THE RELATIONSHIP BETWEEN GENDER ROLE BELIEFS AND MENTAL HEALTH

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ABSTRACT

This study explores the relationship between gender role ideologies and instances of poor mental health in respondents (n=766) of the 2018 General Social Survey. I hypothesized that due to the mixing ideologies of transitional gender roles, individuals who still hold traditional views regarding gender roles will experience higher instances of poor mental health. Results from multiple regression models suggest that gender role ideology was still a significant predictor of the number of poor mental health days reported in the past 30 days when controlling for several other variables; however, gender role ideologies no longer significantly predicted respondents' mental health, mood and ability to think when controlling for those same variables. The results show some support that belief of traditional gender role ideologies can increase instances of poor mental health. This can be attributed to role imbalance and role strain theory .

INTRODUCTION

- Gender roles dictate many societal norms including behavior. Women who act assertive or independent may be viewed as competent at work, but lack social skills, whereas women who behave in a communal manner are viewed as better partners and perceived as friendlier[2].

- Studies have shown lower levels of depression can be associated with masculine traits, while feminine traits are more commonly identified with higher levels of physiological stress, subjective stress, phobic reactions and anxiety[1].

- Men and women experience role balance differently. Men gain more extrinsic rewards and experience from their career. Women, however, suffer from reduced role balance and higher instances of role strain due to child rearing[3].

- Individuals who demonstrate both masculine and feminine characteristics are said to have an androgynous gender role. Androgynous gender roles are associated with positive mental health, positive coping strategies and a wider variety of behavioral responses[4].

- Traditional masculine ideologies encourage boys and men to ignore stresses and health problems[5]. By ignoring these stresses and other health problems young boys and men are at a higher risk of developing externalizing problems.

HYPOTHESES

1. Women experience more instances of poor mental health than men

2. Individuals who hold traditional ideals of gender roles will experience higher instances of poor mental health.

METHODS

- I examined the differences in mental health measures between male and female respondents to determine if there was a relationship between instances of poor mental health and the respondents' gender.
- Multiple Pearson Correlation Coefficients were calculated to determine any relationships between the measures of mental health and the measures of gender role ideology.
- Two multiple linear regressions were used for each measure of mental health along with the measures of gender role ideologies and multiple control variables.

MEASURES / VARIABLES

All the following variables were sourced from the 2018 General Social Survey.

Measures of Mental Health

Question 1: How many days during the past 30 days was your mental health not good? This includes stress, depression, and problems with emotions.
Question 2: Responses recorded on a 5-point Likert scale
(1=excellent, 5=poor)
"How would you rate your mental health, including your mood and your ability to think?"

Measures of Gender Role Ideology

Question 1: Responses recorded on a 4-point Likert scale
(1=strongly agree, 4=strongly disagree)
"A working mother can establish just as warm and secure a relationship with her children as a mother who does not work
Question 2: Responses recorded on a 4-point Likert scale
(1=strongly agree, 4=strongly disagree)
"It is much better for everyone involved if the man if the achiever outside the home and the woman takes care of the home and family"
Question 3: Responses recorded as agree or disagree
(1=agree, 2=disagree)
"Most men are better suited emotionally for politics than are most women"

Control Variables

Age of respondent: numerical options from 18 years of age to 89 and older.
Race of respondent (1=white, 2=black, and 3=other)
Sex of respondent (1=male, 2=female)
Level of Education: numerical options from 0 to 20

Results
Measures of Mental Health by Gender

The results of the independent *t*-test supported my hypothesis that women experienced more days of poor mental health over a 30-day period than men.

Differences In Measures of Mental Health by Gender

Note: (t (764) = -3.618, p =.05)
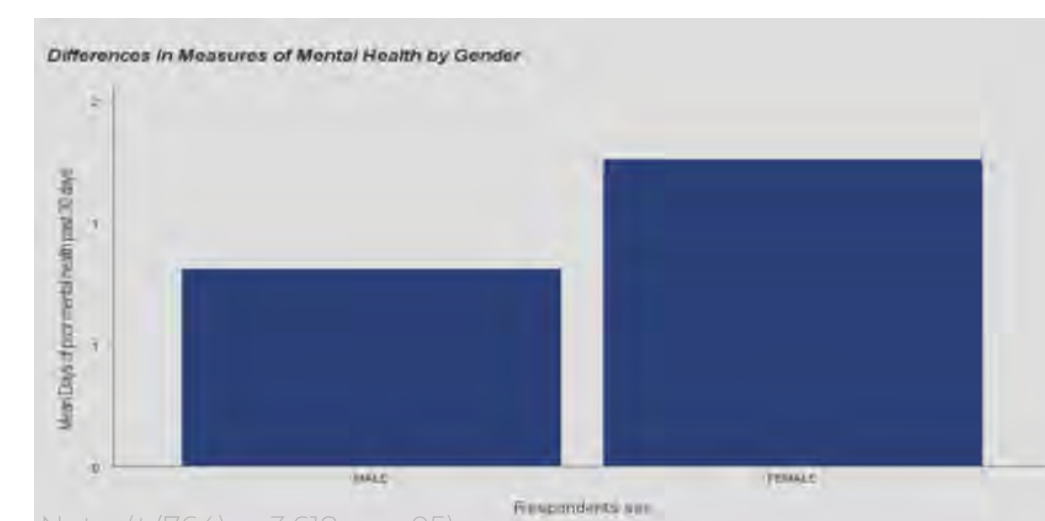
Pearson Correlation Coefficients

