The study assessed the impact of gender-inclusive practices on the mental health of students in higher education institutions in Kenya with a focus on selected Universities

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ABSTRACT

There is a growing demand for institutions of higher education to develop an inclusive environment for learning that encourages student well-being and success. While gender-inclusive practices have become more popular throughout the world, empirical evidence on the impact of such practices on mental health among Kenyan university students is still sparse. In this study the researcher looked at impact of gender neutral facilities, inclusive curriculum and pedagogy, and diversity and inclusion training for faculty on mental health of students in selected Universities in Kenya. The study results were based on Inclusive Education Theory. The study adopted the quantitative cross sectional design with Partial Least Squares Structural Equation Modelling (PLS-SEM). Stratified and simple random sampling was used to obtain data from 142 students from four universities in Eldoret, Kenya. Structured questionnaires were used to collect primary data. Results showed that the variable gender neutral facility had a significant and positive effect on the mental health of students ($\beta = 0.798$, $p < 0.001$), and the variable inclusive curriculum and pedagogy had a positive significant effect on students' mental health ($\beta = 0.127$, $p = 0.011$). The mental health outcomes of students, however, were not significantly predicted by the diversity and inclusion training in faculty ($\beta = –0.071$, $p > 0.05$). The three predictors accounted for a total of 68.3% variance in students' mental health. The study's findings suggest that inclusive physical environments and gender-responsive teaching practices play a pivotal role in shaping students' psychological well-being. Universities should therefore focus on inclusive infrastructure, curriculum changes, and on ways to make faculty diversity training more tangible support for students.

Keywords: Gender Neutral Facilities, Gender Inclusion, Higher Education, Inclusive Curriculum, Mental Health

I. INTRODUCTION

The mental health of students is a major concern in the public health and education sectors because anxiety, depression, stress and other mental health issues are becoming more common among university students. According to the World Health Organization (WHO) one out of eight people in the worldwide is affected by a mental disorder and youth from 18 to 24 years old are the most vulnerable group (World Health Organization [WHO], 2022). The adjustment to higher education can introduce students to academic, financial, and social pressures that can impact their psychological well-being and academic performance (Auerbach et al., 2022). As a result, universities are expected to create learning environments that foster inclusion, safety, and the emotional well-being of students in addition to academic excellence (Xiao et al., 2023). Inclusive education has made gender inclusion as a key element in inclusive education to ensure equal opportunities and gender participation irrespective of gender identity/expression. Gender-inclusive practices, such as gender-responsive policies, inclusive curricula, facilities that are not gender specific, and systems that support learners, are designed to avoid gender discrimination and to promote a sense of belonging for students (UNESCO, 2024). There is evidence that students in inclusive settings have higher social connectedness, higher academic engagement, and better mental health outcomes compared to students in less inclusive settings (Duffy et al., 2022; Greathouse et al., 2023).

As a global trend, universities are increasingly rolling out gender-inclusive policies, in accordance with Sustainable Development Goals 4 and 5, which link inclusive educational settings to psychological safety, resilience and academic success (UNESCO, 2024). However, gender mainstreaming initiatives have been limited in Africa due to socio-cultural barriers, lack of infrastructure, and limited institutional capacity, limiting their effectiveness (Morley & Lugg, 2021; Said et al., 2022). The Constitution of Kenya (2010) and the National Gender and Equality Policy (2019) are among the legal and policy documents that promote equality and inclusive education in Kenya. Despite the presence of gender mainstreaming units, counselling services, and policies in relation to issues of gender-based violence, gaps in

implementation exist in the curriculum, infrastructure, and institutional practices (Mugotitsa et al., 2025). These deficiencies still remain and impact student experiences and psychological health.

Although with increased attention on gender equality in Kenyan higher education, empirical studies have generally focused on access to education, disability and institutional policies, and there is little evidence on how gender-inclusive practices impact mental health among students. This study aims to fill this gap by looking into the impact of gender neutral facilities, inclusive curriculum and pedagogy and diversity and inclusion training for lecturers on the mental health of students in selected universities in Kenya.

