The Traditional Individual in Society: A Study on Traditional Gender Roles and Mental Health

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Word Count = 7,541

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Gender roles are socially constructed norms prescribed for men and women in society to follow. Specifically, men and women have been assigned to traditional roles that are seen as "correct" for their assigned gender (i.e. men being the breadwinner and women being the housewife). Connecting traditional gender roles to mental health and well-being, this study investigates whether individuals who believe in traditional gender roles struggle more with mental health problems than those who do not. I propose that the more strongly an individual agrees with traditional gender roles, the more days of poor mental health they will report. To investigate the relationship between traditional gender roles and mental health, this study analyzes a sample of 701 full and part-time employees from the 2018 General Social Survey (GSS). The findings show that there is no statistically significant relationship between one’s attitude towards traditional gender roles and days of poor mental health reported. Therefore, the hypothesis was not supported. However, several controls, including sex, race, and age, are significant predictors of poor mental health. Further studies can improve on this topic by utilizing alternative measures of traditional gender roles since measures have focused on the traditional male breadwinner model.
Gender roles are behaviors and attitudes that society sees as acceptable for an individual to follow based on their assigned gender at birth. If one deviates from the appropriate gender role, society will judge and label the person as an outcast. Traditional gender roles are still present in today’s society and it is different for both men and women. This study seeks to look at traditional gender roles and its connection to mental health. Indeed, this is an ongoing social problem that needs more attention that many people tend to shy away from.

Individuals learn how to live and become active members in society through social interactions, the sequence of social actions between people. Individuals in society interact on a daily basis, whether it is with a family member, friend, colleague, or even a stranger. Relating this back to the topic, mental health is viewed as part of a process where positive functioning and social interaction are emphasized for its important role in all ages (Herberts, Nyquist, Wahlbeck and Scheirenbeck 2013). Examining mental health at the societal level, it is important to see how mental health plays a role amongst people. Individuals experiencing poor mental health will need to learn how to function as active members in society. This is a long-term condition that the individual will live and walk with for a long time, even if it is not serious.

Mental health is a real and on-going problem that one in five U.S adults live with. Mental health deals with one’s wellness including how they think, regulate their feelings, and behave. There are various types of mental health disorders that one may experience. Two of the common mental health disorders are anxiety and eating disorders. Those who do not struggle from mental health disorders are able to live a healthy life where they can cope effectively with stress and problems. However, those who do struggle may have a difficult time handling stress and the problems they face, disrupting their day to day routines. Viewing mental health through a
sociological lens will help deepen our knowledge on how individuals who suffer from mental health function in society. In relation to traditional gender roles, this study will examine whether individuals who agree with traditional gender roles struggle more with mental health than those who do not. I hypothesize that the more strongly an individual agree that a husband’s job is to earn money while a wife’s job is to look after the home and family, the more days of poor mental health the individual reports in the last 30 days.

LITERATURE REVIEW

This study analyzes whether those who agree with traditional gender roles are more likely to struggle with mental health problems than those who do not. Much literature discusses the topics of gender roles and mental health through a psychological lens. However, there is a lack of literature on this topic through the sociological perspective. This literature review will look at three themes in relation to gender roles and mental health: Division of Household Labor, Mental Health and Well-Being, and Men and Masculinities.

Division of Household Labor

Gender roles play a crucial factor in one’s everyday life. In today’s society, individuals are combating the traditional gender roles that they have learned to be the “right” way to live with their assigned gender. Traditional gender role is associated to the division of household labor. For a long time, men and women in modern society specialized in specific and different roles. The stereotypical assignment for men has been to be the breadwinner of the family. The stereotypical assignment for women has always been associated with household labor and care for the children (Polachek and Wallace 2015; Valentova 2016). This is not saying that men are not involved with household labor because there are certain household tasks that are seen as male-typed and female-
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typed (McClintock 2018). However, for a long time this specific gender role has been seen explicitly as a woman’s job.

