

Gender Role Stress and Quality of Life among Indian Men

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ABSTRACT

This study investigated the relationship between gender role stress and quality of life among Indian men while comparing the variables according to age group, marital status, and socio-economic status. The participants were 235 Indian men between the ages of 19-60 years. Data was collected through online forms, questionnaires used were abbreviated masculine gender role stress scale and WHO – quality of life BREF. Data analysis was conducted through Kolmogorov-Smirnov, Pearson correlation, Simple linear regression analysis and one way ANOVA. The results showed a significant negative relationship between gender role stress and quality of life. Significant differences were found concerning gender role stress with respect to age and marital status, but no significant differences were found when concerning gender role stress and socioeconomic status. Significant differences in quality of life concerning age groups, marital status and socio-economic status were found. Implications were discussed in the present study.

Keywords: *Gender Role Stress, Mental health of Men, Indian Men, Quality of Life*

Gender Role Stress (GRS)

Gender roles are the roles that males and females must adhere to, based on their sex. In our society, men feel a compelling burden to maintain gender role norms and expectations, which leads to cognitive distress and emotional conflict, known as gender role stress. It is conceptualized as a man's subjective appraisal of meeting (or not meeting) society's expectations linked to traditional masculine norms. It internalizes the ideological position that men should be tough, competitive, and emotionally inexpressive which unfortunately has detrimental effects on a man's physical and mental health (Courtenay, 2000).

Men may feel a relative lack of emotion-focused social support if they struggle to manage their delicate emotions and are less skilled at nonverbal emotional communication. Men are more prone to adopt problem-focused coping strategies than emotion-focused ones. (Burda, Vaux, & Schill, 1984; Butler, Giordano, & Neren, 1985; Matud, 2004). Studies show that men reported that they would be more reluctant to seek help even be it is informally from friends, and stated that they would never seek psychotherapy for depression (Weissman & Klerman, 1977; Padesky & Hammen, 1981; Seidler et al.; 2016; Staiger et al., 2020; Mahalik & Di Bianca, 2021). The beliefs males have about the value of self-reliance,

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toughness and emotional control contradict with many of the duties connected with seeking help from a health professional, be it relying on others, admitting a need for help or even recognising and naming an emotional problem (Pleck, 1983; Good, Dell, & Mintz, 1989).

Authoritarianism, need for victory, social power are a few characteristics related with masculine identity that might lead to a desire to appear dominant and, therefore, increase a man's tendency to enact harmful and violent behaviour (Kilianski, 2003) or with high levels of negative affect, anger and verbal aggression in response to threatening situations (Moore and Stuart 2004; Esquivel-Santoveña et al., 2019). A primary emotional response of fear foreshadows anger which is a secondary emotional response (Greenberg & Safran, 198; Moore & Stuart, 2004; Cohn & Zeichner, 2006). Thus, since men are often conditioned to not show the strong emotions like fear, they end up exhibiting emotions of anger or rage that give a depiction of being strong and tough.

Quality of life (QOL)

QOL is highly subjective and can apply to a person's insight into their own life as well as the surroundings in which they live. It is a wide-ranging concept that includes views of one's physical and mental health, emotional and physical well-being, and community level resources, conditions, laws, and practices that have an impact on a community's culture, values, spirituality, jobs, housing, and educational opportunities. The four main domains are physiological well-being, psychological well-being, environment, and social relationships.

Physiological well-being is not just the absence of disease, but also lifestyle choices that guarantee health, and create a composed state of body, mind, and spirit. Persistent pain significantly affects quality of life and may even result in disability (Dureja et al., 2013; Goyal & Mohanty, 2022). The CDC discovered a link between insomnia and stress, irritability, and subpar academic performance among college students (Mbous et al., 2022). Indian males are affected by low iron levels, obesity, heart disease, cancer, hypertension, strokes, and diabetes that can lead to low testosterone levels resulting in anxiety, depression, withdrawn sexual intimacy, decreased job productivity, lower self-esteem in both men and their female partners (Sánchez-Cruz et al., 2003; Agaba et al., 2017). Physical health also plays a crucial role in determining one's mental health and well-being.