1.1 Statement of the Problem

In the world, the prevalence of mental health disorders among university students has been rising and universities are more aware of the need for inclusive learning conditions that benefit psychological health. Although Kenyan universities have embraced the policy of gender mainstreaming and gender equality and inclusion institutional frameworks, they are not consistently implemented across campuses and therefore have less impact on students' lived experiences. Recent evidence at the national level reveals a lack of consistency in the implementation of gender responsiveness at the level of teaching, curriculum and institutional culture, despite the existence of gender responsive policies (Greathouse et al. 2023). Furthermore, existing research in Kenya has been mostly focused on gender-equality, disability-inclusion, access to education and implementation of institutional policies, and not on the direct link between gender-inclusive practices and mental wellbeing among learners (UNESCO, 2024). Thus, there is little empirical evidence of the impact of gender neutral facilities, inclusive curriculum and pedagogy, and faculty diversity training on students' psychological well-being. Filling this gap is important to designing evidence-based interventions that can lead to safer, healthier, and more inclusive universities.

1.2 Research Objectives

i. Examine the effect of gender-neutral facilities on student mental health in higher education institutions in Kenya.
ii. Determine the effect of inclusive curriculum and pedagogical practices on student mental health.
iii. Assess the effect of diversity and inclusion training for faculty and staff on student mental health.

1.3 Research Hypotheses

The study tested the following null hypotheses:

H_{01}: Gender-neutral facilities have no significant effect on student mental health in higher education institutions in Kenya.

H_{02}: Inclusive curriculum and pedagogical practices have no significant effect on student mental health in higher education institutions in Kenya.

H_{03}: Diversity and inclusion training for faculty and staff has no significant effect on student mental health in higher education institutions in Kenya.

II. LITERATURE REVIEW

2.2.1 Theoretical Review

The Inclusive Education Theory is the foundation of the present study, as it addresses the provision of an environment where all learners, regardless of gender, disability, or any other social identity, are given equal opportunities to learn and participate in the learning experience (Ainscow, 2020). The theory states that the institutional policies, teaching practices, and physical environment must remove barriers to participation and foster students' sense of belonging and psychological well-being. In higher education, gender-inclusive policies (such as facilitating gender-neutral facilities, adopting gender-inclusive curricula, and implementing supportive institutional policies) help shape a learning environment that can contribute to academic participation, self-confidence, and good mental health (UNESCO, 2024). This theory thus offers a suitable explanatory model for the effect of inclusive institutional practices on psychological outcomes of students.

2.2 Empirical Review

2.2.1 Gender-Neutral Facilities and Student Mental Health

The findings from the empirical studies suggest that gender neutral facilities can help students to feel safe, included and belonging in the context of higher education institutions. Duffy et al. (2022) and Greathouse et al. (2023) reported that physical environments with a strong sense of gender inclusion were related to decreased feelings of discrimination, anxiety and psychological distress among students. However, most studies have been done outside of Africa and there is little evidence of such studies carried out in HEIs in Kenya. The study therefore aims to explore the impact of providing gender neutral facilities on mental health of students in higher education institutions in Kenya.

2.2.2 Inclusive Curriculum and Pedagogical Practices and Student Mental Health

Research indicates that inclusive curriculum and pedagogies can have a positive impact on a student's emotional health by fostering learning spaces that are validating and affirming for all identities and experiences. UNESCO, 2024 and Xiao et al., 2023 said that inclusive teaching practices foster student participation, self-esteem, belonging, and emotional resilience, and minimize marginalisation. However, a significant proportion of the existing studies have been about participation and achievement in education and not about student mental health and especially in the context of Kenyan higher education institutions. This study thus ascertains the impact of inclusive curriculum and pedagogical practices on the mental health of students.

