acquaintances it makes me feel good about who I am			.773			
I generally do a good job of taking care of my personal finances and affairs			.698			
I sometimes feel as if I have done all there is to do in life				.791		
I have a good sense of what it is I'm trying to accomplish in life				.648		
I fit very well with the people and community around me					.869	
I feel like many of the people i know have got more out of life than I have					.693	
Most people see me as loving and affectionate						.832
My attitude about myself is probably not as most people feel about themselves						.656
Eigen values	7.474	2.654	2.093	1.934	1.397	1.033
Percentage total variance	16.509	15.603	15.08	10.495	9.789	0.508
Cumulative Variance	16.509	32.112	47.197	57.692	67.481	76.989

Results in Table 3 reveal that all the six factors of psychological wellbeing were significant. The factor analysis extracted six factors where 1= Autonomy, 2= Environmental Masterly, 3= Personal Growth, 4= Positive Relations,5= Purpose in Life and 6= Self-acceptance as valid factors of psychological wellbeing. Of these six dimensions of psychological wellbeing, autonomy was the most significant measuring 16.5% (Eigen value= 7.4), followed by environmental master measuring 15.6% (Eigen value=2.6) and personal growth 15.0% (Eigen value=2.0), positive relations measuring 10.4 % (Eigen value= 1.9), purpose in life 9.7% (Eigen value= 1.3) and self-acceptance measuring 0.5% (Eigen value =1.0). All the six dimensions account for 76.9%.

Reliability

The Cronbach Alpha reliability coefficient test was carried out to ensure that there was consistency of the questions. Cronbach's Alpha is the most common measure of internal consistency used to measure reliability based on acceptable value of equal or above .70, Nunnally (1998) cited in (Kagaari et al., 2010) which states that when the items are strongly correlated with each other, their internal consistency is high and the Alpha Coefficient will be equal to or above .70 meaning that the relevancy and reliability of the instrument giving us data for our study is high.

The Alpha reliabilities for all the scales scored at values equal to or above .70 to meet the acceptance standards for research, according to Burns et al. (2008).

Table 4
Showing Reliability Statistics

Variable	Cronbach's Alpha	Number of items
Women Empowerment	.947	16
Intimate Partner Violence	.720	11
Psychological Wellbeing	.729	18

According to the results in Table 4, all items measuring for women empowerment, intimate partner violence and psychological wellbeing were found to be reliable, since they had a coefficient above .70 threshold set by Nunnally (1978).

Data management

To ensure proper data management, data cleaning, rating and coding of the responses following the Likert scale were employed. A Summary of the raw data was then edited before entering it into the computer data base for storage on created data file from where it was retrieved for analysis. The collected data was then edited, categorized and then entered into the computer using Statistical Package for Social Sciences (SPSS).

Data Analysis and Presentation

Descriptive statistics and inferential statistics were employed in analysis of data. Descriptive statistics involved obtaining frequency counts, means, mode and graphs.

Inferential statistics involved running the Pearson's correlation coefficient to analyze hypotheses 1, 2 and 3. Where hypotheses 1 stated that, there is a statistically significant relationship between women empowerment and psychological wellbeing, Hypotheses 2: there is a statistically significant relationship between women empowerment and intimate partner violence.

Hypothesis 3: there is a statistically significant relationship between intimate partner violence and psychological wellbeing.

Hypothesis 4, which stated that women empowerment mediates intimate partner violence and psychological wellbeing, was analyzed using Baron& Kenny (1986), which states that there must be:

- i) A significant relationship between intimate partner violence and psychological wellbeing;
- ii) A significant relationship between intimate partner violence and women empowerment;
- iii) Regress both psychological wellbeing on women empowerment, intimate partner violence and women empowerment;
- iv) Mediation will be confirmed by having significant indirect effect using Hayes (1969) recess model.
- v) Hypothesis 5, which stated that women empowerment and intimate partner violence significantly predict psychological wellbeing, was analyzed using multiple linear regressions.

These statistics were run to ensure meaningful interpretation of the processed data.