Psychological well-being is a sense of equilibrium in one's emotions, concepts, social connections, and interests (Gross, 1998). Self-esteem is influenced by profession, finances, age, relationships, body image etc. A study on young Indian males also discovered psychological correlations, the influence of societal pressure, and a prevalence of body image dissatisfaction (Sampath et al., 2020; Singh & Gadiraju, 2020). Additionally, higher degrees of spirituality are positively connected with quality of life (Borges et al., 2021; Nandika & Nagalakshmi, 2022).

One underrated factor that influences both physical and psychological health is the environmental domain which consists of aspects of safety, finances, information, transport. Poverty, low educational attainment, inadequate housing conditions, less assets have an impact on the quality of life. (Singh & Kaur, 2014). Access to medical treatment is linked to higher health related quality of life. Quality of life can be enhanced by engaging in leisure activities through fostering social connections, experiencing happy feelings, learning new things, and improving their skill sets (Brajša-Žganec et al., 2010; Kim & Kim, 2017).

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Social relationships often act as protective factors against various stressors. Humans are social animals who seek, develop, and maintain strong social ties as they provide emotional benefits. (Baumeister, R. F., & Leary, M. R., 1995). Social relationships are important for men's wellbeing as they are associated with greater self-esteem, more empathy, better immune system, decreased anxiety. Although men recall a pattern of behaviour in which social connections with men were entirely utilitarian, centred more on shared social activities than emotional support (Umberson & Montez, n.d.2010; McKenzie et al., 2018).

Early and middle adulthood

In early adulthood (aged 19-30) every person starts off by achieving a sense of autonomy by establishing one's own identity, this includes, likes, dislikes, beliefs, preferences, and philosophies as well as exploring one's identity in the context of relationships, career, beliefs, and values is a struggle that many men encounter. This can be challenging and result in emotions of uncertainty and ambiguity but people tend to become more emotionally stable, often termed as maturity. People undergo changes in their interpersonal connections, and employment during this period (Furstenberg, 2015). Forming close intimate relationships is an important factor for a healthy lifestyle. Young adults experience an increased sense of responsibility as they begin voting or volunteering in civic organizations. One central change is becoming a parent and rearing children and making relationship adjustments with new responsibilities (Havighurst, 1956).

In middle adulthood (aged 31-60) people face many challenges like losing parents, friends, family members and experiencing grief. Launching children into their own lives wherein children usually move out of their house. Followed by adjusting to home life without children (empty nest syndrome) and dealing with adult children who return to live at home (boomerang children). Few joyous moments like becoming grandparents can also lead to new responsibilities and adjustments. Being caregivers for aging parents or spouses can also affect the well-being of an individual. Males begin to experience a drop in their levels of testosterone, cortisone, and androgen secretion, negatively impacting physical strength and sexual activity (Cohen, 1979; Rogers, 1980; Lachman, 2004). In midlife transition they experience feelings of exploitation, misinterpretation, depression, anger, frustration, and rebellion as they become more conscious of aspects of their personalities that they have suppressed or denied expression in order to fulfil their responsibilities as family providers (Levinson 1978).

Need and Significance

Individuals go through a range of life events in various domains of life (social, occupational, personal) throughout their life. How individuals address these events will depend on their notions of gender roles that they developed in early years of their life. Previous literature focuses on gender role stress focused majorly on aggression, drug abuse, violence, and other psychological and medical components, this study considers a more inclusive approach. There is very limited research on gender role stress in the Indian context especially on men. To address the link between gender role stress and its impacts on overall well-being among men of different age-groups, this study considers a broader approach that goes beyond a sex comparison perspective.

METHODOLOGY

Purpose of the study

To study the relationship between gender role stress and quality of life among Indian Men.