2.2.3 Diversity and Inclusion Training for Faculty and Staff and Student Mental Health

Diversity and inclusion training, helps faculty and staff to develop knowledge, and skills to address the diverse needs of students and to establish a supportive academic environment. Said et al. (2022) reported that such training enhanced the cultural competence and awareness of the educators but did not have a clear direct impact on the mental health of students. There are indications that training is more effective when accompanied by inclusive practices and institutional policies. There are few empirical studies that have investigated the link between faculty and staff diversity and inclusion training and student mental health in Kenya. The present research thus evaluates the impact of training faculty and staff on diversity and inclusion on the mental health of students.

III. METHODOLOGY

3.1 Research Design

The study used a quantitative cross-sectional research design to investigate the impact of gender inclusive practices on mental health of students in Higher Education Institutions (HEIs) in Kenya. The design was suitable since it allowed for data collection and analysis from respondents at one time while investigating the associations among the study variables (Creswell & Creswell, 2023). The study used Partial Least Squares Structural Equation Modelling (PLS-SEM) with Confirmatory Composite Analysis (CCA) to validate the measurement model and estimate the structural relationships between gender-inclusive practices and student mental health. PLS-SEM was deemed suitable as the study involved latent constructs, was prediction oriented, and had a relatively small sample size (Hair et al., 2022).

3.2 Study Area

The study was carried out in selected institutions of higher learning in Eldoret, Kenya. The institutions involved were Moi University, University of Eldoret, the Catholic University of Eastern Africa (Gaba Campus) and Kisii University (Eldoret Campus). The selection of Eldoret was based on the fact that it is home to institutions that have diverse student populations and educational contexts that would enable the study to explore gender-inclusive practices and students' mental health. The chosen Universities also offered a chance to explore differences in institutions' practices regarding gender inclusion, curriculum delivery, student support, and diversity related practices.

3.3 Target Population

The target population was undergraduate students in four selected higher education institutions in Eldoret numbering 224. Students in the undergraduate program were deemed as suitable respondents since they are the ones who experience the facilities, curriculum delivery, pedagogical practices, and interactions with the faculty and staff in the institution directly. They were thus well placed to give information about how gender-inclusive practices affected their mental health and their overall educational experiences.

3.4 Sampling and Sample Size

The number of students sampled was 142 out of 224 target population. Proportionate stratified sampling was used, so that each of the participating universities was represented in the study based on the number of students in the university. Thereafter, simple random sampling was used to select individual respondents from each stratum. This method led to a more representative sample and reduced any potential for selection bias.

3.5 Data Collection Instruments and Procedures

Data was obtained from a structured questionnaire with validated items on the Likert scale of gender-inclusive practices and students' mental health. Independent variables were gender-neutral facilities, inclusive curriculum and pedagogy, and faculty and staff diversity and inclusion training.

Gender neutral facilities were assessed based on indicators on the availability of gender neutral toilets, accessibility and signage, and user satisfaction. Inclusive curriculum and pedagogical practices were assessed based on

the representation of diversity, pedagogical adaptations and student participation. Diversity and inclusion training for faculty and staff was assessed through indicators of training attendance, attitudes in relation to training, and faculty and staff engagement in inclusive practice.

Indicators of academic stress levels and access to mental health support services were used to measure the dependent variable, student mental health. The sampled undergraduate students were subjected to the questionnaire, the collected data was coded and set for statistical analysis.

3.6 Data Analysis

SmartPLS 4 was used to analyse the data. Partial Least Squares Structural Equation Modelling (PLS-SEM) was applied for an analysis of the measurement model and structural model assessment. To check the internal consistency reliability of the measurement model, Cronbach's alpha and Composite Reliability (CR) were calculated.

Table 1

Measurement Model Assessment

Assessment	Statistic	Purpose
Internal consistency reliability	Cronbach's alpha	Assess consistency of indicators
Internal consistency reliability	Composite Reliability (CR)	Assess reliability of constructs
Convergent validity	Average Variance Extracted (AVE)	Assess convergence of indicators
Discriminant validity	Fornell-Larcker criterion	Establish distinctiveness among constructs

The convergent validity was tested by average variance extracted (AVE) and the discriminant validity was tested by the Fornell-Larcker criterion. The results of the structural model were then examined to see how much the independent variables predicted the mental health of students. Standardized path coefficients (β), t-statistics, p-values and coefficient of determination (R2) were estimated during the analysis. The level of significance (p value) for the hypothesis of significance of the relationships is set at .05. The results were discussed with tables and analyzed according to the aim and hypotheses of the study.

