

# Factors Influencing the Relationship Between Gender and Depression

Emily Chavez Gonzalez

All Saints Academy, USA

## ABSTRACT

Depression is one of the most common mental health disorders that affect both mental and physical well-being. Like other mental health conditions, various factors influence the prevalence of depression. One such factor is gender. Based on a review of academic articles discussing gender roles in mental health disorders like depression, this research paper addresses the various factors contributing to depression in men and women concerning the influence of gender roles. When it comes to depression, women tend to suffer higher depressive symptoms than men because of temperament, cognitive vulnerability, puberty, national wealth, gender equity, education, masculinity norms, and socioeconomic factors. However, men and women tend to be affected by different specific factors. Men are more susceptible to job-related activities while women tend to be affected by societal pressure. Some suggestions to address depression among men and women include implementing youth groups in schools specifically to address gender issues, promoting healthier masculine roles that include emotional sharing, coping strategies, and cooperation, and encouraging a more balanced work life.

## **Introduction**

One of the most common mental health disorders that affect both mental and physical health is depression. Depression is a mood disorder that causes major feelings of sadness and loss of interest. It is an affliction that affects people of all ages, backgrounds, and identities yet it seems to affect some more than others. This disorder is characterized as a chronic disease because it can last a long amount of time (Halverson, 2023).

Depressive cases had a prevalence of about 8.5% among adults in the US; however, after the COVID-19 pandemic, there was a staggering jump to a prevalence of 32.8% in the United States (Kirkner, 2021). Additionally, it seems that two out of three people who suffer from depression do not believe their disorder is treatable resulting in them seeking no treatment. Furthermore, the social stigma around depression can exacerbate this situation. For example, a common misconception is that depression could be wished away, which is not true (Halverson, 2023).

The most widely used test to diagnose depression is the Patient Health Questionnaire-9, which is based on a scale to determine the level of depressive symptoms. Once a diagnosis is made, there are a few different treatments for depressive disorders. The most used is psychotherapy, which is combined with medication for the more severe cases. The less severe cases usually get better with psychotherapy or medication alone (Halverson, 2023).

Depression does not only affect a person's mood, but it also causes a wide variety of impacts on their everyday life. The most common symptom consists of a lack of interest in usual life activities causing people to be unable to function in life they normally would. Similarly, depressive symptoms can lead to insomnia causing people's cognitive function to be lower because of lack of sleep. As depression continues, people are not able to find joy in life, which in the long run can lead to suicidal thoughts and, tragically, loss of life (Halverson, 2023).

The link between depression and suicide is very strong, with a great percentage of suicides committed by those suffering from major depression. Furthermore, there are 12.2 million American adults who consider suicide seriously, followed by 3.2 million American adults who actually went as far as to plan suicide, and 1.2 million who, unfortunately, end their lives (Soreff, 2023)

Many factors seem to have a serious impact on depressive symptoms. Major factors seem to be age and gender, with teenagers and women having the most depressive symptoms. The challenges faced as a person transitions from childhood to adulthood impact the disparity in depressive symptoms. National wealth and gender equity are also of great importance, as it seems that the higher the national wealth and gender equity the higher the depressive symptoms. Minor factors such as relationship status and family roles can also affect the rate of depression, especially when it comes to fatherhood and work.

Depression is not the only mental health disorder where there is a gender difference. Anxiety disorders like generalized anxiety disorder or panic disorder are diagnosed among women more frequently than among men. This difference is often attributed to hormonal fluctuation and societal pressure. On the other hand, substance use disorders like alcohol and drug addiction are more likely to affect men than women. The difference in substance use disorders is attributed to social norms around drinking and drug use. Unlike depression, anxiety, and substance use disorders where there is a difference in the rate depending on gender, Schizophrenia seems to affect both men and women similarly (Frankenburg, 2023; McHenry, Carrier, Hull & Kabbaj, 2014; McHugh, Votaw, Sugarman & Greenfield, 2018).

This scoping review of academic articles discussing gender roles in mental health disorders like depression discusses the various factors contributing to depression in men and women that are related to gender and gender roles.

## Methods

To produce a preliminary list of possible publications, Google Scholar and PubMed database searches were conducted. The subsequent keywords were used in Google Scholar and PubMed to find all relevant publications and datasets: (depression OR depressive) AND (gender roles OR gender); AND (masculinity, femininity). Furthermore, this study included both articles in Spanish and English language in the search. The criteria used for searching limited the findings to papers that mentioned human subjects' studies like specific demographics, certain genders, age, and cultural factors among others. The studies included were published between 2009 and 2023. PubMed and Google Scholar yielded 1,914 and 5,010 papers, respectively, for consideration. In all, 8 items from the original search matched the inclusion requirements.