The Pearson correlation results yielded mixed results regarding support of my hypothesis that respondent's who hold traditional gender role ideologies will demonstrate higher instances of poor mental health.

- One positive significant correlation was found, as the number of poor mental days increased so did the score for man to work and woman to tend home
- As the number of poor mental health days increases the score for the question of women being suitable for politics decreased signifying a negative but significant correlation
- A significant correlation was calculated, showing the score in poor mental health, mood, and ability to think increasing along with the scores for variable concerned with mothers working
- A significant negative correlation was calculated showing the score for poor mental health, mood, and ability to think increasing while the score for man to work and woman to tend home decreases.

Bivariate correlations between measures of mental health and attitudes towards gender roles.

Measure	Mother working doesn't hurt children	Better for man to work, woman tend home	Women not suited for politics
Mental Health, mood, and ability to think	.085*	-.103**	
Days of poor mental health past 30 days		.077*	-.112**

Note: n= 766, * indicates correlation significant at *p*<.05 level, **indicates correlation significant at *p*<.01 level.

Regression Model for predictors of mental health

Predictor	B	t-score	F	Predictor	B	t-score	F
Constant[a]		3.085	9.209	Constant[b]		10.000	7.092
Better for a man to work, woman tend home+	.075	1.922		Better for a man to work, woman tend home+	-.042	-1.066	
Women not suited for politics+	-.128	-3.522*		Women not suited for politics+	-.020	-.557	
Mother working doesn't hurt children+	.048	1.289		Mother working doesn't hurt children+	.048	1.267	
Respondents Sex	.120	3.350*		Respondents Sex	.081	2.234*	
Age	-.199	-5.577*		Age	-.057	-1.583	
Level of Education	-.003	-.079		Level of Education	-.198	-5.295*	
Black	-.101	-2.819*		Black	.007	.189	
Other	-.125	-3.414*		Other	.053	1.419	

Note. * = Significant at p < .05. [a]Dependent variable- Days of poor mental health past 30 days, [b]Dependent variable- respondents' mental health, mood, and ability to think. Independent variables- +Gender Role measures. Constant[a] R squared = .089, df = 8/753. Constant[b] R squared=.070, df= 8/753

- The regression model results show that only one measure of gender ideology (women are not suited for politics), as well as respondent's sex, age, and race were significant predictors of how many days of poor mental health were reported.

- However, for the second measure of mental health(rating of mental health, mood, and ability to think) only the respondent's sex, and level of education were significant predictors, gender ideology no longer significantly predicted the respondent's instances of poor mental health.

- These findings only partially support the hypothesis that those who hole traditional gender role ideologies will experience more instances of poor mental health.

CONCLUSION

The results from three of the correlations supported my hypothesis suggesting that individuals who reported poor mental health would also hold beliefs in traditional gender role ideologies. Specifically , men who reported higher scores of poor mental health, mood, and ability to think, were like to hold more traditional gender role beliefs. Only one measure of gender role ideology was a significant predictor of mental health when controlling for age, sex, level of education, and race.
Sex was a significant predictor in both measures of mental health which supports my hypothesis that women will experience higher instances of mental health.
This is consistent with previous literature which discusses the issue of role imbalance and role strain that women face trying to maintain careers outside of the home, while still managing the responsibilities inside of the home. Role strain may also explain the correlation between men reporting poor mental health and their beliefs in traditional gender role ideology. The transition to egalitarian gender ideologies shifts a man's role into the nurturing and domestic aspect of everyday life, which is much different from the historically acceptable role men have played. This moving them out of their comfort zone may create unwanted stress creating more instances of poor mental health.
This findings of the study could support future research in promoting androgynous traits for both men and women to protect against the negative impacts of role strain. The limitations of this study include being restricted to the question provided on the survey, however the sample population is representative of the larger population.

REFERENCES

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