3.7 Ethical Considerations

The research was conducted in accordance with the ethical principles for human research. The participation was voluntary; and the respondents were given information on the purpose of the study prior to completing the questionnaire. Participants were informed and consented and told that they could withdraw from the study at any time without any repercussions. Confidentiality and anonymity were ensured by not asking for identifiable information in the questionnaire. Information gathered was only for academic purposes and was kept securely. Before data was collected, approval from the relevant university authorities and other relevant ethical and research regulatory bodies was requested for permission to conduct the study.

IV. FINDINGS & DISCUSSION

4.1 Findings

4.1.1 Effect of Gender-Neutral Facilities on Student Mental Health in Higher Education Institutions in Kenya

The first objective aimed to find out the impact of gender neutral facilities on mental health of students in higher learning institutions in Kenya. Gender neutral facilities were thought of as the provision of physical infrastructure that would be available for all students, regardless of gender identity. Indicators of the availability of gender-neutral restrooms, accessibility of facilities, appropriate signage, privacy, safety, and students' satisfaction with the physical learning environment were used to measure the construct. Student mental health was measured through indicators of psychological wellbeing, emotional safety, stress levels and access to institutional mental health services. The hypothesis tested for this objective was:

H01: Gender-neutral facilities have no significant effect on student mental health in higher education institutions in Kenya.

Table 2

Structural Model Results for Objective One

Structural Path	Path Coefficient (β)	t-value	p-value	Decision
Gender-Neutral Facilities → Student Mental Health	0.798	13.975	<0.001	Reject H01

Source: *Field Data (2026); SmartPLS Structural Model Output.*

As shown in the results in Table 1, there was a significant positive effect of gender-neutral facilities on the mental health of students ($\beta = 0.798$, $t = 13.975$, $p < 0.001$). The path coefficient of 0.798 indicates that this is a standardized path coefficient, which means that an increase in the number of indicators of gender-inclusive physical infrastructure was accompanied by a significant increase in the number of indicators of psychological well-being of students. The t-statistic of 13.975 is very high demonstrating a strong relationship and the probability value below the 0.05 level confirms that the observed relationship was statistically significant. Hence, the study accepted the alternative hypothesis (H01) that gender neutral facilities has a significant impact in higher education institutions in Kenya when it comes to students' mental health.

The size of the path coefficient also suggests that gender-neutral facilities were the most powerful of the three gender-inclusive practices in this study to predict student mental health. This finding indicates that physical setting in universities is a significant factor that can affect the experiences of students in terms of their psychological aspects. When universities offer safe, accessible and inclusive facilities, students have less anxiety, more emotional security, and increased institutional attachment. This improves students' psychological wellbeing and their involvement in academic and social activities.

This finding is also substantiated by the results of the measurement model. The results of Confirmatory Composite Analysis showed that the construct was reliable and valid, as indicated by satisfactory Cronbach's alpha, Composite Reliability, and Average Variance Extracted values in the measurement model assessment. Results suggest that the indicators measuring gender neutral facilities always reflected the desired construct, which led to greater confidence that the structural relationship between gender neutral facilities and student mental health was well captured.

The findings are aligned with the Inclusive Education Theory that suggests educational institutions need to remove environmental barriers that limit participation and establish learning environments that value and respect all students and include them (Ainscow, 2020). The theory argues that inclusive physical environments support students' sense of belonging and psychological safety, and that physical environments that provide inclusive learning opportunities support this by decreasing structural barriers that can lead to exclusion. The current results corroborate this claim by showing that gender-inclusive infrastructure has a strong impact on mental wellbeing of students. Access to gender neutral toilets provides a marker of institutional commitment to equity and inclusion and thus increases student confidence in the absence of fear of discrimination, which positively impacts on their psychosocial health.