Society keeps changing every day and becoming more “modern.” More and more women are entering the workforce compared to the past. Even though there are women that work as a housekeeper or maid, the division of labor is seen as less common today because both men and women are often involved in both work and family domains (Polachek and Wallace 2015). In relationship to employment, literature has shown that one’s occupation is gendered, which can be related to mental health (Leupp 2017; McClintock 2018). Although there have been many changes in today’s society, gender inequality still exists (Dotti Sani, and Quaranta 2017). It is important to understand how the division of household labor, a traditional gender that has existed for a long time, can mentally affect women at a higher rate than men.

Mental Health and Well-Being

Mental health is integral to a healthy and balanced life. There are various factors of one’s mental health status that play a role in their everyday life. Some factors include employment, poverty, family structure, stress, and much more (Brown 2003; Masuda, Anderson, and Edmonds 2012). However, even though these factors have a role with one’s mental health, it varies among racial groups. Not all racial groups have the same experiences in society, especially when it comes to their mental health. Individuals within the same racial group have their own lived experiences, whether they experience any mental health problems or not. It is evident that stress has been largely associated with poor health outcome (Ellis, Griffith, Allen, Thorpe, and Bruce 2015). Literature have shown that individuals, specifically Latinx young adults in college, experience cultural stressors that impact their mental health negatively (Corona, Rodríguez, McDonald, Velazquez, Rodríguez, and Fuentes 2017). It is a given that students in college experience mental health issues
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at a higher rate than those not in college. However, multiple studies have shown that people with a higher education attainment have better mental health (McFarland and Wagner 2015; Villatoro, Mays, Ponce, and Aneshensel 2018; Zhang, Qi Chen, H. McCubbin, L. McCubbin, and Foley 2011). One explanation for this can be that after attaining a higher educational degree, those individuals may feel some type of relief. Furthermore, their social position in society allows them to be more knowledgeable on the so called “illness” that one may experience, especially for white individuals who tend to have better mental health than other racial/ethnic minority groups (Villatoro et al. 2018). The benefit that comes with having a high educational attainment is better mental health, and many people do not know this.

Societal norms have been created for people to act as members in society. Acculturative stress, experiences of discrimination, and expectations of rejection are three kind of stressors that marginalized and sexual minorities individuals experience at a personal level (Corona et al. 2017; Ellis et al. 2015; Lu, LeBlanc, and Frost 2019; Ueno 2010). With this comes the role of mental health and the relationship it may have to an individual, especially this idea of the mental labor. Although there is not an exact definition on what mental labor is, past literature has shown how this phenomenon plays a role in mental health for women. The mental labor phenomenon is seen as a process where one uses their mind to consider something carefully, while also thinking about the current time simultaneously. This phenomenon is difficult to be measure, given the fact that it is seen as “invisible.” Connecting this to family life, mothers are usually seen as the primary mental laborers. The reason behind this is because of social gender ideologies in society that already make mothers the “default” parent of having to take care of the house (Robertson, Anderson, Hall, and Kim. 2019). Although this is the way society made individuals believe they should act and behave
because of their assigned gender at birth, now more and more individuals are dismantling the standard gender norms and stereotypes to live their life in any way that makes them feel happy.

*Men and Masculinities*

Men tend to experience higher levels of pressure in society when it comes to following social and gender norms. The term on what it means to perform “traditional” or “normative” masculinity is very general and incorporates a huge diversity in what masculinity is, which may vary from time and place (Inckle 2014). Masculine individuals learned to have qualities such as strength, aggression, and independence, which men have learned to perform (Ellis et al. 2015; Michniewicz, Vandello, and Bosson 2014; Ridge, Emslie, and White 2011). These are words that would describe men as superior to women. Men must present and prove their masculinity all the time. If they reject qualities that are masculine, society will then make assumptions that they are not manly enough. Due to this power that is prescribed to men in society, there is this sense of dominance that men feel they need to fulfill and obtain. However, it is essential to look at this through an intersectional lens because this varies on one’s lived experience based on their race, socioeconomic status, and position in society. Literature has shown that African American men experience more chronic stressors due to their place in society and the experiences they face as a black man. The chronic stressors included, but are not limited to, are discrimination, racism, poverty, and crime (Ellis et al. 2015; Rosenfield 2012; Ueno 2010). However, when looking at this in relation to gender roles, black men tend to hold more egalitarian views and tend to participate more with the family compared to their white counterparts. When thinking about which group of individuals are more likely to seek professional help in relation to their mental health, studies have shown that women are more likely to seek help than men (Ridge et al. 2011; Villatoro et al. 2018). This may be due to the gender norms and socialization that men have learned to adapt where they
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are not allowed to show signs of weakness or emotions. The negative stigma and label that comes with being seen as “mentally ill” seems to be more impactful for that of men than for women because of men position of dominance in society (Inckle 2014; Ridge et al. 2011; Villatoro et al. 2018). It is important for men to understand that the gender and social norms that have been introduced at a young age are not the “law” on how to perform gender.

