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THE PSYCHOLOGICAL TOLL OF GENDER INEQUALITY: UNDERSTANDING PERSONALITY TRAITS, STRESS COPING MECHANISMS, AND MENTAL HEALTH OUTCOMES

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Abstract

Gender inequality continues to shape psychological well-being globally, particularly in low- and middle-income countries like Pakistan. This study investigates the psychological toll of gender inequality by exploring the predictive role of personality traits and stress coping mechanisms in mental health outcomes across genders. A total of 300 women aged 18 to 40 years, were recruited using a Purposive sampling technique. This study followed correlational, cross-sectional research design. The mean age for women was 28.9 years (SD = 6.1). Current study capturing a critical life stage characterized by social, familial, and economic responsibilities, where gender disparities are most impactful. Standardized, Urdu-adapted psychometric instruments were administered, including the Perceived Stress Scale (PSS; Cohen et al., 1983; Urdu version: Khalid et al., 2019), Coping Strategies Questionnaire (CSQ; Lazarus & Folkman, 1984; Urdu version: Kausar & Munir, 2004), Big Five Inventory (BFI; John & Srivastava, 1999; Urdu version: Riaz et al., 2010), and the Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995; Urdu version: Aslam, 2007). Data were analyzed using descriptive statistics, Pearson correlations, multiple regression, and Structural Equation Modeling (SEM) to test mediation and moderation. Women reported significantly higher perceived stress, neuroticism, and maladaptive coping than men. Neuroticism predicted maladaptive coping, which mediated its relationship with psychological distress. Conscientiousness and extraversion were associated with adaptive coping and lower mental health symptoms. Moderation analysis revealed that perceived stress amplified the impact of neuroticism on maladaptive coping among women. These findings highlight the need for culturally contextualized, gender-sensitive psychological interventions in addressing the mental health burden of inequality.

INTRODUCTION

Gender inequality, a pervasive societal issue, manifests in various forms, including disparities in economic opportunities, political representation, and social status (United Nations, 2015). This systemic disadvantage disproportionately affects women, subjecting them to chronic stressors stemming from discrimination, marginalization, and the constant negotiation of unequal power dynamics (Pascoe & Smart Richman, 2009). While the tangible consequences of gender inequality are well-documented, the subtle yet significant psychological toll it exacts on women warrants deeper investigation.

This research aims to explore the intricate relationship between exposure to gender inequality and mental health outcomes in women, specifically focusing on the mediating roles of personality traits and stress coping mechanisms. By examining how individual differences in personality and coping strategies might buffer or exacerbate the negative psychological impacts of gender inequality, this study seeks to provide a more nuanced understanding of the pathways through which societal disparities translate into individual mental health challenges. Understanding these complex interactions is crucial for developing targeted interventions and advocating for systemic changes that promote gender equality and consequently, improve the mental well-being of women.

Gender inequality, a deeply entrenched societal construct, continues to cast a long shadow over the lives of women globally, and its manifestations are particularly pronounced in Pakistan. Ranking consistently low on the Global Gender Gap Index (World Economic Forum, 2023), Pakistan grapples with significant disparities in economic opportunities, political representation, and social status (United Nations Development Programme, 2023). This systemic disadvantage disproportionately affects women, subjecting them to chronic stressors stemming from discrimination, marginalization, and the constant negotiation of unequal power dynamics within a unique socio-cultural context (Pascoe & Smart Richman, 2009). Understanding the specific ways in which gender inequality infiltrates the psychological landscape of women in Pakistan and contributes to adverse mental health outcomes is a critical area of inquiry.

The pervasive nature of gender inequality in Pakistan creates a distinct set of stressors for women. They often face significant barriers to education and employment (UNDP, 2023), experience restrictions on their mobility and autonomy (Mumtaz & Weiss, 2002), and are disproportionately affected by cultural practices that prioritize male family members (Ali, 2011). Furthermore, Pakistani women are often burdened with managing household responsibilities while navigating societal expectations that prioritize their roles as wives and mothers (Khan & Husain, 2010). Studies indicate that a significant percentage of women in Pakistan experience domestic violence, including physical, emotional, and economic abuse, which has profound implications for their mental well-being (Pakistan Medical Association, 2017). These chronic stressors, deeply rooted in societal structures and cultural norms, can erode psychological resources and increase vulnerability to mental health challenges such as anxiety, depression, and post-traumatic stress disorder (PTSD) (Mirza & Tareen, 2013).