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Objectives

1. To determine a significant relationship between Gender Role Stress and Quality of Life.
2. To study the impact of Gender Role Stress on Quality of Life.
3. To study the significant difference in Gender Role Stress with respect to age groups.
4. To study the significant difference in Quality of Life with respect to age groups.
5. To study the significant difference in Gender Role Stress with respect to marital status.
6. To study the significant difference in Quality of Life with respect to marital status.
7. To study the significant difference in Gender Role Stress with respect to socioeconomic status.
8. To study the significant difference in Quality of Life with respect to socio-economic status.

Hypotheses

- H0₁: There is no significant relationship between Gender Role Stress and Quality of Life.
- H0₂: There is no significant impact of Gender Role Stress on Quality of Life.
- H0₃: There is no significant difference in Gender Role Stress with respect to age groups.
- H0₄: There is no significant difference in Quality of Life with respect to age groups.
- H0₅: There is no significant difference in Gender Role Stress with respect to marital status.
- H0₆: There is no significant difference in Quality of Life with respect to marital status.
- H0₇: There is no significant difference in Gender Role Stress with respect to socioeconomic status.
- H0₈: There is no significant difference in Quality of Life with respect to socioeconomic status.

Sample

The sample consist of 235 Indian men residing in India between the age groups of 19-60 years. The sample was collected through online survey. The socio-demographic factors considered were age groups (early adulthood and middle adulthood), marital status (married and unmarried) and socio-economic status (high, medium and low).

Inclusion criteria

1. Aged 19 to 60 years
2. Indian men residing in India

Exclusion criteria

1. Indian Men living abroad
2. Men who are divorced, separated, or widowed.

Tools used

1. **Abbreviated Masculine Gender Role Stress Scale (Kevin M. Swartout, Dominic J. Parrott, Amy M. Cohn, Brett T. Hagman and Kathryn E. Gallagher, 2014):** It is based on MGRS scale by Eisler & Skidmore, 1987. It is a 15 item, 6 - point Likert

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scale ranging from not at all stressful (0) to extremely stressful (5). Reliability for Full Scale: $\alpha = .93$; Physical Inadequacy: $\alpha = .75$; Emotional Expressiveness: $\alpha = .70$; Subordination to Women: $\alpha = .82$; Intellectual Inferiority: $\alpha = .72$; Performance Failure: $\alpha = .80$ (Eisler & Skidmore, 1987)

2. **WHO - QOL – BREF (THE WHOQOL GROUP, 1998):** Developed by the WHO-QOL group, the questionnaire consists of 26 items in a 5 - point Likert scale with scores ranging from 1 to 5. It covers the domains of physical health, psychological health, environment, and social relationships. Internal Consistency for each domain is Physical Health - 0.82, Psychological – 0.75, Social relationships – 0.66, Environmental – 0.80

Socio- demographic proforma

Details were collected from the participants based on Age Group (Early adulthood, aged 19-30; Middle Adulthood, aged 31-60); Marital Status (married, unmarried) and Socio-economic Status (high, medium, low)

Procedure

Participants completed the questionnaires described above through an online survey. Subjects were informed about the purpose of collecting data, and consent was taken.

RESULTS AND DISCUSSION

Table 1 Pearson Correlation for Gender Role Stress and Quality of Life

Variable	M	SD	r	p
GRS	32.991	10.1972	-0.355	0.01
QOL	96.962	15.4232		

Note: ** $p < 0.01$

Table 2 Regression Coefficient of Gender Role Stress on Quality of Life

Variable	R ²	SE	β	t	p
(constant)		3.198			
GRS	0.126	0.093	- 0.355	-5.801	0.01

Dependent Variable: QOL

Table 1 shows that, the r value is – 0.355 with the corresponding p value of 0.01. indicating a significant negative correlation, in other words, as people experience more gender role stress, their quality-of-life decreases, vice-versa. Table 2 shows the regression analysis indicating the impact of gender role stress and quality of life. Thus, gender role stress explained 12.2 % variance in quality of life. These findings revealed that the gender role stress negatively predicted quality of life ($\beta = - 0.355$). Increase in one unit of gender role stress there is decrease of 0.537 units in Quality of Life.

