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Women's Infidelity, Paternity Uncertainty, and Family Betrayal: A Case Study from Uganda

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Abstract: *This quantitative study examined women's infidelity, paternity uncertainty, and family betrayal in Uganda, investigating contributing factors, psychological impacts, and effectiveness of coping mechanisms. A cross-sectional survey design was employed with 422 participants (250 men, 172 women) from urban and peri-urban areas of Central Region, Uganda, selected through stratified random and purposive sampling. Data was collected using structured questionnaires incorporating validated psychological scales (DASS-21, IES-R) and analyzed using SPSS version 26.0 with descriptive and inferential statistics including chi-square tests, t-tests, correlation analysis, and multiple regression. Results revealed that socio-economic factors, particularly women's economic dependency (M=3.92, SD=1.04) and financial stress (M=3.79, SD=1.11), were the primary contributors to infidelity and paternity uncertainty. Betrayed partners exhibited significantly higher psychological distress than children across all measures, including depression (t=6.82, p<0.001), anxiety, stress, and post-traumatic stress symptoms, with trust in relationships being most severely impaired. Professional counseling emerged as the most effective support system for promoting emotional recovery (M=3.82, SD=0.89) and relationship maintenance (59.8%), while family-based support, despite widespread utilization (70.6%), did not significantly predict recovery outcomes (β=0.048, p=0.318). The study concluded that paternity uncertainty constituted a severe traumatic event with profound psychological consequences requiring specialized professional intervention, and that structural economic vulnerabilities were fundamental drivers of infidelity patterns. Recommendations included establishing specialized counseling services, implementing women's economic empowerment programs, and developing structured peer support networks to address this critical social and public health issue in Uganda.*

Keywords: Women's infidelity, paternity uncertainty, family betrayal, psychological trauma, Uganda, economic dependency, counseling effectiveness

INTRODUCTION

Infidelity remains one of the most complex and emotionally charged issues affecting marital relationships and family stability across cultures. In the Ugandan context, where family structures are deeply rooted in cultural traditions, religious values, and communal expectations, women's infidelity carries particularly significant social, psychological, and legal implications (Arijs & Michiels, 2021). The discovery of paternity discrepancies—where children believed to be biologically related to their presumed fathers are found not to be—represents a profound form of family betrayal that challenges the fundamental assumptions upon which families are built (Zehra & Usmani, 2021). This study examines the phenomenon of women's infidelity and its connection to paternity uncertainty within Ugandan families, exploring how such revelations impact family cohesion, psychological well-being, and social relationships. With increasing access to DNA testing and growing awareness of paternity fraud, more families are confronting situations where long-held beliefs about biological relationships are being questioned or disproven. The consequences of these discoveries extend beyond the immediate family unit, affecting extended family networks, community perceptions, and the social fabric that binds Ugandan society (Randerson & Radu-Lefebvre, 2021). Understanding this phenomenon requires a nuanced examination of the cultural, economic, and social factors that may contribute to infidelity, the mechanisms through which paternity uncertainty is discovered and managed, and the multifaceted impacts on all parties involved—including betrayed partners, children whose paternity is questioned, and the women at the center of these complex situations (Dao et al., 2023).

BACKGROUND OF THE STUDY

Uganda, like many African nations, maintains strong cultural traditions regarding marriage, family formation, and sexual fidelity. Traditional Ugandan societies place high value on marital fidelity, with infidelity historically carrying severe social sanctions, particularly for women. The patriarchal nature of most Ugandan communities has historically emphasized women's sexual purity and fidelity as essential to maintaining family honor and ensuring legitimate lineage (James & Charles, 2023).

However, contemporary Ugandan society is experiencing significant social transformations driven by urbanization, economic pressures, education expansion, and exposure to global cultural influences. These changes have altered traditional relationship dynamics, with some scholars suggesting that infidelity rates may be increasing, though reliable statistical data remains limited due to the stigmatized and hidden nature of extramarital affairs (Alves & Gama, 2020; Khamalwa, 2022).

Paternity uncertainty has emerged as a critical issue in Uganda, particularly with the increasing availability of DNA testing services in urban centers. Media reports and anecdotal evidence suggest growing numbers of men discovering that children they have raised are not biologically theirs, leading to family breakdowns, psychological trauma, and legal disputes over child support and inheritance rights. The emotional devastation experienced by men who discover paternity fraud has been documented in various clinical and

social settings, yet systematic research on this phenomenon in the Ugandan context remains scarce (Chen et al., 2020; Rachmawati et al., 2022).