Ethical considerations

Prior to administering the questionnaire, an introductory letter was obtained from Kyambogo University seeking permission from the local leaders for approval and acceptance of the researcher to conduct the data collection process from their locality.

The following key ethical issues were considered as recommended by Neuman (2007);

- Informing respondents about the study (informed consent) as a way to ensure voluntary participation and freedom to leave at any point of the study
- Respect for confidentiality by ensuring anonymity
- The report would be availed to interested participating organizations.

Chapter Four

Analysis, Presentation and Interpretation of Results

Introduction

This chapter presents the findings of the study, which examined the relationships among Women empowerment, Intimate Partner violence and Psychological wellbeing among women in Kira Municipality Wakiso District. The study specifically assessed the relationship between Women empowerment and psychological wellbeing, explored the relationship between Women empowerment and Intimate Partner violence, ascertained the relationship between Intimate Partner violence and Psychological wellbeing, and established the combined influence of Women empowerment and Intimate Partner violence on Psychological wellbeing. Data is presented using descriptive statistics, Pearson correlation, exploratory factor and hierarchical regression analysis.

Demographic Characteristics of Respondents

The response rate was 100% (n=392). The researcher collected data from 392 respondents who willingly participated in the study. This positive response was an attribute to the sampling technique employed (convenience sampling). In the study, the researcher collected demographic information on respondents, which were useful in understanding the findings. Information was also collected on age and religion of the participants.

Age category of respondents

In the questionnaire, the respondents indicated their age category. They were requested to do so to ensure that respondents were mature enough to understand the research questions.

The results in Table 4.1 show that the majority (53.8%) of respondents were aged 26-35 years, followed by 28.6% who were aged below 15 years. Other respondents were aged 36-49 years (9.9%), 15-25 years (7.4%), and above 49 years (0.3%).

These findings show that the majority of the respondents were in the age bracket that usually has steady relationships, in most cases contemplating marriage. So the information they provided on the issue that was being investigated was credible.

Table 5
Showing Gender, Age and Religion of respondents (N=392)

Variable		Percentages	
Age	Category	F	%
	<15 years	112	28.6
	15-25 years	29	7.4
	26-35 years	211	53.8
	36-49 years	39	9.9
	>49 years	1	.3
Religion	Catholic	120	30.6
	Protestant	158	40.3
	Muslim	94	24.0
	Others	20	5.1
Marital Status	Single	90	23.0
	Married	276	70.4
	Divorced/separated	25	6.4
	Widowed	1	.3

Religion of respondents

The respondents also indicated their religious affiliation. This was done to ascertain the extent to which this may have influenced their perception of the issues that were being studied. The findings in the table above show that, majority of the respondents 158 (40.3%) were Protestants, 120 (30.6%) were Catholics, 94 (24.0%) were Muslims and 20 (5.1%) belonged to other religions. These findings show that the majority of respondents were believers who may have had knowledge on the nature of good relationships and their role in the wellbeing of people. So their responses may significantly reflect this aspect.

Marital Status of respondents

Respondents indicated their marital status in order to gauge their experiences on relationships. The findings in Table 4 show that, the majority 276 (70.4%) were married, followed by 90 (23.0%) who were single, 25 (6.4%) who were separated or divorced, and, finally 1 (0.3%) who were widowed. These findings show that the majority of respondents are currently in a relationship and, so, directly experience the issues that were being investigated. Therefore, they provided reliable responses.

Education and Occupation of respondents (N=392)

Respondents were also asked to indicate other personal information that was necessary in understanding their views on the research questions. The findings are summarized in the table 6.

Table 6
Showing Education and employment of respondents (N=392)

Variable		Percentages	
Education	Category	F	%
	Secondary level	136	34.7
	Tertiary/University	256	65.3
Employment	Employed	239	61.0
	Unemployed	153	39.0

Highest Educational Level Attained by Respondents

In the questionnaire, the respondents indicated their highest level of education. The findings in the table above show that the majority 256 (65.3%) had tertiary education, and the rest 136 (34.7%) had secondary education. These findings show that the respondents had acquired education, which would enable them to correctly analyse issues of women empowerment, intimate partner violence, and psychological wellbeing. So, it can be argued that they provided reliable information.