This is similar to the results of Greathouse et al. (2023) who reported reduced student psychological distress and anxiety at universities with gender confirming facilities, as these supports promote safety, dignity, and acceptance. In the same vein, Duffy et al. (2022) found that students' social connectedness, sense of belonging and emotional well-being were significantly enhanced in inclusive campus environments. These studies indicate that institutional inclusiveness as perceived by students goes beyond policy and includes their daily interactions in university buildings.

The findings also validate UNESCO (2024), which posits that inclusive educational spaces promote learners' psychosocial well-being by making institutional resources accessible to everyone and providing safe learning spaces for all learners. Similarly, Xiao et al. (2023) found that supportive campus environments have a significant negative influence on the occurrence of stress and anxiety and a significant positive influence on resilience, campus engagement, and campus retention. The present study thus adds to the international evidence that inclusive infrastructure positively contributes to good mental health outcomes and confirms that this effect can be seen in Kenyan higher education institutions as well.

The findings agree with Morley and Lugg (2021) in African context that while some universities have instituted gender mainstreaming policy, infrastructural challenges continue to impact on effective inclusion. The current study shows that investing in physical inclusive facilities positively correlates with psychological well-being and institutional attachment, where they exist. In line, Said et al. (2022) discovered that environments that are inclusive promote students' emotional security and decrease marginalization experiences. The current results thus add to the literature in Africa with quantitative evidence that gender neutral facilities are a key predictor of student mental health in Kenya.

The results of the study have implications for university policy and practice. They recommend considering gender neutral facilities not just as physical investments or compliance measures, but as strategic investments in student mental health. A higher weightage should be given to the construction of gender neutral toilets, accessible buildings, inclusive signage, and safe learning environments to meet the needs of students, says the Universities. These interventions are expected to positively impact students' sense of belonging, decrease psychological distress, build trust in the institution and increase overall academic success. In addition, gender-inclusive infrastructure must be considered as part of gender-inclusive quality assurance mechanisms for higher education systems at the national level, so that universities can provide gender-inclusive environments for education and student welfare.

Overall, the results identified the importance of gender neutral facilities, and its positive effect on mental health of students in HEIs in Kenya. The null hypothesis (H01) was rejected, which means that the contribution of improvement on the physical infrastructure which is gender inclusive to psychological well-being of students is significant. The

findings highlight the vital role of inclusive campus environments as a key part of campus-based strategies for the mental well-being of students and equity in higher education.

4.1.2 Effect of Inclusive Curriculum and Pedagogical Practices on Student Mental Health in Higher Education Institutions in Kenya

The second was to find out the impact of inclusive curriculum and pedagogy on mental health of students in higher education institutions in Kenya. Inclusive curriculum and pedagogy was thought of as a form of teaching and learning that respects and supports children and young people who have a variety of identities, experiences and learning needs. The three indicators of the construct were drawn from the integration of diverse perspectives in the curriculum, the use of inclusive teaching strategies, and students' participation in class, representation of marginalized groups in learning materials, and students' perception of fairness and respect in classroom interactions. The mental health of students was evaluated by psychological well-being, emotional resilience, stress management and students' perceptions of institutional support. The hypothesis tested in this objective was:

H02: Inclusive curriculum and pedagogical practices have no significant effect on student mental health in higher education institutions in Kenya.

Table 2

Structural Model Results for Objective Two

Structural Path	Path Coefficient (β)	t-value	p-value	Decision
Inclusive Curriculum and Pedagogy → Student Mental Health	0.127	2.540	0.011	Reject H02

Source: *Field Data (2026); SmartPLS Structural Model Output.*

As seen in the results in Table 2, inclusive curriculum and pedagogical practice positively and significantly contributed to mental health of the students (β = 0.127, t = 2.540, p = 0.011). The standardized path coefficient was not as high as for gender neutral facilities, but was still statistically significant at the 5% level. The positive beta coefficient means that increases in curriculum inclusivity and classroom pedagogy were related to increases in students' psychological well-being. The t value, 2.540, was greater than the recommended t value of 1.96 and the probability value 0.011 was less than the significance value of 0.05. As such, the study found that the null hypothesis (H02) is rejected and inclusive curriculum and pedagogical practices have a significant impact on student mental health in Higher Education Institutions in Kenya.