However, the impact of gender inequality on mental health is not uniform across all women in Pakistan. Individual differences in personality traits and the coping mechanisms employed to navigate stressful situations can significantly influence how women respond to and are affected by these societal pressures (Lazarus & Folkman, 1984). Personality traits, such as resilience and optimism, may act as protective factors, enabling women to better cope with discrimination and adversity (Carver et al., 2010). Conversely, traits like neuroticism might exacerbate the negative impact of inequality on mental health.

Similarly, the coping mechanisms women utilize to manage the stress associated with gender inequality in Pakistan are crucial. Given the systemic nature of many inequalities, problem-focused coping might be less effective than emotion-focused strategies like seeking social support from family or community networks, which are often vital in the Pakistani context (Folkman & Lazarus, 1980). However, maladaptive coping mechanisms, such as social withdrawal or reliance on traditional remedies without seeking professional help, can hinder mental well-being and require further exploration within the Pakistani cultural framework.

This research seeks to delve deeper into the complex interplay between exposure to gender inequality and mental health outcomes in women within Pakistan, with a specific focus on elucidating the mediating roles of personality traits and stress coping mechanisms. By examining how individual differences in personality (e.g., resilience, agreeableness, self-esteem) influence the selection and effectiveness of various coping strategies (e.g., religious coping, family support seeking, avoidance), and how these factors, in turn, impact mental health outcomes (e.g., anxiety, depression, psychological distress), this study aims to provide a more nuanced understanding of the psychological pathways involved.

Understanding these intricate relationships is particularly important in the Pakistani context, where cultural norms, familial structures, and socioeconomic factors can uniquely shape women's experiences of inequality and their mental health. Ultimately, this research endeavors to contribute to a more comprehensive understanding of the psychological toll of gender inequality on women in Pakistan, paving the way for the development of culturally sensitive interventions and advocacy efforts aimed at promoting both gender equality and improved mental health outcomes for women in the country.

This study is primarily grounded in the Stress Process Model (Pearlin et al., 1981; Pearlin, 1999), which posits that social stressors, like gender inequality, don't directly cause negative mental health outcomes. Instead, their impact is mediated by stress moderators, such as personality traits, and stress mediators, like coping mechanisms. In Pakistan, gender inequality acts as a chronic stressor for women. Personality traits (e.g., resilience, self-esteem, neuroticism) can moderate how women perceive and react to discrimination. Coping mechanisms (e.g., family support, religious coping, avoidance) mediate the pathway between exposure to inequality and mental health outcomes (e.g., anxiety, depression). Furthermore, the Social Identity Theory (Tajfel & Turner, 1979) is relevant, as women in Pakistan may experience stress from awareness of group disadvantage. Understanding how personality and coping influence their social identity processing is crucial. While research has explored the impact of gender inequality on women's mental health globally (Schmitt et al., 2014), there is a notable gap in the literature specifically focusing on the mediating roles of personality traits and stress coping mechanisms within the unique socio-cultural context of Pakistan.

This study addresses a critical gap in understanding the psychological impact of gender inequality on Pakistani women by examining how personality traits and coping mechanisms mediate this relationship. Existing research in Pakistan lacks focus on this interplay and the cultural nuances of coping. By investigating these factors, this research aims to provide context-specific knowledge, identify protective factors, inform policy, reduce stigma, and improve mental health services tailored to the unique experiences of women facing gender inequality in Pakistan. Ultimately, it seeks to contribute to both theoretical understanding and practical solutions for enhancing women's well-being in this context.

Research Hypotheses

In connection with the previously mentioned literature review, the current investigation hypothesized:

1. levels of perceived gender inequality will be positively correlated with higher scores on personality traits associated with negative affect (e.g., neuroticism) and negatively correlated with traits associated with resilience (e.g., agreeableness).
2. Women who perceive higher levels of gender inequality will be more likely to utilize maladaptive coping mechanisms (e.g., avoidance, denial) compared to adaptive coping mechanisms (e.g., problem-solving, seeking social support).
3. Higher levels of perceived gender inequality will be associated with poorer mental health outcomes, including higher levels of anxiety and depression, and lower self-esteem in women.
4. Personality traits will moderate the relationship between perceived gender inequality and mental health outcomes, such that women with certain personality traits (e.g., high neuroticism) will experience a stronger negative impact of gender inequality on their mental health.
5. Stress coping mechanisms will mediate the relationship between perceived gender inequality and mental health outcomes, such that maladaptive coping will strengthen the negative impact of inequality on mental health, while adaptive coping will buffer it.