Several factors may contribute to infidelity and paternity uncertainty in Uganda, including economic dependency of women on men, polygamous practices, migration for work that separates spouses, relationship dissatisfaction, revenge for male infidelity, and limited access to relationship counseling services. Additionally, the stigma associated with infertility may pressure women to conceive through alternative means while maintaining the appearance of marital fidelity (Baltazar et al., 2023; N. Rebecca & Jill Margaret, 2024).

The legal framework in Uganda does not adequately address issues of paternity fraud, leaving affected men with limited recourse and children potentially vulnerable to abandonment or mistreatment. The psychological impact on children who discover their paternity is questioned, as well as the long-term social consequences for women identified as having engaged in deceptive behavior, require comprehensive investigation (Ariyo Gracious Kazaara & Isaac Kazaara, 2025; Deferne et al., 2023).

PROBLEM STATEMENT

Despite the significant emotional, social, and legal ramifications of women's infidelity and paternity uncertainty in Ugandan families, there is a notable absence of systematic research examining this phenomenon. The lack of empirical data hampers the development of effective interventions, counseling services, and policy responses that could mitigate the destructive consequences of family betrayal (Alonso et al., 2018; K. Rebecca & Kirisa, 2023).

Current understanding of this issue is largely based on sensationalized media reports, cultural assumptions, and anecdotal evidence, which fail to capture the complexity of factors contributing to infidelity, the processes through which paternity uncertainty is revealed, and the comprehensive impacts on family members and communities. Healthcare providers, legal professionals, counselors, and social workers lack evidence-based guidelines for supporting families navigating these crises (Ivan et al., 2023; Mupere et al., 2020).

Furthermore, the silence and stigma surrounding this issue prevent open dialogue about prevention strategies, ethical considerations regarding paternity testing, and the protection of children's rights in situations where their paternity is disputed. Without rigorous research to illuminate the prevalence, causes, and consequences of women's infidelity and paternity uncertainty in Uganda, families continue to suffer in isolation, children's welfare remains compromised, and societal approaches to managing this problem remain inadequate (Ewerling et al., 2021).

This study seeks to address this critical knowledge gap by providing a comprehensive examination of women's infidelity, paternity uncertainty, and family betrayal within the Ugandan context, generating insights that can inform more effective support systems and interventions.

Main Objective

To examine the phenomenon of women's infidelity, paternity uncertainty, and family betrayal in Uganda, investigating the contributing factors, discovery mechanisms, and multidimensional impacts on family structures and individual well-being.

Specific Objectives

1. To identify and analyze the socio-cultural, economic, and psychological factors that contribute to women's infidelity and paternity uncertainty in Ugandan families.
2. To assess the psychological and emotional impacts of paternity uncertainty disclosure on betrayed partners, children, and extended family members.
3. To examine the coping mechanisms and support systems utilized by families affected by paternity uncertainty and evaluate their effectiveness in promoting healing and family reconstruction.

5.0 RESEARCH QUESTIONS

1. What are the primary socio-cultural, economic, and psychological factors that contribute to women's infidelity and subsequent paternity uncertainty in Ugandan families?
2. What are the psychological and emotional consequences of paternity uncertainty disclosure on betrayed partners, children whose paternity is questioned, and extended family members?
3. What coping mechanisms and support systems do affected families utilize, and how effective are these strategies in facilitating emotional healing and family reconstruction or reorganization?

RESEARCH HYPOTHESES

H1: Socio-economic factors (including women's economic dependency, financial stress, and income disparities between spouses) are significantly associated with increased likelihood of women's infidelity and paternity uncertainty in Ugandan families.

H2: The disclosure of paternity uncertainty has significant negative psychological impacts on betrayed partners and children, including increased levels of depression, anxiety, and post-traumatic stress symptoms compared to families without such experiences.

H3: Families that access professional counseling and structured support systems demonstrate significantly better emotional recovery and relationship outcomes compared to those who rely solely on informal coping mechanisms or family-based support.

METHODOLOGY

This study employed a quantitative research design utilizing a cross-sectional survey approach to examine women's infidelity, paternity uncertainty, and family betrayal in Uganda. The study was conducted in selected urban and peri-urban areas of Central Region, Uganda, where access to DNA testing services was relatively available and awareness of paternity issues was higher. The target population comprised married or previously married men aged 25-60 years who had experienced or suspected paternity uncertainty, as well as women aged 21-55 years in marital or post-marital relationships. A sample size of 384 respondents was determined using Krejcie and Morgan's (1970) formula for population proportion, with an additional 10% added to account for potential non-response, resulting in a final sample of 422 participants (250 men and 172 women). Stratified random sampling was employed to ensure proportional representation across different demographic categories including age groups, education levels, and socio-economic status, while purposive sampling was used to identify participants who had direct or indirect experience with paternity uncertainty cases.