THEORETICAL FRAMEWORK

Labeling Theory

Labeling theory comes from the symbolic interaction perspective of sociology (Fitch, Burke, and Kalkhoff 2019). Labeling theory is this idea that behaviors from an individual deviate from the standard norms. However, the label of such is only applied when society labels it as deviant. In other words, people only become a label when they are already labeled and when they accept the label that was given to them. When it comes to a person who is struggling with their mental health, the label associated with this is “mental illness.” When a person is labeled as such, the individual is robbed from the various opportunities such as having a good job or safe housing because of the negative connotation and misconceptions that is internalized with the label (Corrigan and Watson 2002). This shows why individuals do not self-label themselves as such because of the negative stigma it holds. Similarly, when connecting this theory to one’s sex, men are less likely than women to self-label themselves. A reason why men are less likely to seek help may be because this pressure of having to fulfill masculine norms such as being strong and not weak (Inckle 2014; Masuda et al. 2012; Villatoro et al. 2018). By men avoiding the label of “mentally ill”, they are avoiding the negative stigma associated with this because they do not want to hurt their status in society as the dominant group.
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In order to further understand the gender difference that comes with labeling theory, one can use the agency-communion model in relation to the label of “mentally ill.” Agency is the self-pursuit goals and what separate the individual from others. Communion is focus on the relationship and consideration of others to the individual. Studies have shown that men have a tendency toward agency while women have a tendency toward communion. However, when it comes to the way women and men respond to being label as “mentally ill”, men and women use both agency and communion in order to resist such label (Fitch et al. 2019). This is an interesting approach that men and women display in order to resist the label. However, this also vary depending on the social position of the individual in society because everyone experiences their own reality in society differently.

Social Role Theory

Social role theory is this idea that widely shared gender stereotypes are develop from the gender division of labor that characterizes individuals in society (Eagly 1987). In other words, men and women have set of social norms and behaviors that they have to live up to because of the specific roles that are assigned to both gender (Diekman and Schneider 2010). Gender norms in society is something that individuals learn during their early childhood years, which becomes normalize as the individual gets older (Rosenfield 2012). Individuals are led to believe that what they learned about gender and social norms is the “correct” and “only” way to perform the gender that was assigned to them. Even though specific roles have undergone changes in recent years, women are more likely to take on caretaking responsibility, while men continue to take on the primary breadwinner responsibility (Diekman and Schneider 2010). In today modern society, individuals are judged by others when the person deviates from meeting the needs of the gender they need to perform. Society tries to keep both genders in line with specific characteristics that
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have been assign to each role. However, those gender and social norms in no way define an individual because it is all about their actions and behaviors that defines them. This can be observed through social interaction due to social capital. Social capital is commonly used in health research and it distinguishes social interaction in social networks and social participation as core concepts (Forsman et al. 2013). In other words, social capital refers to the connection among individuals, which is a key component to building and maintaining a democracy in society. Social role theory allows individuals to understand both social and gender norms that occur in society by seeing how this may play a role with one’s mental health.

METHODS

The data set used in this study comes from the General Social Survey (GSS). This data set is a collection of surveys conducted in the United States where they ask Americans about their opinion on certain issues such as abortion, the death penalty, climate change and more. The respondents are randomly selected, non-institutionalized adults eighteen years and older, and who speak either English or Spanish in the United States. For this study, I will be using the data collected in 2018. In that year, the GSS sample size was 2,348 individuals, which is the unit of analysis in this study, with a response rate was 59.5 percent (Smith, Davern, Freese and Morgan 2018). However for this study, the sample size was restricted to 701 individuals, after excluding for all missing data, can’t choose, no answer, and not applicable responses.