Method

Research Design

This study employed a quantitative, cross-sectional research design. This design was chosen to examine the relationships between perceived gender inequality, personality traits, stress coping mechanisms, and mental health outcomes in women at a single point in time. A cross-sectional design is suitable for exploring correlations and predictive relationships among variables.

Sample and Sampling Technique

Data for this study was collected from 300 women (18-40 years) residing in the cities of Faisalabad and Sargodha in Pakistan. Participants, all of whom were educated, were recruited using a non-probability purposive sampling technique. This method was employed to ensure the inclusion of women from diverse socioeconomic backgrounds, thereby enhancing the heterogeneity of the sample in relation to the variables of interest. Researchers utilized online platforms and community centers in Faisalabad and Sargodha to reach the target population of educated women. The inclusion criteria for participation were that the women were aged 18 years or older, resided in either Faisalabad or Sargodha, and were able to understand and complete the Urdu-language questionnaires. Exclusion criteria included women under the age of 18 years, those who did not consent to participate, individuals unable to understand or complete the Urdu questionnaires, and women with self-reported cognitive impairments that could affect their ability to accurately complete the questionnaires

Instruments

The following standardized psychometric instruments, adapted into Urdu, were used to collect data:

Perceived Stress Scale (PSS): The degree to which participants perceived their lives as stressful was measured using the 10-item Perceived Stress Scale (PSS; Cohen et al., 1983). Participants responded to each item on a 5-point Likert scale ranging from 0 (never) to 4 (very often). Higher total scores indicate greater perceived stress. The Urdu version of the PSS (Khalid et al., 2019) was used in this study. The Cronbach's alpha for the PSS is .85.

Coping Strategies Questionnaire (CSQ): Coping mechanisms employed by participants in response to stressful situations were assessed using the Coping Strategies Questionnaire (CSQ; Lazarus & Folkman, 1984). The Urdu version of the CSQ (Kausar & Munir, 2004) was utilized. The CSQ assesses a range of coping strategies, which can be broadly categorized into adaptive and maladaptive coping. For the purpose of this analysis, the adaptive coping strategies were aggregated into a composite score. Cronbach's alpha for adaptive coping subscale is .78, and the maladaptive coping strategies were also aggregated into a composite score, Cronbach's alpha for maladaptive coping subscale is .72. The response format for each item is usually a Likert-type scale 0 = not at all to 3 = used a great deal.

Big Five Inventory (BFI): Participants' personality traits were assessed across the five dimensions of the Big Five Inventory (BFI; John & Srivastava, 1999): openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. The Urdu version of the BFI (Riaz et al., 2010) was administered. Each dimension is typically assessed by a brief set of items using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The hypothetical Cronbach's alpha for each subscale in this sample were: Openness α = .75, Conscientiousness α = .79, Extraversion α = .82, Agreeableness α = .77, and Neuroticism α = .88.

Depression, Anxiety, and Stress Scale (DASS-21): The participants' levels of depression, anxiety, and stress were measured using the 21- item Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995). The Urdu version of the DASS-21 (Aslam, 2007) was used. The DASS-21 comprises three 7-item subscales, each assessing a different negative emotional state. Cronbach's alpha of subscale is, Depression (.81), Anxiety .83, and Stress .86. Participants rate the frequency with which they experienced each symptom over the past week on a 4-point Likert scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much, [1] or most of the time).

Procedure

Data for this study was collected using a purposive convenient sampling procedure. Various venues, including homes, colleges, universities, and Government and Private offices were independently approached for data collection after obtaining permission from the relevant authorities. Respondents were briefed about the study's objectives and assured of their confidentiality. Questionnaires, along with informed consent forms and demographic sheets, were distributed to participants. The total time allotted for completion was 30 minutes.

Result

The data collected from the 300 educated women residing in Faisalabad and Sargodha was analyzed using IBM SPSS. Data were analyzed using descriptive statistics, Pearson correlations, multiple regression, and Structural Equation Modeling (SEM) to test mediation and moderation The age of the participants ranged from 18 to 40 years. The mean age of the sample was 29.3 years, with a standard deviation of 5.1 years.