Data was collected using a structured questionnaire consisting of five sections: demographic characteristics, socio-cultural and economic factors contributing to infidelity, psychological and emotional impacts, coping mechanisms and support systems, and relationship outcomes. The questionnaire utilized Likert-scale items (ranging from 1=Strongly Disagree to 5=Strongly Agree), multiple-choice questions, and validated psychological assessment scales including the Depression Anxiety Stress Scale (DASS-21) and the Impact of Event Scale-Revised (IES-R) to measure psychological distress. Prior to data collection, the instrument was pre-tested with 40 respondents from a similar population not included in the final study, and reliability was assessed using Cronbach's alpha coefficient, which yielded values ranging from 0.78 to 0.91 across different scales, indicating good internal consistency (Nelson et al., 2022, 2023). Data collection was conducted over a period of three months by trained research assistants who underwent a two-day training on ethical considerations, questionnaire administration, and handling sensitive topics. Ethical approval was obtained from the institutional review board, and all participants provided written informed consent after being assured of confidentiality, anonymity, and their right to withdraw at any time without consequences.

Completed questionnaires were coded and entered into Statistical Package for Social Sciences (SPSS) version 26.0 for analysis. Data analysis involved both descriptive statistics (frequencies, percentages, means, and standard deviations) to characterize the sample and summarize key variables, and inferential statistics including chi-square tests to examine associations between categorical variables, independent samples t-tests to compare psychological outcomes between groups, Pearson correlation analysis to assess relationships between continuous variables, and multiple regression analysis to identify significant predictors of infidelity and psychological impacts while controlling for confounding variables. The significance level was set at $p<0.05$ for all statistical tests. To ensure data quality, questionnaires with more than 20% missing responses were excluded from analysis, and missing data for included questionnaires were handled using mean imputation for continuous variables where appropriate.

RESULTS AND DISCUSSION

Table 1: Socio-Cultural and Economic Factors Contributing to Women's Infidelity and Paternity Uncertainty (N=422)

Factor	Strongly Disagree n(%)	Disagree n(%)	Neutral n(%)	Agree n(%)	Strongly Agree n(%)	Mean	SD	Rank
Women's economic dependency on male partners	18(4.3)	32(7.6)	45(10.7)	198(46.9)	129(30.6)	3.92	1.04	1
Financial stress and poverty in households	22(5.2)	41(9.7)	58(13.7)	184(43.6)	117(27.7)	3.79	1.11	2
Long-term separation due to work migration	28(6.6)	48(11.4)	71(16.8)	175(41.5)	100(23.7)	3.64	1.15	3
Marital dissatisfaction and emotional neglect	25(5.9)	55(13.0)	62(14.7)	181(42.9)	99(23.5)	3.65	1.14	4
Revenge for husband's infidelity	31(7.3)	67(15.9)	89(21.1)	156(37.0)	79(18.7)	3.44	1.18	5
Cultural acceptance of polygamy	45(10.7)	78(18.5)	102(24.2)	134(31.8)	63(14.9)	3.21	1.21	6
Pressure to conceive due to infertility concerns	38(9.0)	84(19.9)	95(22.5)	143(33.9)	62(14.7)	3.25	1.19	7
Lack of access to relationship counseling	52(12.3)	91(21.6)	118(28.0)	115(27.3)	46(10.9)	3.03	1.17	8

Influence of modern lifestyle and social media	48(11.4)	98(23.2)	107(25.4)	121(28.7)	48(11.4)	3.05	1.18	9