The independent variable that measure traditional gender roles is part of the ISSP Family & Gender Roles module and was only asked in Ballots A and B. However, the dependent variable that measure mental health is part of the Quality of Working Life module, which was asked only to employed individuals in Ballots B and C. Therefore, this study is not a random sample. Rather, it is a restricted sample of employed full-time, part-time, or temporary not working individuals
who answered Ballot B, which has both of the variables that are being tested in the study. The sociological concepts being studied here are traditional gender roles and mental health. I will be using one independent variable, one dependent variable, and four control variables in order to examine the relationship between these concepts among adults. For further information on how the survey in 2018 were collected and conducted, visit http://gssdataexplorer.norc.org.

Independent Variable

The independent variable in this study is related to a specific traditional gender role that was asked in the 2018 GSS. The survey question asked respondents to state whether they agree or disagree with the following statement: a husband’s job is to earn money; a wife’s job is to look after the home and family. GSS ranked this on a Likert scale: 1 = strongly agree, 2 = agree, 3 = neither agree nor disagree, 4 = disagree, 5 = strongly disagree, 8 = can’t choose, 9 = no answer, 0 = not applicable. After deleting all missing data and answers such as, “can’t choose”, “no answer”, and “not applicable”, this variable was recoded to measure how strongly the respondents agree with the statement. Therefore, the new labels were coded from 1 to 5: (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree).

Dependent Variable

The dependent variable in this study is mental health. The question asked employed individuals the following, “Now thinking about your mental health, which includes stress, depression, and problems with emotions for how many days during the past 30 days was your mental health not good?” This variable was a ratio measure with a scale of zero to 30, which measure number of days. The other options included were, -1 = not applicable, 98 = don’t know, and 99 = no answer. I am specifically focus on those who self-reported the number of days their mental health was not good. Therefore I excluded answers for not applicable, don’t know, and no
answer. Analyzing this measure, if a respondent chooses zero, it indicates the best mental health while 30 is considered as the worst mental health.

Control Variable

The control variables I will be using in this study are sex, race, age, and education. The first control variable of sex has two categories, male and female. Male was coded as 1 and female was coded as 2. This is a dichotomous variable, which is why I had to make a dummy sex variable. The new dummy variable was coded as 0 = Women and 1 = Men. The second control variable was race where GSS asked respondents, “Which race do you consider yourself?” GSS had the following choices: 1 = White, 2 = Black, and 3 = Other. I had to dummy the race variable as well because I am interested in comparing the differences among non-white and White. Therefore, I combined both 2 = Black and 3 = Other in order to get the new value to be 0 = non-white. The value of White stays the same as the original label, 1 = White. The third control variable was age, which asked respondents for their age. This variable was measure on a scale from 18 to 89 years or older, 98 = don’t know, and 99 = no answer. After excluding answers of “don’t know” and “no answer”, and restricting the measure to this study, I was left with respondents that were 18 to 86 years old. The last control variable in this study was education, which GSS scale from zero through 20, which measure the years of school a respondent has completed.

FINDINGS

Univariate Results

Table 1 shows the means, medians, and standard deviations for all variables in this study. Looking at the dependent variable, days of poor mental health, on average respondents’ experience about four days of poor mental health. The standard deviation was about seven days, meaning that two thirds of the sample size experience zero to eleven days of poor mental health in the past 30
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days. As we look at the independent variable of traditional gender roles, the mean was around two, meaning that respondents disagree that a husband’s job is to earn money while a wife’s job is to look after the home and family. The standard deviation of one means that two thirds of the sample size fall between strongly disagree and neither agree nor disagree with the statement. Figure 1 shows the variation of respondents’ answers on attitudes towards traditional gender roles. About 35 percent of the sample size strongly disagree with the measure used for traditional gender roles. The attitudes of respondents decrease as it moves towards agree and strongly agree. Less than five percent of the respondents answered strongly agree. Furthermore, 18 percent of the respondents answered neither agree nor disagree with the statement, which is a large number given the sample size of 701.