Employment Status of Respondents

In the questionnaire, the respondents indicated their employment status. Most of them 239 (61.0%) were in employment while 153 (39.0%) were unemployed.

Correlation analysis

The researcher carried out a correlation analysis in order to establish the relationship between variables so as to answer the study questions and hypotheses. The relationship among the study variables was first explored before regression analysis was done.

Pearson correlation coefficient was used to explore the relationship among women empowerment, intimate partner violence and psychological wellbeing.

Table 7 Showing Zero Order Pearson Correlation Coefficient Analysis

Variable	Marital						
	Age	status	Relign.	Educ.	WE	IPV	PWB
1. Age Group	1						
2. Marital Status	.714**	1					
3. Religious Affiliation	.173**	.108*	1				
4. Level of Education	.087	-.141**	.098	1			
6. Women Empowerment-	-.561**	-.414**	-.221**	-.267**	1		
7. IPV	-.278**	-.068	-.004	-.216**	.309**	1	
8. Psychological Wellbeing	.238**	.090	.143**	.358**	-.339**	-.202**	1

N=392

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

* . Correlation is significant at the 0.05 level (2-tailed).

The findings in the above table show that a negative relationship existed between women empowerment, intimate partner and psychological wellbeing. However, a positive relationship existed between women empowerment and intimate partner violence.

Objective One: The relationship between intimate partner violence and psychological wellbeing

This objective was aimed to assess the relationship between intimate partner violence and psychological wellbeing.

The study revealed that there is a significant and positive relationship ($r = .202, p \leq .001$) between intimate partner violence and psychological wellbeing

This implies that as intimate partner violence increased psychological wellbeing also increases.

Objective two: To establish the relationship between intimate partner violence and women empowerment

This objective aimed to examine the relationship between Intimate Partner violence and women empowerment. The study revealed that there is a negative relationship ($r = -.309, p \leq .001$) between women empowerment and Intimate Partner violence. This implies that Women empowerment increases intimate partner violence instead of reducing it.

Objective Three: to establish the relationship between women empowerment and psychological wellbeing

This objective aimed to examine the relationship between women empowerment and psychological wellbeing. The study revealed that a negative relationship ($r = -.339, p \leq .001$) existed between women empowerment among the same women. This implies that as women empowerment significantly increased, psychological wellbeing decreased.

Objective four: To establish the mediating effect on women empowerment on the relationship between intimate partner violence and psychological wellbeing

Test for mediation

Since it was conceptualized that women empowerment mediated the relationship between intimate partner violence and psychological wellbeing, it was, therefore, pertinent to perform a mediation test.

Table 8
Mediation effect of Women Empowerment on Intimate Partner Violence and Psychological Wellbeing

Model: Mediation

Y: Psychological wellbeing

X: Intimate partner violence

M: Women empowerment

Sample Size: 392

OUTCOME VARIABLE:

Women empowerment

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3093	.0957	175.0131	41.2637	1.0000	390.0000	.0000

Model

Coeff	se	t	p	LLCI	ULCI
Constant	-5.7060	5.4404	-1.0488	.2949	-16.4022 4.9903
IPV	.8211	.1278	6.4237	.0000	.5698 1.0724

Standardized coefficients

Coeff

IPV .3093

OUTCOME VARIABLE:

Psychological wellbeing

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3541	.1254	221.8826	27.8812	2.0000	389.0000	.0000

Model

Coeff	se	t	p	LLCI	ULCI
Constant	171.7203	6.1344	27.9931	.0000	159.6595 183.7810
IPV	-.3265	.1513	-2.1575	.0316	-.6241 -.0290
Wempower	-.3496	.0570	-6.1310	.0000	-.4617 -.2375