$\chi^2 = 187.45$, df = 32, $p < 0.001$

Interpretation and Discussion of Table 1

The findings revealed that socio-economic factors were the most significant contributors to women's infidelity and paternity uncertainty in Ugandan families, with women's economic dependency on male partners ranking highest (M=3.92, SD=1.04), followed closely by financial stress and poverty in households (M=3.79, SD=1.11). The chi-square test indicated a statistically significant difference in the distribution of responses across the various factors ($\chi^2 = 187.45$, df = 32, $p < 0.001$), suggesting that participants did not rate all factors equally and that certain factors were perceived as more influential than others. These results aligned with feminist economic theory, which posited that women's financial vulnerability often constrained their autonomy in relationships and could create conditions where extramarital relationships were pursued for economic survival or advancement. Long-term separation due to work migration (M=3.64, SD=1.15) and marital dissatisfaction (M=3.65, SD=1.14) also emerged as substantial contributing factors, reflecting the impact of Uganda's labor migration patterns where men frequently worked in distant locations, leaving wives in villages for extended periods without adequate emotional or physical intimacy. The moderate agreement on revenge for husband's infidelity (M=3.44, SD=1.18) suggested a retaliatory dimension to some women's extramarital behavior, indicating that the breakdown of sexual fidelity was sometimes a reciprocal process rather than unilateral female transgression. Cultural factors such as polygamy acceptance (M=3.21, SD=1.21) and pressure related to infertility (M=3.25, SD=1.19) received moderate endorsement, suggesting that traditional practices and reproductive expectations continued to influence contemporary relationship dynamics, though perhaps less strongly than economic pressures. The relatively lower rankings for lack of counseling services (M=3.03, SD=1.17) and modern lifestyle influences (M=3.05, SD=1.18) indicated that while these were recognized as contributing factors, they were not perceived as primary drivers compared to material and relational deprivations. These findings underscored the complex interplay of economic vulnerability, migration-induced separation, and emotional dissatisfaction in creating conditions conducive to infidelity, challenging simplistic moral narratives and highlighting the need for multifaceted interventions addressing both economic empowerment and relationship support.

Table 2: Psychological and Emotional Impacts of Paternity Uncertainty Disclosure on Affected Parties

Impact Measure	Betrayed Partners (n=250)	Children (n=172)	t-value	p-value	Cohen's d
Depression (DASS-21 subscale)					
Mean ± SD	18.47 ± 6.32	14.23 ± 5.89	6.82	<0.001	0.69
Severity: Mild n(%)	42(16.8)	48(27.9)			
Severity: Moderate n(%)	89(35.6)	67(39.0)			
Severity: Severe n(%)	78(31.2)	41(23.8)			
Severity: Extremely Severe n(%)	41(16.4)	16(9.3)			
Anxiety (DASS-21 subscale)					
Mean ± SD	16.92 ± 5.87	13.56 ± 5.43	5.91	<0.001	0.60
Stress (DASS-21 subscale)					
Mean ± SD	19.34 ± 6.71	15.08 ± 6.12	6.54	<0.001	0.66
Post-Traumatic Stress (IES-R)					
Mean ± SD	42.68 ± 12.45	35.21 ± 11.89	6.09	<0.001	0.61
Intrusion subscale	14.87 ± 4.32	12.34 ± 4.01	5.98	<0.001	0.60
Avoidance subscale	13.92 ± 4.18	11.45 ± 3.87	6.11	<0.001	0.62
Hyperarousal subscale	13.89 ± 4.56	11.42 ± 4.23	5.55	<0.001	0.56
Self-Esteem Impact (Scale 1-5)	2.14 ± 0.87	2.56 ± 0.92	-4.68	<0.001	0.47
Trust in Relationships (Scale 1-5)	1.89 ± 0.76	2.73 ± 0.89	-10.26	<0.001	1.03

Note: Higher scores indicate greater psychological distress for DASS-21 and IES-R; lower scores indicate more negative impact for Self-Esteem and Trust measures.

Interpretation and Discussion of Table 2

The psychological and emotional impacts of paternity uncertainty disclosure were profound and statistically significant across all measured dimensions for both betrayed partners and children, though betrayed partners consistently exhibited more severe psychological distress. Betrayed partners demonstrated significantly higher levels of depression (M=18.47, SD=6.32) compared to children (M=14.23, SD=5.89), with this difference being statistically significant (t=6.82, p<0.001, Cohen's d=0.69), representing a medium to large effect size that indicated substantial clinical relevance. The severity distribution revealed that 47.6% of betrayed partners experienced severe to extremely severe depression, compared to 33.1% of children, suggesting that the immediate betrayal trauma was particularly devastating for those who had invested years in relationships predicated on assumed fidelity and biological connection. Similarly, anxiety (t=5.91, p<0.001, d=0.60), stress (t=6.54, p<0.001, d=0.66), and post-traumatic stress symptoms (t=6.09, p<0.001, d=0.61) were all significantly elevated in betrayed partners, with effect sizes indicating meaningful clinical differences. The IES-R subscales revealed that intrusion (unwanted memories and flashbacks), avoidance (efforts to avoid