[Insert Table 1 about here]

[Insert Figure 1 about here]

Figure 2 shows a bar graph of reported days of poor mental health in the last 30 days. Approximately 55 percent of the sample self-reported zero days of poor mental health. The percentage of respondents reporting more than zero days of poor mental health varied. Each self-reported days of poor mental health between one to 30 days falls between zero and ten percent. As mentioned earlier, this question was self-reported and only asked to employed individuals who are full-time, part-time, or have a job but was not working when the survey was given.

[Insert Figure 2 about here]

Figure 3 shows the bar graph of respondent’s sex. About 57 percent of the sample size in this study are women and about 43 percent of the sample size are men.

[Insert Figure 3 about here]
Figure 4 shows the bar graph of respondent’s race. As shown, about 29 percent of the sample size are non-white and 71 percent are white.

Figure 5 shows the bar graph of respondents age. This is a ratio measurement where respondents’ ages ranged from 18 to 86 years old. Looking back at Table 1, the mean of respondents age was about 44 years old. The standard deviation was about 14, meaning that about two thirds of the sample size falls between the ages of 30 and 58 years old.

Figure 6 shows the bar graph of highest level of education of a respondent, which is measure from zero to 20 years. As seen in the bar graph, about 26 percent of the respondents have 12 years of education, which is equivalent to a high school diploma. Furthermore, about 19 percent of the respondents have 16 years of education, which is equivalent to a bachelor’s degree. After 16 years of education, the bar graph decreases as it gets closer to 20 years of education, which is equivalent to a PhD. As shown in Table 1, the median is 14, which is barely higher than the mean of 13.97, which shows why the graph has a right-skew distribution. The standard deviation of three shows that about two thirds of the sample fall between having 12 to 16 years of education.

**Bivariate Results**

Table 2 displays the bivariate correlation for all variables. None of the relationships between the variables are above .7, therefore, no issue of multicollinearity is present.

Looking at the first variable of days of poor mental health with all my variables, there is no statistically significant relationship between traditional gender roles, the independent variable,
and days of poor mental health, the dependent variable. However, three of the four control variables show to be significant in relation to days of poor mental health at the $p < .05$ level. The first relationship between men and days of poor mental health is statistically significant. The correlation coefficient shows a weak and negative relationship. This means, men are less likely to report days of poor mental health. The next statistically significant relationship is white and days of poor mental health. This correlation coefficient shows a weak but positive relationship, meaning that white people are more likely to report more days of poor mental health. The third statistically significant relationship is age and days of poor mental health. The correlation coefficient shows a weak and negative relationship, which means as respondents get older, they report less days of poor mental health. Lastly, there is no statistically significant relationship between education and days of poor mental health.

Looking at traditional gender roles in relation to all the variables, they all show to be significant at the $p < .05$ level. The first statistically significant relationship is men and traditional gender roles. There is a weak and positive relationship, which means men are more likely to agree that a husband’s job is to earn money while a wife’s job is to look after the home and family. Next, there is a statistically significant relationship between white and traditional gender roles. The correlation coefficient is weak and negative, meaning that white people are less likely to agree with the traditional gender roles variable. Furthermore, there is also a statistically significant relationship between age and traditional gender roles. The correlation coefficient is weak and negative, meaning that older individuals are more likely to agree with traditional gender roles. Lastly, there is a statistically significant relationship between education and traditional gender roles. The correlation coefficient is weak and negative, meaning that the more years of education a respondent has, the less likely they are to agree with traditional gender roles.
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There are no statistically significant relationships between white, age, and education with being a man. However, there is a statistically significant between age and white. This relationship is weak and positive. This suggests that older respondents are white. There is also a statistically significant relationship between education and white. The relationship is weak and positive, which mean that white individuals have more years of education. Lastly, there is no statistically significant relationship between education and age.

Multivariate Results

Table 3 shows the unstandardized \((b)\) and standardized \((\beta)\) regression coefficients for all variables on reported days of poor mental health.