Standardized coefficients

Coeff

IPV -.1076

Wempower -.3057

***** TOTAL EFFECT MODEL *****

OUTCOME VARIABLE:

Psychological wellbeing

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2021	.0409	242.6994	16.6144	1.0000	390.0000	.0001

Model

Coeff	se	t	p	LLCI	ULCI
Constant	173.7149	6.4067	27.1147	.0000	161.1189 186.3108
IPV	-.6136	.1505	-4.0761	.0001	-.9095 -.3176

Standardized coefficients

Coeff

IPV -.2021

***** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y *****

Total effect of X on Y

Effect	se	t	p	LLCI	ULCI	c_ps	c_cs
-.6136	.1505	-4.0761	.0001	-.9095	-.3176	-.0386	-.2021

Direct effect of X on Y

Effect	se	t	p	LLCI	ULCI	c'_ps	c'_cs
-.3265	.1513	-2.1575	.0316	-.6241	-.0290	-.0206	-.1076

Indirect effect(s) of X on Y:

Effect	BootSE	BootLLCI	BootULCI
Wempower	-.2870	.0647	-.4139 -.1586

Partially standardized indirect effect(s) of X on Y:

Effect	BootSE	BootLLCI	BootULCI
Wempower	-.0181	.0039	-.0257 -.0104

Completely standardized indirect effect(s) of X on Y:

Effect	BootSE	BootLLCI	BootULCI
Wempower	-.0946	.0212	-.1357 -.0531

Results from Table 8 show that the path direct effect from intimate partner violence to women empowerment was positive and statistically significant ($\beta = .8211$, $s.e = .1278$, $p < .001$).

The path direct effect from intimate partner violence to psychological wellbeing was negative and significant ($\beta = -.3265$, $s.e = .1513$, $p = .0316$), indicating that persons scoring higher on intimate partner violence are less likely to experience psychological wellbeing than those scoring low on the measure.

The direct effect of women empowerment on psychological wellbeing is negative and significant ($\beta = -.3496$, $s.e. = .0570$, $p = .000$), indicating that persons scoring higher on women empowerment are less likely to experience psychological wellbeing than those scoring lower on the measure.

The indirect effect is tested using bootstrapping. If the null of 0 falls between the lower and upper bound of 95% confidence interval, then the inference is that the population indirect effect is 0. If 0 falls outside the confidence interval, then the indirect effect is inferred to be non-zero. In this case, the indirect effect (women empowerment = $-.2870$) is statistically significant: 95% CI ($-.4139, -.1586$).

Regression analysis

The multiple regression analysis was carried out to determine whether women empowerment and intimate partner violence had a significant effect on psychological wellbeing. The findings are shown in Table 9.

Table 9 Showing Multiple Regression Analysis

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	171.720	6.134		27.993	.00
Women empowerment	-.350	.057	-.306	-6.131	.00
IPV	-.327	.151	-.108	-2.157	.032

a. Dependent Variable: Psychological wellbeing, R square = .125, Adjusted R square = .121

F change statistics = 27.88** DF = 2

Objective Five: To assess the predictive potential of women empowerment and intimate partner violence on psychological wellbeing.

The last hypothesis of the study revealed the predictive potential of women empowerment and intimate partner violence on psychological wellbeing.

The findings revealed that Women empowerment is a strong predictor of Psychological Wellbeing, $\beta = -.350$, $p \leq .001$; Similarly IPV was found to be a strong predictor of Psychological Wellbeing, $\beta = -.327$, $p \leq .001$, with $R^2 = .121$.

The findings also show that, both predictors have negative beta (b) values implying that as empowerment increases, intimate partner violence also increases leading to decreases in the psychological wellbeing of a person.

Chapter Five

Discussion, Conclusion and Recommendations

Introduction

This chapter presents a discussion, conclusions and recommendations of the study, which examined the relationship among Women empowerment, Intimate Partner violence and Psychological wellbeing among women in Kira Municipality, Wakiso District. A discussion of the findings is presented first followed by a conclusion of the study and finally by recommendations for action as well as further research.