According to research, males who experience masculine gender roles stress are more likely to struggle with anxiety, depression, alcohol consumption (Eisler et al., 1988, McCreary et al., 1996), unhealthy coping mechanisms such the suppression of emotional expression, dependence on violence, power, and control, and a preoccupation with success and achievement (Eisler & Blalock, 1991) as well as sexism, homophobia, drug addiction, and relationship problems (O’Neil, 2015). Gender beliefs have a significant impact on people's wellbeing and quality of life as the distribution of household work, how individuals feel

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about the division of household work, and how people are affected by conflicts between work and family are all shaped by gender ideology (Minnotte & Leschyshyn, n.d.).

Table 3 Mean, standard deviation and F-values for Gender Role Stress and Quality of Life across age groups using ANOVA

Variable	Early Adulthood		Middle Adulthood		F (1, 233)	p
	M	SD	M	SD		
GRS	34.328	9.8141	31.393	10.4599	4.911*	0.028
QOL	93.172	16.1787	101.495	13.1690	18.223**	0.01

Note. * $P < 0.05$; ** $P < 0.01$

Results indicated significant differences were found for Gender Role Stress and Quality of Life with respect to age groups. Thus, for men in Early Adulthood (N = 128), the Gender Role Stress was significantly higher than men in Middle Adulthood (N = 107). There has not been much research to support this finding. According to one study, stress evaluation differs by gender, with males feeling greater stress connected to their masculine roles than women. Although there could be variations in coping mechanisms and stress management tactics, this study did not directly contrast young males with older men (Eisler et al., 1988). One explanation can be the fact that young men when building their identities are more exposed to society's ideal depiction of masculinity. A study demonstrated that overweight and obesity play a significant role in the development of gender role stress among young Hungarian Males (Susánszky & Döbrössy, 2019). Since men in early adult adulthood have not established their career or started families, they are under tremendous societal pressure leading to gender role stress. Whereas, men in middle adulthood have had more life experiences and exposure to diverse perspectives which may have challenged traditional gender role expectations and reduced the impact of gender role stress.

Similarly, the Quality of Life of men in Early Adulthood was poorer compared to that of men in Middle Adulthood. For men in Middle adulthood, social support mainly received through spouse, friends and family can help improve the quality of life. In a study examining the links between social activity types and health-related quality of life, it was discovered that there was a positive correlation between the rise in social activity and improvement in health-related quality of life, particularly when type of social activity and health-related quality of life were assessed according to gender and age group (Park et al., 2015). Although there were evidences that suggest otherwise. Medical issues have often resulted in poorer quality of life. In one study, high blood pressure was linked to poor physical functioning, physical discomfort, overall health, vitality, and social function (Xu et al., 2016). In another study Higher educational attainment, physical exercise, and a low degree of depression were all strongly connected with QOL (Choi, 2012). Men in early adulthood engage in more unhealthy patterns of behaviour especially unhealthy coping mechanism and are involved in risk taking behaviour that can hamper their quality of life. Men in middle adulthood are more health conscious, take care of their eating and sleeping habits, get regular health check-ups, manage finances better that maintain their quality of life

Table 4 Mean, standard deviation and F-values for Gender Role Stress and Quality of Life among married and unmarried men using ANOVA

Variable	Married		Unmarried		F (1, 233)	p
	M	SD	M	SD		
GRS	30.868	10.3096	34.736	9.8032	8.648**	0.004
QOL	102.519	12.5320	92.395	16.1073	27.957**	0.01

Note. ** $P < 0.01$

Further, significant differences were found for Gender Role Stress and Quality of Life with respect to marital status. Married men (N = 106) experienced less gender role stress compared to unmarried men (N = 129). Married men experience less gender role stress than single men, according to research on gender roles, stress, and health in the aged (Preston, 1995). However, some studies have revealed that maintaining traditional socialization is beneficial for men's health, indicating that maintaining traditional male gender roles may have some advantages for men's wellbeing (McCreary et al., 1996; Mayor, 2015). Less gender role stress in married men can be attributed to the fact that marriage often involves division of labour and sharing of household and family responsibility equally for a healthy relationship.