## Results

### Gender Differences in Depression

#### *General Gender and Factors Relating to Difference in Depression*

Despite other circumstances, studies conducted showed that women experience a higher frequency of depressive symptoms than men (Rydberg, Gudmundsson, Falk, Seidu, Ahlner, Wetterberg, Rydén, Sigström, Östling, Zettergren, Kern, Waern & Skoog, 2020; Salk, Hyde & Abramson, 2017; Vafaei, Ahmed, Freire, Zunzunegui & Guerra, 2016). Gender differences between men and women showed to be stronger at adolescence (age 16) with trivial differences around the ages of 8 to 11. However, gender differences showed a decline in early adulthood until they reached a stable point in adulthood. Girls seem to experience more signs of depression during early adolescence while boys experience more depressive signs during late adolescence. It has been theorized that these differences could be due to “temperament, cognitive vulnerability-stress interactions, and

puberty” (Salk, Hyde & Abramson, 2017). However, the most common theories are factors such as “puberty and pubertal timing” which seem to create high differences of gender differences (Salk, Hyde & Abramson, 2017). National wealth and gender equity were also linked to the eventual stabilization of depressive signs found in adulthood. It seems that the more control women had over their reproduction, held higher positions, and had education levels similar to men, the lower the gender difference there was in depressive symptoms (Salk, Hyde & Abramson, 2017). Older men and women who were androgynous had the lowest depressive symptoms (Rydberg, Gudmundsson, Falk, Seidu, Ahlner, Wetterberg, Rydén, Sigström, Östling, Zettergren, Kern, Waern & Skoog, 2020; Vafaei, Ahmed, Freire, Zunzunegui & Guerra, 2016). Undifferentiated participants were shown to have the highest depressive symptoms. Additionally, being “widowed or single, income insufficiency, poor sexual and reproductive health (SRH), and having two or more chronic diseases” showed a higher affinity towards higher depressive symptoms regardless of gender (Vafaei, Ahmed, Freire, Zunzunegui & Guerra, 2016).

Depressive symptoms seem to increase in men as they age. It has been suggested that this high depressive symptom in masculine individuals is due to their inability to adapt to the power loss associated with aging (Vafaei, Ahmed, Freire, Zunzunegui & Guerra, 2016). Expression of feminine gender expression seems to experience a higher frequency of depression than when it came to masculine gender expression (Rydberg, Gudmundsson, Falk, Seidu, Ahlner, Wetterberg, Rydén, Sigström, Östling, Zettergren, Kern, Waern & Skoog, 2020).

## General Behavior in Relation to Depression

### *Conformity to Masculine Norms*

A link seems to be apparent between masculine norms and depression. When men were inclined towards typical male roles, they also seem to have a higher probability of developing depression (Herreen, Rice, Currier, Schlichthorst & Zajac I, 2021; Iwamoto, Brady, Kaya & Park, 2018; Kilian, Müller-Stierlin, Söhner, Beschoner, Gündel, Staiger, Stiawa, Becker, Frasch, Panzirsch, Schmauß & Krumm, 2020; Short, Davis & Gheyoh, 2023). Furthermore, age also appears to be a factor, as younger men seem to be more influenced by their adherence to gender roles. It seems that those aged 51-55 had the lowest depressive signs in comparison with all other groups except 36-50 years (Herreen, Rice, Currier, Schlichthorst & Zajac I, 2021). Not all masculine norms are associated with depressive signs, and these are not the same across all the same age levels. Younger males who adhered to seeking multiple romantic partners seem to have a higher impact on depressive symptoms than on older males. On the contrary, among older men, a higher depressive symptom is associated with winning, self-reliance, and power over women (Herreen, Rice, Currier, Schlichthorst & Zajac I, 2021; Iwamoto, Brady, Kaya & Park, 2018). On average the pressure to conform to conventional male values such as emotional control, putting more focus on work-related accomplishment, productivity and self-reliance had a strong link with higher depressive symptoms.