Discussion

Hypothesis one:

The hypothesis of the study was that there is a statistically significant relationship between intimate partner violence and psychological wellbeing. Intimate partner violence lowered psychological wellbeing in table 7. These findings mean that high levels of intimate partner violence decrease psychological wellbeing confirming with hypothesis two and three which established that male dominance is a significant cause of intimate partner violence. In direct contrast to Moreno; Claudia and Heidi (2013), intimate partner violence in this study was caused by, economic independence, flexible norms and values. Male partners do not take the economic independence of and self-efficacy in good light which may increase partner violence, leading to lower psychological wellbeing. Men perceive this as a breakaway of women from the traditional values and use violence to beat them back to order. In other words, assessing the extent to which intimate partner violence affects our society is often hard because people consider it to be a private family concern that needs not to be put into open for everyone to know limits the capture of data.

However, IPV has been constantly been a visible practice in our society for which to many acts of kicking, punching, slapping, hitting as well as pushing are hardly considered as violence. The construct of psychological wellbeing is considered a replacement of relationship status as the outcome of interest which guarantees safe and happy life an individual and this relationship status should increase the wellbeing of women through determining the types of environment these women are exposed.

Hypothesis two: There is statistically significant relationship between intimate partner violence and Women empowerment

The hypothesis of the study was that there is a statistically significant relationship between intimate partner violence and women empowerment. A positive relationship in table 7 existed between Women empowerment and Intimate Partner violence. This implies that Women empowerment does actually increase intimate partner violence instead of reducing it. This conforms the findings on the first objective that women empowerment is still a threat to the psychological wellbeing of women, because it is perceived in bad light by most men.

The findings conquers with Perova (2010) who argued that in cultures where some level of violence against women is perceived as a sign of love, economic dependence may decrease violence because women are perceived as big headed when they challenge this violence. Additionally, Women economic and social empowerment increases the likelihood of intimate partner violence considering that women want to depend on men economically which creates potential tolerance of men's abuse so as to receive both economic and social support in return. Therefore, when women increase their income, reduces the likelihood of violence because there is decreased economic dependence on men.

This is likely due the dominance of the subjugative roles of men and traditional gender roles. Low support for women empowerment still exist and any positive manifestation are suffocated using intimate partner violence. Therefore, dominance of men, perception on the value of a woman and subjugation are strong predictors of intimate partner violence. This implies that the more the people in a relationship affiliate to the traditional beliefs of male dominance and subjugation of women, the higher the likelihood of intimate partner violence. This reduces the positive outcomes of women empowerment and lowers psychological wellbeing. As advised by Tornello, et al. (2014), the findings show that we have to use the outcomes of studies on women empowerment and women's wellbeing with caution.

In our society, when women are economically and socially empowerment is considered to result in high risk of intimate partner violence, certainly because men often resort to intimate partner violence as a way of having their dominance and reassertion in egalitarian gender norms when patriarchal norms are challenged. Therefore, this is critical to ascertain the contradictions in order to have evolving approaches when designing interventions to address women empowerment and violence.

Hypothesis Three: There is a statistically significant relationship between women empowerment and psychological well being

The hypothesis of the study was that there is a statistically significant relationship between Women empowerment and psychological wellbeing of women. The findings revealed that, a negative relationship existed between Women empowerment and psychological wellbeing in table 7. This implies that when women become empowered through financial independence and more ability to refuse sex they are likely to achieve higher economic independence, contribute more to the relationship needs and decisions.

While Tornello, et al. (2014) had perceived this as a positive contribution to the peace and stability of the relationship, but among couples that still hold to the traditional gender roles this is actually a threat. While it is true that self-efficacy, economic independence, and limited adherence to traditional gender roles by having the ability to refuse sex are strong predictors of women empowerment, they at the same time pointers to lower positive emotions among women. This implies that when women deviate from the traditional gender roles and they become more self- independent, active participate in contributing to family resources and decision making, their partners do not take this in good light which may increase partner violence, leading to lower psychological wellbeing. Therefore the findings show that women empowerment in Uganda could actually be a family and relationship destabilizing factor calling for a re-thinking for the current women empowerment initiatives.