Married men also experience better quality of life than unmarried men. This finding is significant with Sherbourne et al. (1990), wherein after controlling for perceived negative health impact and age, found a main impact of marital status on mental health (anxiety and depression). Barstad also noted a connection between physical health (functional disability and diagnoses) and mental health (anxiety and depression), and he found that having a confidant influenced that relationship, though he did not make comparisons between marital status (Barstad, 1997). A major predictor of wellbeing (life happiness, positive affect, and negative affect), was social interaction from one's companion (Walen & Lachman, 2000). Finally, regardless of their physical health condition, married people constantly reported improved mental health when compared to unmarried people (Palmer & Mittelmark, 2009). Married men often benefit from companionship provided by their spouse and social support as they are viewed by the society as ideal men fulfilling their duties.

Table 5 Mean, standard deviation and F-values for Gender Role Stress and Quality of Life across Socio – Economic Statuses

Variable	High		Medium		Low		F(2, 232)	p
	M	SD	M	SD	M	SD		
GRS	31.800	10.5031	33.217	10.2920	29.250	6.4752	0.691*	0.502
QOL	107.067	15.1727	96.566	15.1655	88.500	15.9194	4.633**	0.011

Note. * $P < 0.05$; ** $P < 0.01$

No significant difference was seen between Gender role Stress and Socio-Economic Status for men, thus supporting the hypothesis. Gender Role stress was highest for medium economy section (N = 212). In lower socioeconomic sections (N = 8) women often undertake various male dominated jobs to make ends meet (Shortall, 2006), whereas women in high economic sections (N = 15) have many resources and the freedom to choose their careers, making them work at par with men.

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Although, there was significant difference with respect to Quality of Life and Socio-economic Status. The people belonging to high socio-economic status reported highest quality of life while those in Low socio-economic status reported poor quality of life. Many studies supported the findings. People belonging to higher SES typically lead healthier lives and have higher quality of life than lower SES individuals. Quality of life and socioeconomic standing indicators are directly and significantly correlated, according to studies. People with greater SES have better access to tools and facilities that improve living quality, such as healthcare, education, and other services. Another research discovered that perceived social class, or how someone feels about their social standing, influenced QOL (Keyvanara et al., 2015; Puciato et al., 2022; Nutakor et al., 2023). Social capital, which is defined as the resources and social networks that people have access to, may act as a mediating factor in the connection between SES and QOL. Social and fiscal disparities may be caused by inequities in the allocation of chances with respect to health and other resources (Kim & Park, 2015).

CONCLUSION

This research aimed to study the relationship between gender role stress and quality of life among Indian men. It also aimed to study the impact of gender role stress on quality of life. Additionally, it aimed to study significant difference in gender role stress and quality of life with respect to age, marital status and socio-economic status. Quantitative approach of correlational design was used. The data was collected from 235 Indian men using online survey.

Following conclusions are drawn based on the study:

- The result showed there is a negative correlation between gender role stress and Quality of life.
- Significant differences were seen for gender role stress with respect to age and marital status.
- No significant differences were seen for gender role stress and socio-economic status.
- Significant differences were seen for quality of life with respect to age, marital status, and socio-economic status.

Implications

Help understand how gender role stress affects society by perpetuating gender inequality and limiting individuals' potential. Mental health of men, especially in India is an understudied topic, this study will create awareness and will help understand how their preoccupied beliefs affect their lifestyle. It can further help men to oversee the stereotypes and seek psychological assistance without the fear of being judged or labelled. Research can be conducted on men living in rural or semi-urban areas. Further researches can include details on educational qualification, family type, whether the participant is a parent, whether their spouse is working and so on. A longitudinal study can be conducted to understand whether marriage acts as a protective factor. Future study can help identify specific stressors or coping mechanisms used by men that affect their quality of life.

Limitations

One major limitations of the study is the small sample size. Another limitation is that the sample is not equally distributed among the socio-economic statuses, i.e. the majority of the sample belong to medium socio-economic status. Also, the study excluded males who are

divorced, widowed, and separated. Another limitation is that the sample belonged solely to urban areas.

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Conflict of Interest

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