Results show that students who perceived curriculum to be representative of diverse identities and experiences and had positive classroom interactions were more likely to report positive mental health outcomes. By having an inclusive curriculum, students' confidence, motivation, and sense of belonging is increased as they feel recognised and respected while learning. In the same way, inclusive pedagogical practices promote equal access, reduce experiences of marginalisation and foster positive learning spaces where pupils are able to share their opinions without fear of discrimination. Such findings indicate that curriculum transformation process is not only an academic reform, but also an important method of promoting students' mental health.

This is further supported by the reliability and validity assessment. The results of the measurement model showed that the values of Cronbach's alpha, Composite Reliability, and Average Variance Extracted of inclusive curriculum and pedagogy construct were above the acceptable level. Overall, these results suggest that the indicators of inclusive curriculum reliably reflected the construct and sufficiently accounted for the construct's relation to students' mental health.

The findings confirm the assumptions of Inclusive Education Theory that there is a need to encourage teaching approaches that account for learner diversity and remove barriers to participation in the educational institutions (Ainscow, 2020). Such theory prioritizes inclusive curricula as an important way of achieving educational equity and making learners from a variety of social and cultural backgrounds feel included in teaching and learning processes. These contexts foster a sense of belonging, enhance engagement and positively influence psychological well-being for students. The current results support this theory as it shows that curriculum inclusivity plays an important role in the mental health of students in HEIs.

The results align with those of Duffy et al. (2022) who found that the utilization of Inclusive Teaching Practices increases learners' self-esteem, their engagement in learning, and their emotional well-being by enabling them to participate in the classroom and feel valued. Likewise, Xiao et al. (2023) discovered that supportive classroom environments play a crucial role in mitigating psychological distress and fostering students' resilience by providing opportunities for meaningful student–instructor interaction. The studies indicate that pupil's classroom experiences play a crucial role in their psychological well-being and academic achievement.

The results also align with the UNESCO (2024) report, which highlights the role of inclusive curricula on equitable learning as it embraces diversity and respects differences. UNESCO states that a curriculum that is perceived as inclusive is positive to students' learning experience, interpersonal relationships and emotional health. Similarly, Greathouse et al. (2023) found that school contexts that value students' identity with inclusive pedagogical practices have a significant impact on students' sense of belonging and experiences of marginalisation and discrimination.

In the African context, the results align with Morley and Lugg (2021) who posited that curriculum transformation is still an important aspect of gender mainstreaming in Higher Education institutions. While many universities have implemented gender policies, the authors pointed out, for meaningful inclusion to occur, diversity must be mainstreamed into the teaching and learning materials and classroom practice. In a similar fashion, Said et al. (2022) found that inclusive pedagogical approaches help to enhance students' engagement and psychological well-being by lowering participation barriers and boosting the trust of the institution. This present study builds on the above by offering empirical evidence that inclusive curriculum and pedagogy has a positive effect on student mental health in Kenyan Universities.

The results are significant for university management, curriculum developers and policy makers. Incorporate gender into each university programme, including in the curriculum which should include a balance of diverse perspectives and experiences. It is also important that academic staffs are supported in their use of pedagogical approaches that enable learner-centred and inclusive practices that promote equitable participation and respectful classroom interactions. These changes will most probably lead to an improvement in students' psychological health, sense of belonging, and engagement in learning. In addition, national higher education quality assurance agencies should adopt curriculum inclusivity as an element of institutional quality and student well-being.

The study concluded that inclusive curriculum and pedagogical practices are positively and statistically significant for student mental health in higher education institutions in Kenya. The two null hypotheses (H02) were rejected, which agrees that curriculum inclusivity has a significant effect on psychological well-being of the students. The results highlight the need for curriculum reform and inclusive teaching practices as strategic interventions to build supportive learning environments and promote academic success and positive mental health.