On the other hand, the findings have disapproved WHO (2017) which had asserted that women with high empowerment have a higher level of psychological well-being. The study has actually proved that in Uganda, when women assume more equality and control of the relationship, it could lead lower involvement of the male partner, which actually reduces psychological wellbeing. Tuladhar et al., (2013) show that could because feelings of empowerment by a woman can be perceived as a 'takeover', by the male partner. The male partner may withdraw and practically resign from his roles, leaving the woman shouldering more responsibility. This feeling of being overwhelmed by responsibility may lead to lower autonomy and positive emotions.

Hypothesis Four: Women empowerment mediates the relationship between intimate partner violence and psychological wellbeing

The study confirms women empowerment indirectly mediates the relationship between intimate partner violence and psychological wellbeing.

These findings agree with Tuladhar (2013) who had expressed that the strengths empowerment causes in a person increase her potential to overcome difficulties. The findings showed that high levels of empowerment led to decreased cases of intimate partner violence which caused positive emotions by increasing the woman's psychological wellbeing.

Intimate partner violence, is a global health concern as well as society challenge that negatively impacts women psychological wellbeing with presenting symptoms such as, posttraumatic stress disorder and depression among women violence victims (Rani et al., 2014). This pervasive social problem has resulted in significant mental health consequences to which the rates of PTSD and depression are high among African women and these results in adverse long term pathological challenges of PTSD symptomatology including; occupational and educational impairment, physical health consequences ,decreased resource utilization (Perova (2010)

From the researcher's view, there is a need to advocate for domestic movement so as to support the development of empowerment evolving strategies that decrease long term pathological effects among battered women. Therefore women empowerment should be contextualized as an ongoing, repetitive procedure that highlights both individual values and needs for battered women among communities.

Hypothesis Five: Women empowerment and intimate partner violence significantly predict psychological wellbeing

The hypothesis was to establish the combined influence of Women empowerment and Intimate Partner violence on Psychological wellbeing. The findings showed that Women empowerment was a strong predictor of Psychological Wellbeing, similarly intimate partner violence was found to be a strong predictor of Psychological Wellbeing (refer to Table 7).

This implies that high levels of Women empowerment increase Intimate Partner violence and lower psychological wellbeing of women.

As Tuladhar (2013) claimed, women empowerment is a construct model which many individuals could use to confront diverse life scenarios. Empowerment has various indicators of strengths which women could adopt to promote their potential in different areas as a way to overcome life difficulties. An indicator such as decision making is an integral aspect in facilitating individuals with strengths to determine choices that promote their psychological wellbeing.

In my view, women deviating from the traditional gender roles, become more self-independent and assertive which can be interpreted as a takeover by the male partner leading to resignation and increasing partner violence. Intimate partner violence had very low predictive power in the psychological wellbeing of women. Since intimate partner violence is often considered a cultural acceptable aspect that is recognized as some form of punishment to show appropriate demonstration of masculinity, extreme physical violence has been proscribed. Several abuse acts such as control, psychological abuse, neglect and isolation are prevalent among women. Thus, as empowerment increases, intimate partner violence also increases leading to decreases in the psychological wellbeing of a person.

Conclusion

The findings have shown that high levels of Women empowerment increase Intimate Partner violence and lower psychological wellbeing of women. It is likely that women empowerment initiatives in Uganda have instead contributed to more violence against women from the intimate partner, which has reduced the psychological wellbeing of women.

Therefore, this disproves the study hypotheses and theory which had predicted that women empowerment lowers intimate partner violence and increases psychological wellbeing of women.

This is because empowerment is still viewed as a menace to traditional gender roles as well as male dominance. Men possibly fear that empowerment could cause women to deviate from their gender roles and become more self- independent, as well as undermine men's authority. This is something regarded as a "take over" of women by most men.