On the other hand, individuals who defy traditional masculine roles and instead stick to non-traditional masculine standards like emotional expression, relationships in the workplace, and vulnerability showed relatively lower depressive symptoms. These findings suggest a strong correlation between adherence to masculinity or non-masculinity roles and depressive symptoms (Iwamoto, Brady, Kaya & Park, 2018; Kilian, Müller-Stierlin, Söhner, Beschoner, Gündel, Staiger, Stiawa, Becker, Frasch, Panzirsch, Schmauß & Krumm, 2020). It is theorized that this high difference between the depression in masculine standards is due to pressure experienced in order to keep standards like multiple romantic partners or always winning (Herreen, Rice, Currier, Schlichthorst & Zajac I, 2021; Iwamoto, Brady, Kaya & Park, 2018; Kilian, Müller-Stierlin, Söhner, Beschoner, Gündel, Staiger, Stiawa, Becker, Frasch, Panzirsch, Schmauß & Krumm, 2020).

Mental Health, Family and Gender Roles: It was evident in the study that manual social class had a strong link with poor mental health regardless of gender. Different variables seem to affect men and women

when it comes to mental health. For example, when it came to men, economic power and work influence mental health strongly while for women, socioeconomic variables and domestic work influence mental health. Unemployed or people who were not in the labor force like homemakers had a higher chance of saying they had poor mental health than those who were employed. This was especially true for women who did not work outside the home as they were more likely than any other group to show poor mental health (Arias-de la Torre, Molina, Fernández-Villa, Artazcoz & Martín, 2019). Additionally, it seemed that women were more sensitive to depressive symptoms because of societal pressure and gender roles (Bacigalupe, Cabezas, Bueno & Martín, 2020). When it came to family roles and responsibilities it seemed that fathers whose partners had experienced physical and mental issues since the birth of their child were more likely to experience higher depressive symptoms (Short, Davis & Gheyoh, 2023). Additionally, fathers who believed they had no social support were more likely to experience depressive symptoms regardless of whether it was their first child, or they already had experience in parenthood. Another factor that was associated with higher depressive symptoms seems to be increased self-reliance. One theory about higher depressive symptoms when it came to increased self-reliance states that the new challenges of balancing work and family pressure may lead to depressive symptoms (Short, Davis & Gheyoh, 2023).

## Discussion

Studies have shown that women tend to experience a higher frequency of depressive symptoms than men, with gender differences being stronger in adolescence and declining in early adulthood. This could be because women also tend to be more vulnerable to societal pressure, especially during adolescence when they still have not decided on their role in life. The depressive symptoms start declining in early adulthood because of women gaining their independence and the hormonal changes are coming to a stop.

Traditional masculine roles that promote constant pressure and unhealthy behavior like winning and not communicating emotions would lead to more depressive symptoms as unrealistic expectations can lead to feelings of inadequacy making these groups more vulnerable. Younger males may experience more depressive symptoms when it comes to seeking multiple romantic partners as a result of the changing role dynamics in which shallow relationships could lead to feelings of emptiness. Older males on the other hand experience the loss of power they have controlled their whole lives as they grow older, causing an inadequacy feeling that leads to a higher prevalence of depressive symptoms when it comes to winning, self-reliance, and power over women.

In most cultures, women are often assigned domestic and caregiving responsibilities that can lead to emotional drainage and little time for outside activities, the result of which would be poor mental health. For example, domestic work, including childcare, housework, and caregiving responsibilities falls under women's legislation which leads to physical and emotional demands not felt by men. Men on the other hand are associated with being the primary breadwinner so the inability to fulfill this function could be the reason why they suffer from higher depressive symptoms when it comes to job-related activities. While both men and women do feel pressure to advance their careers, this traditionally affects men more as money is more traditionally associated with them.

Since men are expected to be the breadwinners, fatherhood, especially when their partners suffer from health issues, can come as a challenge. Traditional roles make it hard for fathers to ask for help, whether it be emotional or physical, and this makes it especially hard for fathers whose partners are sick resulting that result in feelings of helplessness. The lack of social support would amplify the stress already felt as new fathers.

Some suggestions would be to implement youth groups in schools specifically to address gender in order to help during early adulthood and adolescence. We should also promote healthier masculine roles that include emotional sharing, coping strategies, and cooperation, while also encouraging a more balanced work

life especially when it comes to parental leaves. Creating groups that would allow romantic partners to share their worries and parental issues could also improve mental health outcomes among people of all genders.