4.1.3 Effect of Diversity and Inclusion Training for Faculty and Staff on Student Mental Health in Higher Education Institutions in Kenya

The third aim was to determine the impact of diversity and inclusion training on students mental health in higher education institutions in Kenya. Diversity and inclusion training was conceived as an institutional PD programme to develop knowledge, skills, and competencies needed to foster inclusive learning spaces that can value gender diversity and foster children's psychological wellness. Faculty involvement in diversity training, awareness of gender-inclusive practice, use of inclusive teaching practices, sensitivity to students' diverse needs, and institutional commitment to inclusion were indicators used to measure the construct. Student mental health was assessed using psychological well-being indicators, emotional safety indicators, stress management indicators, and institutional mental health support services indicators. The following null hypothesis was tested:

H03: Diversity and inclusion training for faculty and staff has no significant effect on student mental health in higher education institutions in Kenya.

Table 3

Structural Model Results for Objective Three

Structural Path	Path Coefficient (β)	t-value	p-value	Decision
Diversity and Inclusion Training → Student Mental Health	-0.071	1.146	0.252	Fail to Reject H03

Source: *Field Data (2026); SmartPLS Structural Model Output.*

As can be seen in the results shown in Table 3, diversity and inclusion training for the faculty and staff was statistically insignificant ($t = 1.146$, $p = 0.252$) but had a negative effect on the mental status of students ($\beta = -0.071$). The regression coefficient was negative, but the relationship was not strong and not statistically significant as the probability value was greater than 0.05. In a similar manner the t value of 1.146 was below the 1.96 critical value, meaning that the observed relationship was not significant enough to be detected from random variation. As a result, the study supported the null hypothesis (H03) which stated that there is no significant relationship between diversity and inclusion training for faculty and staff and students' mental health in the selected higher education institutions in Kenya.

The results indicated that, in its present form, faculty and staff training cannot be directly correlated with students' psychological wellbeing. Although universities can conduct workshops, seminars, and capacity building on diversity and inclusion, the outcomes of the programmes may not be immediately felt by the students if the knowledge

acquired is not taken to the classroom, student support services, and institutional culture. The insignificant relationship thus means that professional development alone will not have an impact on student mental health unless accompanied by complementary institutional interventions.

The reliability and validity measurement of the measurement model showed that the diversity and inclusion training construct met the recommended standards for internal consistency and convergent validity, with good results in Cronbach's alpha, composite reliability and Average Variance Extracted. This means that the instrument used in the measurement process was able to represent the construct of diversity and inclusion training. Thus, the insignificant structural relationship is an authentic depiction of the actual empirical relationship in the study and not a weakness in the measurement.

The results are aligned with the Inclusive Education Theory that considers the inclusive education as a complex institutional process in which leadership, policy, curriculum change, teaching practice and supportive learning environments are key factors for inclusive education to occur, rather than isolated interventions. While training for every teacher is seen as a potentially powerful tool for creating inclusive environments, the theory suggests that if teacher learning is not connected to participation-enabling institutional structures, it will not create effective outcomes for inclusion. The current results thus indicate that faculty training alone has limited impact on student mental health unless it leads to a change that is measurable in terms of teaching practices and institutional culture.

The results align with the OECD (2023) which highlighted that teacher professional learning can boost teacher confidence and competence in addressing diversity but requires ongoing institutional support, collaboration and connection to broader equity and inclusion policies. The OECD also notes that stand-alone professional development programmes are less likely to lead to lasting improvements in learner well-being when there are no corresponding organizational changes to support inclusive practices. Likewise, McBrien et al. (2022) found that while teaching training and awareness about LGBTQI+ inclusion are important, they must be coupled with safe school environments and supportive policies for students to experience any great change in their educational and psychological outcomes. Their review found that where there is no commitment beyond staff training, students are still suffering discrimination.