Recommendations for Action

From the study findings, the researcher highlights the following recommendations;

The contribution of women empowerment to the psychological wellbeing of women should be improved. There is need to re-think the crust and practices of women empowerment in Uganda. Families should reinforce the contribution of women empowerment to their psychological wellbeing to ensure stability.

Empowerment and emancipation efforts in Uganda can reduce the life and psychological challenges faced by women in intimate relationships by encouraging women to adhere to the traditional gender roles that are positive.

For example, women should learn to respect the principle of headship by seeking the views of men on family issues, as well as consulting and supporting the decisions of their mates as long as they do not harm family and relationship stability.

Reducing intimate partner violence shall be emphasized instead of increasing psychological wellbeing of women. Women need to be taught skills of practicing their acquired economic independence and autonomy without sacrificing family stability.

Men should be involved in women empowerment initiatives such that they are helped to see the positives of women emancipation and their contribution to their family stability.

Study limitations

The researcher met the following challenges during the study.

The researcher found uncooperative respondents during the data collection process. Nevertheless, the researcher used all the friendly rapport skills to attract respondents into the study and, more so, it was made clear that the information given was strictly for academic reasons.

The questionnaire was seemingly too big. This was a challenge to some respondents who had reading challenges. However, the researcher accorded participants enough time to answer the questionnaire based on their scheduled free time.

Areas for Further Research

The findings of this research point to the need for further research in the following areas:

A study is needed to establish the principle of headship that men want women to respect and how this should be done.

The researcher recommends that further research should be carried out to establish women empowerment practices that actually promote family and relationship development and sustenance.

The researcher recommends that a qualitative study be carried out to establish the experiences of women who have been victims of intimate partner violence.

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Appendix A
Questionnaire

Dear Respondent,

My name is Twikirize Jean Milly. I am a graduate student in psychology at Kyambogo University. I am carrying out an academic research as part of my Master Dissertation. I will be grateful if you could answer this questionnaire. The questionnaire seeks your views on the Relationship between Women Empowerment, Intimate Partner Violence and Psychological Wellbeing among women in Kira municipality. Your participation is voluntary and you can terminate your participation any time you want without penalty. This questionnaire will be treated with utmost confidentiality. Your participation is very important as it is one of the ways to improve women empowerment, reduce intimate partner violence among women as well as facilitating women psychological wellbeing. There is no right or wrong answer, your honesty towards filling this questionnaire is very important. I will be very grateful for your acceptance to participate in this study.

SECTION A: Demographic Information

Please place a tick in the appropriate box that best suites you among the items in this section

1. Age

Below 15 Years	
15-25 Years	
26-35 Years	
36-49 Years	
Above 50 years	

2. Marital status

Single	
Married	
Separated/Divorced	
Widowed	

3. Religion

Catholic	
Protestant	
Muslim	
Others	

4. Education level

Primary	
Secondary	
Tertiary/University	

5. Employment

Employed	
Unemployed	

Section B: Women Empowerment

Please indicate the degree of your agreement with each of the following statements by circling which option best represents your point of view on a scale of 1-19, where 1= Strongly Agree(SA), 2= Moderately Agree(MA) 3= Slightly Agree(SA), 4= Strongly Disagree(SD), 5= Moderately Disagree(MD) and 6 = Slightly Disagree(SD)

No	Items	SA	MA	SA	SD	MD	SD
1	Rejection of intimate partner violence	1	2	3	4	5	6
2	Belief in women's right to refuse sex	1	2	3	4	5	6
3	Support for traditional gender role (male dominance)	1	2	3	4	5	6
4	Belief in women's health rights sub-scale	1	2	3	4	5	6
5	Self-efficacy to refuse sex	1	2	3	4	5	6
6	Self-efficacy to go to the health facility	1	2	3	4	5	6
7	Self-efficacy to ask husband to help with household duties	1	2	3	4	5	6
8	Ownership of household assets/resources	1	2	3	4	5	6
9	Contribution to household resources	1	2	3	4	5	6
10	Community support in times of crisis: When pregnant and bleeding	1	2	3	4	5	6
11	Community support in times of crisis: If beaten by husband	1	2	3	4	5	6
12	Collective efficacy (Ability of members of a community to control the behavior of individuals and groups in the community)	1	2	3	4	5	6
13	Participation in collective action	1	2	3	4	5	6
14	Women's participation in household decision making	1	2	3	4	5	6
15	Interpersonal communication(An exchange of information between two or more people)	1	2	3	4	5	6
16	Female mobility (Women's participation in society)	1	2	3	4	5	6