[Insert Table 3 about here]

The table shows that about three percent of reported days of poor mental health can be explained by attitude towards traditional gender roles, men, white, age, and education \((R^2 = .029)\). The multivariate regression equation is significant at the \(p < .05\) level. The three regression coefficients that came out to be significant were sex, race, and age. Similar to Table 2, there is no statistically significant relationship between traditional gender roles and days of poor mental health in the past 30 days. Therefore, belief in traditional gender roles is not a significant predictor of how many days of poor mental health a respondent reports, which disconfirm the original hypothesis. However, three of the four control variables are significant predictors. In the unstandardized regression coefficients \((b)\), since sex is a dummy variable, men has the highest value of 1, which is being measure in the table. This shows that men report one less day of poor mental health than women \((b = -1.122)\). Furthermore, race was also a dummy variable with white having the highest value of 1. The unstandardized regression coefficients \((b)\) shows that white people report about 1.4 more days of poor mental health than non-whites \((b = 1.409)\). The last
significant variable in the unstandardized regression coefficients ($b$) is age. This demonstrates that for every additional year older, respondents report .049 fewer days of poor mental health ($b = - .049$). In other word, comparing a 20-year-old with an 80-year-old respondent, the 20-year-old will report one less day of poor mental health $(0.049 * 20 = 0.98)$, while an 80-year-old will report four less days of poor mental health $(0.049 * 80 = 3.92)$.

Looking at the standardized regression coefficients in Table 3, the age of a respondent has the biggest effect on reported days of poor mental health in the last 30 days ($\beta = - .105$). The second biggest effect is white ($\beta = - .096$). Men happens to be the last biggest effect on reported days of poor mental health ($\beta = - .083$). Although traditional gender role is not statistically significant ($p < .05$) in relation to reported days of poor mental health, the three controls variables happens to be significant at the multivariate level.

DISCUSSION

As shown in the findings, there is no significant correlation between respondents’ attitudes towards traditional gender roles and reported days of poor mental health. This disconfirm the original hypothesis that the more strongly an individual agree that a husband’s job is to earn money while a wife’s job is to look after the home and family, the more days of poor mental health the individual reports in the last 30 days. These findings are consistent with literature that tested no relationship between some measurement of traditional gender roles, in this case the division of household labor, with mental health. However, even though there was no relationship between the independent and dependent variable in this study, three out of the four control variables were significant predictors to reported days of poor mental health. Sex, race, and age were all significant predictors, which are also consistent with the literature. When looking at sex, it was concluded that men tend to report less days of poor mental health than women. Connecting this explanation back
to literature, it has been stated that men are less likely to seek help or report any act injury or problems related to them because of social and gender norms. (Inckle 2014; Ridge et al. 2011; Villatoro et al. 2018). Men are more likely in society to feel pressure to fulfill the gender norms that have been prescribed. They tend to not want to deviant against the norms that they have learned to followed for years because it is seen as the “correct” way to perform their gender. Connecting this back to labeling theory and social role theory, these results may be the result of respondents under reporting the actual days of poor mental health they may experience. Particularly for men where they may feel more pressure to maintain those traditional gender roles and order that have been placed in society for a very long time. With that pressure of maintaining their dominance in society, they may not be as open to report the actual number of poor mental health they may be experiencing because of the negative stigma that is associated with such label (Inckle 2014; Masuda et al. 2012; Villatoro et al. 2018).

When looking at respondents’ race and the relationship it has with reported days of poor mental health, white respondents tend to report more days of poor mental health than non-whites. Given the historical context of racism and discrimination that racial/minority groups experience in the U.S compare to their white counterparts, one would think that these cultural stressors would have a role with a person of color mental health. However, as literature have mentioned, this may be the result of non-whites also under-reporting the actual number of poor mental health they may be experiencing due to the gender socialization of having to be strong, despite of all the injustices that they experience on a daily basis (Ellis et al. 2015; Rosenfield 2012; Ueno 2010). Furthermore, looking back at Figure 4, 71 percent of respondents were white and only 29 percent of them were non-white. The size of the sample for both racial groups may have had an effect with the results.
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White individuals may have been more inclined to over-report while non-white may have been more inclined to underreport.

When looking at age and the relationship to reported days of poor mental health, it connects with the literature that states older people tend to have better mental health than young people. However, this may be the result of respondents in this study falling between 30 and 58 years old, which is considered to be middle age. They possibly reached a point in their life where the amount of stress they could be experiencing is decreasing, which allowed them to report fewer day of poor mental. Furthermore, the sample size of this study was asked to employed individuals who are working full-time, part-time, or were temporary not working when this question was asked. The mental health question asked respondents to report the number of days their mental health was not good in relation to their workplace. Older individuals tend to work less hours than younger individuals, which make sense why they probably reported less days of poor mental health.