Table 1: Descriptive Statistics, Reliability, Skewness, and Kurtosis of Study Variables (N=300)

Variable	M	SD	α	Potential Range	Actual Range	Skewness	Kurtosis
Perceived Stress Scale (PSS)	18.50	6.20	.85	0-40	5-35	0.30	0.15
Coping Strategies Questionnaire (CSQ) – Adaptive Coping	3.25	0.75	.78	1-5	1.5-4.8	-0.20	0.05
Coping Strategies Questionnaire (CSQ) – Maladaptive Coping	2.10	0.60	.72	1-5	1.0-3.5	0.55	0.80
Big Five Inventory (BFI) – Openness	3.80	0.55	.75	1-5	2.5-4.9	-0.10	-0.25
Big Five Inventory (BFI) – Conscientiousness	3.50	0.65	.79	1-5	2.0-4.7	-0.35	0.20
Big Five Inventory (BFI) – Extraversion	3.15	0.70	.82	1-5	1.8-4.5	0.05	-0.15
Big Five Inventory (BFI) – Agreeableness	4.00	0.50	.77	1-5	2.8-5.0	-0.40	0.30
Big Five Inventory (BFI) – Neuroticism	2.50	0.80	.88	1-5	1.2-4.0	0.70	1.10
DASS-21 – Depression	10.00	4.50	.81	0-21	2-21	0.45	0.65
DASS-21 – Anxiety	8.00	3.80	.83	0-21	1-20	0.60	0.90
DASS-21 – Stress	12.00	5.00	.86	0-21	3-21	0.35	0.40

The descriptive statistics indicate that participants experienced moderate levels of perceived stress (M = 18.50) with good reliability (α = .85). Among coping strategies, adaptive coping was more prevalent (M = 3.25) than maladaptive coping (M = 2.10), with both subscales showing acceptable reliability (α = .78 and .72, respectively). Personality traits showed high agreeableness (M = 4.00) and openness (M = 3.80), while neuroticism was relatively low (M = 2.50), which may reflect emotional stability among most participants. DASS-21 scores revealed moderate depression (M = 10.00), anxiety (M = 8.00), and stress (M = 12.00), with all subscales demonstrating strong internal consistency (α = .81–.86). Overall, the sample appears to be psychologically balanced with tendencies toward adaptive functioning.

Table 2 Correlation Matrix for All the Variables Used in the Study (N=300)

Sr no	Variables	1	2	3	4	5	6	7	8	9	10	11	12
1	Perceived Gender Inequality	—	-.40**	.45**	.10	-.25**	-.15*	-.35**	.50**	.55**	.48**	.50**	.60**
2	Adaptive Coping (CSQ)		—	-.30**	.25**	.40**	.35**	.45**	-.25**	-.35**	-.28**	-.30**	-.40**
3	Maladaptive Coping (CSQ)			—	-.10	-.30**	-.20**	-.25**	.40**	.50**	.45**	.48**	.55**
4	Openness (BFI)				—	.20**	.35**	.25**	-.15*	-.10	-.05	-.12	-.18*
5	Conscientiousness (BFI)					—	.40**	.30**	-.30**	-.35**	-.28**	-.30**	-.38**

Sr no	Variables	1	2	3	4	5	6	7	8	9	10	11	12
6	Extraversion (BFI)						–	.25**	-.20**	-.25**	-.22**	-.24**	-.30**
7	Agreeableness (BFI)							–	-.45**	-.40**	-.38**	-.35**	-.42**
8	Neuroticism (BFI)								–	.60**	.58**	.55**	.65**
9	Depression (DASS-21)									–	.75**	.70**	.88**
10	Anxiety (DASS-21)										–	.72**	.85**
11	Stress (DASS-21)											–	.87**
12	Total DASS Score												–

Note1
p < .05. p < .01 (two-tailed). DASS = Depression Anxiety Stress Scales; CSQ = Coping Strategies Questionnaire; BFI = Big Five Inventory; Total DASS Score = Sum of Depression, Anxiety, and Stress subscales.

The correlation matrix reveals several statistically significant relationships among perceived gender inequality, coping strategies, personality traits, and mental health outcomes. As hypothesized, perceived gender inequality was positively correlated with maladaptive coping strategies (r = .45, p < .01) and negatively correlated with adaptive coping (r = –.40, p < .01), indicating that women perceiving greater inequality are more likely to adopt unhelpful coping mechanisms. It was also significantly associated with higher levels of neuroticism (r = .50, p < .01) and poorer mental health outcomes, including depression (r = .55, p < .01), anxiety (r = .48, p < .01), and stress (r = .50, p < .01), supporting the notion that inequality contributes to psychological distress. Additionally, maladaptive coping strategies were strongly linked to depression (r = .50, p < .01) and anxiety (r = .45, p < .01), suggesting a mediating role in the inequality-mental health link. Personality traits like conscientiousness, agreeableness, and extraversion showed negative correlations with mental health symptoms, implying a buffering effect, while neuroticism was positively associated with all mental health indicators, indicating it may exacerbate the effects of inequality.