Section C: Intimate Partner Violence

The following statements from (1-8) measure your position on the rejection of intimate partner violence. Please indicate your degree of agreement on each statement by placing a tick against the appropriate statement for you on a scale of 1-6, where 1= strongly agree, 2= moderately agree, 3= slightly agree, 4= strongly disagree, 5= moderately disagree and 6 = slightly disagree.

No	Items	SA	MA	SA	SD	MD	SD
1	It is the mother's responsibility to take care of the children	1	2	3	4	5	6
2	A man is justified in hitting his wife if she neglects their children	1	2	3	4	5	6
3	A man is justified in hitting his wife if she argues with him	1	2	3	4	5	6
4	A man is justified hitting his wife if she refuses to have sex with him	1	2	3	4	5	6
5	A man is justified in hitting his wife if she did not cook the food properly	1	2	3	4	5	6
6	A man is the one who decides when to have sex with his wife	1	2	3	4	5	6
7	Only when a woman has a child she is a real woman	1	2	3	4	5	6
8	It's better to have more sons than daughters in a family	1	2	3	4	5	6

Section D: Psychological Wellbeing

The following items from 1-18 measure your psychological wellbeing. Please tick your agreement or disagreement with each statement on a 1-6 scale where 1= Very Low (VL) 2= Low (L) 3=Somewhat Low (SL) 4= Very High (VH) 5= High (H) and 6 = Somewhat High (SH)

No	Item	VL	L	SL	VH	H	SH
1	I used to set goals for myself, but that now seems like a waste of time	1	2	3	4	5	6
2	I tend to focus on the present because the future nearly always brings me problems	1	2	3	4	5	6
3	Am not afraid to voice my opinions even when they are in opposition to most people	1	2	3	4	5	6
4	I enjoy personal and mutual conversations with family members and friends	1	2	3	4	5	6
5	Being happy with myself is more important to me than having others approve of me	1	2	3	4	5	6
6	I made some mistakes in the past , but I feel that all in all everything has worked out for the best	1	2	3	4	5	6
7	In many ways I feel happy about my achievements in life	1	2	3	4	5	6
8	Am quite good at managing the many responsibilities of my daily life	1	2	3	4	5	6
9	Often feel comfortable with my responsibilities	1	2	3	4	5	6
10	In general I feel confident and positive about my self	1	2	3	4	5	6
11	When I compare myself to friends and acquaintances it makes me feel good about who I am	1	2	3	4	5	6
12	I generally do a good job of taking care of my personal finances and affairs	1	2	3	4	5	6
13	I sometimes feel as if I have done all there is to do in life	1	2	3	4	5	6
14	I have a good sense of what it is I'm trying to accomplish in life	1	2	3	4	5	6
15	I fit very well with the people and community around me	1	2	3	4	5	6
16	I feel like many of the people know have gotten more out of life than I have	1	2	3	4	5	6
17	Most people see me as loving and affectionate	1	2	3	4	5	6
18	My attitude about myself is probably not as most people feel about themselves	1	2	3	4	5	6

Appendix B

Krejcie and Morgan table for determining sample size from a given population.

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

Note.—*N* is population size.
S is sample size.

Appendix C

Work Plan

Activity	Period (Months)
Submission of proposal	March 2019
Collecting data	April to May 2019
Analyzing data and report writing	May to June 2019
Submission of draft report	July to October 2019
Expected defense	October
Addressing VIVA Vocee corrections and submissions of final report	November