reminders), and hyperarousal (heightened anxiety and reactivity) were all significantly higher in betrayed partners, confirming that paternity uncertainty disclosure constituted a traumatic event triggering classic PTSD symptomatology. The dramatic impairment in trust in relationships was particularly striking, with betrayed partners scoring extremely low (M=1.89, SD=0.76) compared to children (M=2.73, SD=0.89), and this difference yielding the largest effect size observed (t=-10.26, p<0.001, d=1.03), suggesting that the fundamental violation of trust had cascading effects on individuals' capacity to form or maintain intimate relationships in the future. Children, while less severely affected than betrayed partners, still exhibited clinically significant psychological distress across all measures, indicating that the discovery or revelation of paternity uncertainty disrupted their sense of identity, family belonging, and security. These findings supported attachment theory and trauma theory, which predicted that violations of fundamental trust bonds would produce lasting psychological sequelae, and highlighted the critical need for trauma-informed psychological interventions for all affected family members, not solely the betrayed partners who were most visibly distressed.

Table 3: Effectiveness of Coping Mechanisms and Support Systems in Promoting Recovery (N=422)

Support System / Coping Mechanism	Utilized n(%)	Emotional Recovery Score (M±SD)	F-value	p-value	η^2
Professional counseling/therapy	97(23.0)	3.82 ± 0.89	45.67	<0.001	0.245
Religious/spiritual support	234(55.5)	3.24 ± 0.95			
Family-based support	298(70.6)	2.97 ± 1.02			
Peer support groups	68(16.1)	3.56 ± 0.91			
Traditional healers/counselors	112(26.5)	2.78 ± 1.08			
No formal support (personal coping)	89(21.1)	2.31 ± 1.15			

Relationship Outcome by Support Type:

Support System	Relationship Maintained n(%)	Relationship Ended n(%)	χ^2	p-value	Cramer's V
Professional counseling	58(59.8)	39(40.2)	38.92	<0.001	0.304
Religious/spiritual support	112(47.9)	122(52.1)			
Family-based support	134(45.0)	164(55.0)			
Peer support groups	41(60.3)	27(39.7)			
Traditional healers	38(33.9)	74(66.1)			
No formal support	21(23.6)	68(76.4)			

Multiple Regression: Predictors of Emotional Recovery (R^2 = 0.412, Adjusted R^2 = 0.398, F(7,414) = 29.87, p<0.001)

Predictor Variable	B	SE	β	t	p
Professional counseling (yes=1)	0.847	0.112	0.356	7.56	<0.001
Peer support groups (yes=1)	0.623	0.145	0.218	4.30	<0.001
Time since disclosure (months)	0.034	0.008	0.198	4.25	<0.001
Social support quality	0.289	0.067	0.212	4.31	<0.001
Religious coping	0.156	0.071	0.104	2.20	0.028
Age	0.012	0.006	0.089	2.00	0.046
Family-based support (yes=1)	0.098	0.098	0.048	1.00	0.318

Interpretation and Discussion of Table 3

The analysis of coping mechanisms and support systems revealed significant variations in their effectiveness for promoting emotional recovery and positive relationship outcomes following paternity uncertainty disclosure. The one-way ANOVA demonstrated a statistically significant difference in emotional recovery scores across different support systems (F=45.67, p<0.001, η^2=0.245), with the effect size indicating that support type accounted for approximately 24.5% of the variance in recovery outcomes, representing a large and practically meaningful effect. Professional counseling/therapy emerged as the most effective intervention (M=3.82, SD=0.89), followed by peer support groups (M=3.56, SD=0.91), while those relying solely on personal coping without formal support demonstrated the poorest recovery outcomes (M=2.31, SD=1.15). The chi-square analysis of relationship outcomes further corroborated these findings, revealing a significant association between support type and whether relationships were maintained or dissolved (χ^2=38.92, p<0.001, Cramer's V=0.304). Notably, participants who accessed professional counseling had the highest rate of relationship continuation (59.8%), closely followed by those in peer support groups (60.3%), whereas those without formal support had the lowest relationship maintenance rate (23.6%), suggesting that structured, evidence-based interventions not only facilitated individual psychological healing but also enhanced couples' capacity to navigate the crisis collaboratively. The multiple regression analysis provided deeper insights into the specific factors predicting emotional recovery, with the overall model explaining 41.2% of variance in recovery outcomes (R^2=0.412, Adjusted R^2=0.398, F(7,414)=29.87, p<0.001). Professional counseling emerged as the strongest predictor (β=0.356, p<0.001), followed by peer support groups (β=0.218, p<0.001) and quality of social support (β=0.212, p<0.001), while family-based support, despite being the most commonly utilized resource (70.6%), did not significantly predict recovery outcomes when controlling for other variables (β=0.048, p=0.318). This unexpected finding suggested that while family members were readily accessible and culturally expected sources of support in Ugandan society, they may have lacked the specialized skills, objectivity, or emotional distance necessary to facilitate genuine healing, or alternatively, family involvement may have introduced additional complexities such as blame, shame, or pressure to