Even though education was not statistically significant with days of poor mental health, it is still interesting to see and understand why no relationship between both was found. Literature suggested that the more years of education a respondent has, the less days of poor mental health they will experience, which one can see in this study, Furthermore, in Table 2 there was a correlation with education and views on traditional gender roles. Those with more years of education are less likely to agree with traditional gender roles, which was also suggested by the literature. One’s social position in society allows individuals to be more knowledgeable on various issues such as mental health and traditional gender roles. (Villatoro et al. 2018). A good reason behind this may be that with a high level of education, it will allow individuals to climb up their position and have an open mind on various issues in society.

CONCLUSION
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This study analyzed the effect of individuals who believe in traditional gender roles and the relationship with mental health. Analyzing a small sample size of 701 employed respondents from the 2018 General Social Survey, data shows that individuals who believe in traditional gender roles do not struggle more with mental health. Therefore, the hypothesis was not supported. Looking at the traditional gender role variable used in this study, a husband’s job is to earn money while a wife’s job is to look after the home and family, individuals who strongly agree with the statement do not report more days of poor mental health.

This study expands the meaning on both labeling theory and social role theory. The findings suggest that there is no relationship with both the independent and dependent variable and a reason for this may be because of these two theories. Labeling theory and social role theory both overlap when it comes to discussing about society and the role that gender and social norms have on an individual. It is evident that when a label is assigned to a person by society, there will be a lot of negative stigma that will make individual not identify with such label. Society has painted an image on every single individual with a specific set of rules and roles that must be followed because it is seen as the “correct” way to do gender. When an individual deviate from such norms in society, they are judged and seen as different for not following the specific roles that needed to be follow. Looking at this in connection to the study, men have been assigned to fulfill the gender roles and norms in society because they do not want to be label as weak or feminine. Men have always been told that they have to be strong and not show any sign of weakness. This may have been a possibility why men were less likely to experience poor days of mental health than women because of societal pressure and norms that have been taught to them at a young age.

There were a few limitations that came with this study. The first limitation was that this study is generalizable only to employed individuals. The mental health question, as mentioned
earlier, was asked to respondents who were working full-time, part-time, or temporarily not working when the survey was administered. Therefore, everyone else who did not fit into this category of having a job were excluded from the sample. This is an important limitation to keep in mind because if this study was a random sample of everyone, the results may have been different. In the bivariate analysis, traditional gender roles proved to be significant with all four control variables, except for days of poor mental health. However, with a random sample there could have been a significant relationship between traditional gender roles and days of poor mental health at the multivariate level.

Another limitation could have been the question used to measure traditional gender roles in the General Social Survey. If another traditional gender role question was used in addition to the one used in this study, there may have been some possible changes with the original findings. Even though the GSS contain multiple questions relating to family roles and gender roles, they were not an accurate measure that I felt actually represented the true meaning of traditional gender roles. For future research, one way that this study can be improved or analyzed differently can be to use alternative measures of gender roles, specifically measures that is seen more in today’s modern society. The traditional gender roles measure has always been the traditional breadwinner model, which does not apply to everyone in modern society. There are men that take care of the house and children, which has been seen primarily as a woman’s responsibility. There are women who provide for the family, sometimes being the only parent in the household who is considered to be the breadwinner. By using alternative gender roles measure, it will be interesting to see the relationship of those gender roles with one’s mental health, especially if an individual is performing a duty that is deviating from what society has created for everyone to follow.
Lastly, relating this back to the dependent variable of mental health, the question showed some limitation. This question asked respondents to answer how many days, in the past 30 days, they have experienced poor mental health. Anyone can interpret poor mental health in any way they want. Even though the question states what is included with mental health, such as stress, depression, and problems with emotion, the statement is very broad. Furthermore, when the question was asked, respondents had to think and remember how many days in the past month has their mental health not been good. This was an estimated guess from respondents because no individual will actually remember the actual days of experience poor mental health. With this estimation in the study, the exact number of days reported may not be accurate. Therefore, future research should consider conducting a longitudinal study of participants’ journals. This study would consist of respondents ranking and writing about their mental health each day. The scale can be a measure from zero to five, where zero is coded as best mental health and five as worst mental health. This study can go for months in order to see an “accurate” representation of poor mental health that is reported by the respondent. Even though this will be self-reported, and respondents can lie, this can still be used to determine a close measure of how mental health actually affect an individual instead of taking an estimated guess for the last 30 days.