## Limitations

Some limitations of this study are that sometimes it takes a binary view while overlooking the different experiences of certain age groups. This research also generalizes when it comes to men and women, not considering that not all individuals experience or fit the same gender roles. Finally, this research fails to consider the intersectionality of gender with other factors like sexual orientation or race which can affect mental health experiences. Additionally, this study considers reported and diagnosed depression. It is important to note that gender roles can influence an individual's willingness to seek medical help, which means reported prevalence might not be accurate.

## Acknowledgments

I would like to thank my advisor for the valuable insight provided to me on this topic.

## References

- Arias-de la Torre, J., Molina, A. J., Fernández-Villa, T., Artazcoz, L., & Martín, V. (2019). Mental health, family roles and employment status inside and outside the household in Spain. *Gaceta sanitaria*, 33(3), 235–241. <https://doi.org/10.1016/j.gaceta.2017.11.005>
- Bacigalupe, A., Cabezas, A., Bueno, M. B., & Martín, U. (2020). El género como determinante de la salud mental y su medicalización. Informe SESPAS 2020 [Gender as a determinant of mental health and its medicalization. SESPAS Report 2020]. *Gaceta sanitaria*, 34 Suppl 1, 61–67. <https://doi.org/10.1016/j.gaceta.2020.06.013>
- Herreen, D., Rice, S., Currier, D., Schlichthorst, M., & Zajac, I. (2021). Associations between conformity to masculine norms and depression: age effects from a population study of Australian men. *BMC psychology*, 9(1), 32. <https://doi.org/10.1186/s40359-021-00533-6>
- Iwamoto, D. K., Brady, J., Kaya, A., & Park, A. (2018). Masculinity and Depression: A Longitudinal Investigation of Multidimensional Masculine Norms Among College Men. *American journal of men's health*, 12(6), 1873–1881. <https://doi.org/10.1177/1557988318785549>
- Jerry L Halverson, M. (2023, October 12). Depression. Practice Essentials, Background, Pathophysiology. <https://emedicine.medscape.com/article/286759-overview>
- Kilian, R., Müller-Stierlin, A., Söhner, F., Beschoner, P., Gündel, H., Staiger, T., Stiawa, M., Becker, T., Fräsch, K., Panzirsch, M., Schmauß, M., & Krumm, S. (2020). Masculinity norms and occupational role orientations in men treated for depression. *PloS one*, 15(5), e0233764. <https://doi.org/10.1371/journal.pone.0233764>
- Kirkner, R. (2021, October 11). Depression rates up threefold since start of COVID-19. Medscape. <https://www.medscape.com/viewarticle/960652>
- McHenry, J., Carrier, N., Hull, E., & Kabbaj, M. (2014, January). Sex differences in anxiety and depression: Role of Testosterone. *Frontiers in neuroendocrinology*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3946856/>
- McHugh, R. K., Votaw, V. R., Sugarman, D. E., & Greenfield, S. F. (2018, December). Sex and gender differences in substance use disorders. *Clinical psychology review*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5945349/>

- Rydberg Sterner, T., Gudmundsson, P., Falk, H., Seidu, N., Ahlner, F., Wetterberg, H., Rydén, L., Sigström, R., Östling, S., Zettergren, A., Kern, S., Waern, M., & Skoog, I. (2020). Depression in relation to sex and gender expression among Swedish septuagenarians-Results from the H70 study. *PloS one*, 15(9), e0238701. <https://doi.org/10.1371/journal.pone.0238701>
- Salk, R. H., Hyde, J. S., & Abramson, L. Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. *Psychological bulletin*, 143(8), 783–822. <https://doi.org/10.1037/bul0000102>
- Short, S., Davis, P. E., & Gheyoh Ndzi, E. (2023). An exploration of masculinity, social support and depression in new and experienced fathers. *Midwifery*, 123, 103715. <https://doi.org/10.1016/j.midw.2023.103715>
- Stephen Soreff, M. (2023, June 13). Suicide. *Practice Essentials, Overview, Etiology*. <https://emedicine.medscape.com/article/2013085-overview>
- Frances R Frankenburg, M. (2023, June 13). Schizophrenia. *Practice Essentials, Background, Pathophysiology*. <https://emedicine.medscape.com/article/288259-overview>
- Vafaei, A., Ahmed, T., Freire, A.doN., Zunzunegui, M. V., & Guerra, R. O. (2016). Depression, Sex and Gender Roles in Older Adult Populations: The International Mobility in Aging Study (IMIAS). *PloS one*, 11(1), e0146867. <https://doi.org/10.1371/journal.pone.0146867>