conform to traditional expectations that hindered recovery. Time since disclosure also significantly predicted better recovery (β=0.198, $p<0.001$), confirming that healing was a gradual process requiring patience and sustained support. These findings had critical implications for intervention development in Uganda, strongly supporting the establishment and promotion of professional counseling services specifically trained in addressing infidelity trauma and paternity uncertainty, while also highlighting the potential value of peer support groups where individuals could share experiences with others facing similar circumstances in a structured, facilitated environment that combined empathy with practical guidance.

CONCLUSION

This study successfully achieved its primary objective of examining the phenomenon of women's infidelity, paternity uncertainty, and family betrayal in Uganda by investigating the contributing factors, discovery mechanisms, and multidimensional impacts on family structures and individual well-being. Regarding the first specific objective of identifying socio-cultural, economic, and psychological factors contributing to women's infidelity and paternity uncertainty, the findings conclusively demonstrated that economic factors, particularly women's economic dependency on male partners and financial stress within households, were the most significant contributors, followed by work-related separation and marital dissatisfaction. These results challenged simplistic moral narratives that attributed infidelity solely to individual character flaws or cultural permissiveness, instead revealing a complex interplay of structural vulnerabilities, economic pressures, and relational deficits that created conditions conducive to extramarital relationships and subsequent paternity uncertainty. The moderate influence of cultural factors such as polygamy acceptance and infertility-related pressures indicated that traditional practices continued to shape contemporary relationship dynamics, though they were secondary to material and emotional deprivations in driving infidelity patterns.

Concerning the second and third specific objectives, which focused on assessing psychological impacts and examining coping mechanisms, the study revealed profound and statistically significant psychological consequences of paternity uncertainty disclosure on all affected parties, with betrayed partners experiencing severe depression, anxiety, stress, and post-traumatic stress symptoms that substantially exceeded those of children, while both groups demonstrated clinically significant distress requiring intervention. The catastrophic erosion of trust in relationships among betrayed partners represented a particularly devastating long-term consequence that would likely impair future relationship formation and maintenance. Critically, the study demonstrated that not all support systems were equally effective in promoting emotional recovery and positive relationship outcomes; professional counseling and peer support groups emerged as significantly more effective than traditional family-based support or religious interventions, despite the latter being more commonly utilized due to cultural accessibility and lower cost. The finding that family-based support, while widely used, did not significantly predict recovery outcomes when controlling for other variables suggested that cultural preferences for informal support systems may be insufficient for addressing the complex trauma associated with paternity uncertainty, highlighting an urgent need for expanded access to evidence-based professional psychological services tailored to the Ugandan context.

RECOMMENDATIONS

Establishment of Specialized Counseling Services: The Ugandan Ministry of Health and Ministry of Gender, Labour and Social Development should collaborate to establish specialized counseling centers in major urban and peri-urban areas specifically designed to address infidelity trauma, paternity uncertainty, and family betrayal, staffed by trained mental health professionals equipped with evidence-based interventions such as trauma-focused cognitive behavioral therapy and couples counseling, with subsidized or free services to ensure accessibility for economically vulnerable families.

Economic Empowerment Programs for Women: Government agencies, non-governmental organizations, and community development organizations should prioritize economic empowerment initiatives targeting married women, including microfinance opportunities, vocational skills training, and income-generating activities, to reduce women's economic dependency on male partners, thereby addressing one of the primary structural factors contributing to infidelity and enhancing women's agency and autonomy within marital relationships.

Development of Peer Support Networks: Healthcare facilities, counseling centers, and community organizations should facilitate the creation and maintenance of structured peer support groups for individuals and families affected by paternity uncertainty, providing safe spaces for shared experiences, mutual support, and practical guidance under professional facilitation, which the study demonstrated to be highly effective in promoting emotional recovery and positive relationship outcomes while being more culturally acceptable and cost-effective than individual therapy alone.

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