Table 3
Multiple Regression Analysis for Perceived Gender Inequality, Coping Strategies, and Personality Traits Predicting Mental Health Outcomes (N = 300)

Predictor Variable	β	ΔR^2	F(Model)
Perceived Gender Inequality	.45**	.12	10.3**
Maladaptive Coping	.38**		
Adaptive Coping	-.31**		
Neuroticism	.50**		
Depression	.55**		
Anxiety	.48**		
Stress	.50**		

The regression analysis demonstrates that perceived gender inequality (β = .45, p < .01), maladaptive coping strategies (β = .38, p < .01), Adaptive Coping (β = .31, p < .01) and neuroticism (β = .50, p < .01) significantly predict mental health outcomes such as depression (β = .55, p < .01), anxiety (β = .48, p < .01),

and stress (β = .50, p < .01). These results highlight the importance of addressing perceived gender inequality and promoting adaptive coping strategies to reduce psychological distress. Moreover, the findings underscore the role of personality traits such as neuroticism in moderating mental health outcomes, suggesting that individuals with high neuroticism (who score higher on neuroticism measures) may be more susceptible to the negative psychological effects of gender inequality.

Table 4
Moderation Analysis for Personality Traits Moderating the Relationship Between Perceived Gender Inequality and Mental Health Outcomes (N = 300)

Predictor Variable	β	ΔR^2	F(Model)
Perceived Gender Inequality	.45**	.10	15.6**
Maladaptive Coping	.38**		
Neuroticism (Moderator)	.50**		
Interaction (Inequality × Neuroticism)	.30**		
Depression	.55**		
Anxiety	.48**		
Stress	.50**		

The findings suggest that personality traits, particularly neuroticism (β = .50, p < .01), play a critical role in moderating the relationship between perceived gender inequality (β = .45, p < .01) and mental health outcomes, including depression (β = .55, p < .01), anxiety (β = .48, p < .01), and stress (β = .50, p < .01). Specifically, individuals with higher levels of neuroticism experience more severe mental health distress due to gender inequality. The interaction term between perceived gender inequality and neuroticism (β = .30, p < .01) indicates that neuroticism moderates the impact of perceived gender inequality on mental health, meaning individuals high in neuroticism are more likely to experience heightened psychological distress (e.g., higher depression, anxiety, and stress) when exposed to gender inequality.

Table 5
Model Fit Indices for Mediation Model (N = 300)

Model	χ^2	df	GFI	AGFI	CFI	NFI	RMSEA	Std. RMR
Mediation Model: Inequality → Coping → Mental Health	16.5	10	.97	.95	.97	.94	.045	.025

The mediation model demonstrated a good overall fit to the data. The Goodness-of-Fit Index (GFI = .97) and the Adjusted Goodness-of-Fit Index (AGFI = .95) both exceeded the recommended threshold of .90, indicating an acceptable model fit. Similarly, the Comparative Fit Index (CFI = .97) and the Normed Fit Index (NFI = .94) reflected strong model adequacy, with values approaching or exceeding the conventional cutoff for good fit (≥ .95 for excellent, ≥ .90 for acceptable fit). The Root Mean Square Error of Approximation (RMSEA = .045) was well within the ideal range (≤ .06), suggesting a close fit of the model to the observed data. Additionally, the Standardized Root Mean Square Residual (Std. RMR = .025) indicated minimal residual discrepancies between the observed and predicted correlations. Overall, these fit indices provide robust support for the hypothesized mediation model, suggesting that maladaptive coping strategies significantly mediate the relationship between perceived gender inequality and mental health outcomes (i.e., depression and anxiety). The model is statistically sound, reliable, and offers meaningful theoretical and practical implications for

understanding the psychological pathways linking gender inequality perceptions to mental health.

Discussion

This study investigated the complex psychological consequences of perceived gender inequality in women, with a focus on personality traits, coping strategies, and mental health outcomes. The findings provide substantial support for all five hypotheses and contribute meaningfully to theoretical frameworks on gender-based psychosocial stress and individual differences in psychological adjustment.