Traditional gender roles and mental health is a topic that many do not think about and the relationship that both of these may have. Although multiple literatures have shown the intersection of what is defined as traditional gender roles and mental health, there is still more research that needs to be done through a sociological perspective. Even though the hypothesis was not supported, this study concluded that sex, race, and age all are significant predictors of reported days of poor mental health. At large, this study shows that although gender roles and social norms are prescribed in society, this does not mean that we are obligated to follow them. Those norms do
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not define who we are as individuals. In reality, the way we portray ourselves with our behaviors and actions are how people view us in society.
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Ellis, Katrina R., Derek M. Griffith, Julie O. Allen, Roland J. Thorpe, and Marino A. Bruce. 2015. ""If You do Nothing about Stress, the Next Thing You Know, You're Shattered”: Perspectives on African American Men's Stress, Coping and Health from African American Men and Key Women in their Lives." *Social Science & Medicine* 139:107-114.

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McFarland, Michael J., and Brandon G. Wagner. 2015. "Does a College Education Reduce Depressive Symptoms in American Young Adults?" Social Science & Medicine 146:75-84.

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Table 1. Means, Medians, and Standard Deviations for Variables ($N = 701$)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Median</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days of Poor Mental Health</td>
<td>3.51</td>
<td>0.00</td>
<td>6.679</td>
</tr>
<tr>
<td>Traditional Gender Roles</td>
<td>2.13</td>
<td>2.00</td>
<td>1.123</td>
</tr>
<tr>
<td>Men</td>
<td>0.43</td>
<td>0.00</td>
<td>0.496</td>
</tr>
<tr>
<td>White</td>
<td>0.71</td>
<td>1.00</td>
<td>0.455</td>
</tr>
<tr>
<td>Age</td>
<td>43.76</td>
<td>43.00</td>
<td>14.196</td>
</tr>
<tr>
<td>Education</td>
<td>13.97</td>
<td>14.00</td>
<td>2.905</td>
</tr>
</tbody>
</table>
Table 2. Correlations (r) between Days of Poor Mental Health and Five Variables (listwise deletion, two-tailed test, *N* = 701)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Traditional Gender Roles</th>
<th>Men</th>
<th>White</th>
<th>Age</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days of Poor Mental Health</td>
<td>-.055</td>
<td>-.083*</td>
<td>.074*</td>
<td>-.099*</td>
<td>-.043</td>
</tr>
<tr>
<td>Traditional Gender Roles</td>
<td>.098*</td>
<td>-.103*</td>
<td>.097*</td>
<td>-.165*</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td>.014</td>
<td>.021</td>
<td>-.073</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td>.157*</td>
<td>.131*</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.062</td>
</tr>
</tbody>
</table>

*p < .05*
Table 3. Regression of Days of Poor Mental Health in the Past 30 Days on All Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>$b$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Gender Roles</td>
<td>-.219</td>
</tr>
<tr>
<td>Men</td>
<td>-1.122</td>
</tr>
<tr>
<td>White</td>
<td>1.409</td>
</tr>
<tr>
<td>Age</td>
<td>-.049</td>
</tr>
<tr>
<td>Education</td>
<td>-.140</td>
</tr>
<tr>
<td>Constant</td>
<td>7.588</td>
</tr>
</tbody>
</table>

$R^2 = .029; F (5,695) = 4.165; p < .05$

*p < .05
Figure 1. Bar Graph of Responses to Traditional Gender Roles
Figure 2. Bar Graph of Reported Days of Poor Mental Health
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Figure 3. Bar Graph of Sex
Figure 4. Bar Graph of Race
Figure 5. Bar Graph of Age
Figure 6. Bar Graph of Education