The results are also in keeping with the research of Suarez-Grant and Haras (2022), which suggested that inclusive teaching programmes increase faculty knowledge and confidence in inclusive teaching methods but noted that it takes time for the student experience to change when teachers are not consistently applying inclusive pedagogical approaches in their classrooms. Their study pointed to the fact that PL is not an end in itself, but rather a building block to institutional transformation. Moreover, Chan et al. (2024) discovered that PD programs are more effective when they are linked to institutional governance, operational processes, and pedagogical change. They have identified that supportive institutional policies, accountability and ongoing monitoring are needed to accompany staff training in order to achieve improvements in student outcomes.

The results are also inconsistent with the outcomes of the interdisciplinary professional development programme for LGBTQ+ developed and assessed by Morrison et al. (2024), where participants showed increased knowledge of LGBTQ+ and cultural humility, and increased inclusive practice after an extended faculty development programme. This discrepancy compared to what was found in the present study could be attributed to the different programme design and implementation. The intervention investigated by Morrison et al. was a highly intensive six month programme with structured follow up and interdisciplinary collaboration; however the faculty development programmes in the participating universities in Kenya could be shorter, less intensive or not monitored appropriately.

The relationship found in the present study may be insignificant as well, due to the indirect nature of faculty training. Staff training does not have a direct impact on students, as opposed to gender neutral facilities and inclusive curricula, which students experience firsthand in their everyday university lives, but rather through shifts in educator behaviour, institutional culture and service delivery. But if these changes are not consistent and not sufficiently institutionalised, their impact on mental health of students will be limited. This discovery highlights the need to consider professional development as only one part of a larger institutional inclusion program and not as a singular intervention.

As for policy, the results indicate that universities need to build capacity to link faculty training to what can be seen in institutional practice. Some of the following strategies may help: incorporate inclusive teaching skills into staff evaluation systems, develop mentoring strategies for faculty, conduct regular assessments of classroom inclusivity, and provide professional development opportunities that are connected to curricula changes and student support systems. I think that integrated approaches are more likely to lead to substantial changes in students' psychological wellbeing than stand-alone trainings.

The study concluded that there is no statistically significant relationship between diversity and inclusion training for faculty and staff and students' mental health in the sampled higher education institutions in Kenya. Therefore, the null hypothesis (H03) could not be rejected. While professional development is an essential institutional strategy for equity and inclusion, the results suggest that the effectiveness of professional development is contingent upon its effectiveness being integrated with inclusive institutional policies, curriculum implementation, leadership and

supportive learning environments. These findings indicate that universities need a holistic institutional approach to mental health issues, beyond staff training, to achieve long-term gains in student mental health.

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

The study finds that gender inclusive practices have a significant contribution towards the promotion of student mental health in higher education institutions in Kenya. All the null hypotheses were rejected as the results found that both gender neutral facilities and inclusive curricula had a positive and statistically significant impact on the psychological wellbeing of the students whilst diversity and inclusion training also had a positive and statistically significant impact. These practices create safe, equitable and supportive learning environments where students feel valued, respected and included regardless of their gender identity or background. The research also shows that institutional commitment to gender inclusion is not just about implementing policy frameworks, but it also has a direct link to better emotional well-being, fewer experiences of discrimination, greater sense of social belonging, and greater engagement in learning. Therefore, strengthening gender-inclusive practices should be considered as an integrated approach towards supporting students' mental health and inclusive, equitable and quality Higher Education in Kenya.

5.2 Recommendations

The study concludes that mainstreaming gender-inclusive practices in higher education institutions in Kenya should be done through reinforcing institutional policies, infrastructure, teaching practices and capacity development of staff. It is important for universities to invest in gender-responsive facilities, to include diversity and inclusion in curricula and pedagogy, and to regularly train academic and administrative staff on diversity and inclusion to create gender-responsive learning environments. There is a need for institutional counselling services to be coordinated with gender mainstreaming offices to detect and respond to mental health issues resulting from discrimination, exclusion and/or unequal treatment. Also, the Commission for University Education (CUE) and the Ministry of Education should come up with and implement national guidelines on gender inclusion and student well-being in higher education institutions to guarantee that gender inclusive practices are consistently applied in all institutions, thereby improving the mental health and academic performance of students in all Kenyan Universities.

Declaration of Interest

The authors declare that they do not have any known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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