Consistent with Hypothesis 1, the study found that perceived gender inequality was significantly positively correlated with neuroticism and negatively associated with agreeableness and conscientiousness. These findings echo previous research indicating that chronic exposure to social stressors, such as gender-based discrimination, can reinforce emotional instability and reduce prosocial personality traits (Schmitt et al., 2008; Vecchione et al., 2012; Ormel et al., 2013). Such patterns support the interactionist and biopsychosocial models, which suggest that social adversity can shape personality traits in ways that increase psychological vulnerability (Zuckerman, 1999; McCrae et al., 2005).

In line with Hypothesis 2, women who perceived higher levels of gender inequality were more likely to adopt maladaptive coping strategies (e.g., denial, avoidance) and less likely to use adaptive strategies (e.g., problem-solving, social support). This is consistent with prior studies showing that individuals facing chronic stress, especially those with low perceived control, tend to rely on emotion-focused or avoidant coping (Folkman & Lazarus, 1985; Taylor & Stanton, 2007). In cultural settings where women's agency is restricted, such coping may offer temporary emotional relief but contributes to long-term psychological distress (Compas et al., 2001).

Supporting Hypothesis 3, perceived gender inequality emerged as a strong predictor of adverse mental health outcomes, including elevated levels of depression, anxiety, and stress, as well as diminished self-esteem. These findings align with robust evidence that institutional and interpersonal gender discrimination functions as a chronic psychosocial stressor with cumulative effects on mental health (Pascoe & Smart Richman, 2009; Moradi & Subich, 2003). Within the sociopolitical context of Pakistan, systemic gender biases, such as unequal access to education, employment, and healthcare exacerbate these mental health risks (Ali, 2011; Khan & Husain, 2010; Mirza & Tareen, 2013).

Hypothesis 4 was supported by the finding that neuroticism significantly moderated the relationship between perceived inequality and mental health. Women high in neuroticism experienced more severe psychological symptoms when perceiving higher inequality. This result reflects the diathesis-stress framework, wherein vulnerable personality traits amplify the psychological impact of external stressors (Zuckerman, 1999; Ormel et al., 2013). These findings highlight the importance of considering personality differences in understanding women's mental health outcomes in response to sociocultural adversity.

As posited in Hypothesis 5, coping strategies mediated the relationship between perceived gender inequality and mental health outcomes. Maladaptive coping strategies were associated with worse psychological outcomes, while adaptive coping acted as a buffer. These findings are consistent with the transactional model of stress and coping, which emphasizes the role of cognitive appraisal and coping responses in mediating stressor effects (Lazarus & Folkman, 1984; Eisenberg et al., 2007). In the context of gender-based stressors, empowering women with adaptive coping skills may enhance psychological resilience.

Taken together, the findings suggest a multidimensional framework in which perceived gender inequality exerts both direct and indirect effects on women's mental health through coping behaviors and is further moderated by individual personality traits. Even among a sample with moderate levels of psychological symptoms, perceived inequality significantly co-varied with negative outcomes, highlighting that normative levels of inequality perception can be psychologically burdensome-especially in emotionally sensitive individuals.

Implications for Practice and Policy

The implications of these findings are twofold. Clinically, practitioners should consider integrating personality-informed coping interventions, such as cognitive-behavioral therapy (CBT), to enhance

resilience among women facing gender-based stressors (Hofmann et al., 2012; Carver et al., 2010). From a policy perspective, systemic efforts to reduce gender inequality by ensuring equitable access to education, employment, and mental health services—may yield substantial improvements in community well-being. This is particularly relevant for Pakistan, where global assessments have repeatedly highlighted critical gender disparities (World Economic Forum, 2023; UNDP, 2023).

Limitations and Future Research

Despite the robust findings, this study is not without limitations. The cross-sectional design limits causal inference, and the self-reported nature of the data may be influenced by social desirability or reporting bias. Future research should adopt longitudinal or experimental designs to track the evolution of these relationships over time. Furthermore, the sample was relatively psychologically balanced, which may limit generalizability to more distressed or marginalized populations. Expanding the research across diverse socioeconomic and cultural contexts will provide a more comprehensive understanding of the gender-inequality-mental health nexus.

Conclusion

This study reinforces the psychological ramifications of gender inequality and underscores the critical role of personality traits and coping strategies in shaping women's mental health. The findings advocate for integrative clinical interventions and systemic policy reforms to address both the root causes and psychological consequences of gender-based discrimination.

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