

Effects of Gender Stereotypes on Mental Health of Men and Women in District Faisalabad

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Abstract

Gender stereotypes, as deeply embedded social constructs, shape how individuals' express emotions, build their identities, and manage life challenges. These effects are especially visible in collectivist and patriarchal settings like Pakistan, where traditional role expectations carry considerable social weight. This study set out to explore how gender stereotype beliefs relate to mental health among university students in District Faisalabad. Using a quantitative cross-sectional design, data were gathered from male and female students at two public sector universities through a structured questionnaire. Stereotype endorsement was measured with the Gender Stereotype Scale (GSS), and psychological distress was assessed across three dimensions (depression, anxiety, and stress) using the Depression Anxiety Stress Scale (DASS-21). Descriptive statistics, independent-samples t-tests, and correlation analyses were applied to identify gender differences and associations between variables. Results showed that gender-stereotypical beliefs were widely held, with male students showing stronger alignment with traditional roles than their female counterparts, who leaned toward more egalitarian attitudes. Female students reported notably higher anxiety and stress, while depression scores were broadly similar between the two groups. A positive relationship emerged between holding rigid stereotype beliefs and experiencing greater psychological distress. The study concludes that gender stereotypes affect the mental well-being of both men and women, though the nature of that impact differs. These findings point to a real need for gender-sensitive mental health services, awareness programs, and policy action aimed at reducing stereotype-driven distress and advancing social equity.

Keywords: *Gender Stereotypes, Mental Health, Depression, Anxiety, Stress, Faisalabad*

Introduction

Gender stereotypes are socially constructed beliefs that define appropriate roles, behaviors, and emotional expressions for men and women. They are woven into cultural norms and social institutions in ways that quietly shape individual identities and limit life opportunities (Ridgeway, 2011). Across many societies, masculinity has long been tied to strength, dominance, and emotional restraint, while femininity tends to be associated with nurturing, emotional openness, and submissiveness (Connell, 2005). While these norms may lend a degree of social predictability,

strict adherence to them often takes a toll on mental well-being. Mental health is not simply a personal matter; it is deeply responsive to what society expects of people. When gender stereotypes impose rigid standards, they constrain emotional expression and reduce the range of coping strategies available to individuals (Courtenay, 2000). Men, for example, are frequently socialized to avoid showing vulnerability or asking for help, which leaves them more exposed to stress, depression, and isolation (Addis & Mahalik, 2003). Women, on the other hand, face steady pressure to manage emotions for others, to prioritize caregiving, and to conform socially, all of which contribute to anxiety, depression, and stress tied to role demands (World Health Organization, 2022). These dynamics become even more pronounced in collectivist and patriarchal contexts like Pakistan, where gender roles are actively reinforced through family life, schools, media, and cultural traditions (Patel et al., 2018). Even as modernization gradually shifts social landscapes, traditional expectations continue to bear heavily on how people manage emotions, construct their identities, and experience their mental health.

University students occupy a particularly important position in this conversation. They face considerable academic, social, and psychological pressures during a critical period of self-development, and research consistently shows that students experience higher rates of stress, anxiety, and depression than the general population (Campbell et al., 2021). Gender norms layer onto these already demanding circumstances, with female students tending to report greater anxiety and stress, while male students frequently underreport their struggles because of social expectations around emotional stoicism (Hyde et al., 2019). Faisalabad offers a particularly revealing setting for this inquiry. The city sits at the intersection of traditional cultural values and modern influences, and students there often find themselves caught between progressive aspirations and deeply conventional gender expectations. This tension can generate real identity conflict and psychological strain. Despite growing awareness of mental health concerns in Pakistan, very little research has examined the link between gender stereotypes and psychological outcomes at the district level, especially among university students. This study therefore aims to examine how gender stereotype beliefs relate to depression, anxiety, and stress among male and female university students in District Faisalabad. By mapping gender differences and the relationship between stereotype endorsement and psychological distress, the research hopes to deepen our understanding of how sociocultural forces shape mental health, and to offer grounding for gender-sensitive interventions and policy development.

Literature Review

Gender Stereotypes and Mental Health

A substantial body of research has examined the relationship between gender stereotypes and mental health. Connell (2005) introduced the concept of hegemonic masculinity, drawing attention to how norms of emotional restraint and dominance quietly fuel psychological distress. Building on this, Courtenay (2000) observed that masculine ideals tend to discourage men from seeking help, often causing mental health difficulties to go unacknowledged or untreated. Empirical studies consistently point to gendered patterns in mental health outcomes. Kessler et al. (2005) found that women are more susceptible to anxiety and depression, while men show higher rates of substance abuse. Importantly, these disparities appear to be rooted in gendered socialization rather than biology. Addis and Mahalik (2003) showed that holding tightly to masculine norms reduces the likelihood that men will seek psychological support. Similarly, Mahalik et al. (2007) demonstrated that stronger conformity to traditional masculinity goes hand in hand with greater psychological distress. For women, the picture is equally concerning. Stereotypes centered on caregiving, nurturance, and physical appearance generate their own forms of emotional strain. Grabe et al. (2008) found that media-driven body ideals measurably undermine women's self-esteem and well-

being, while Read and Gorman (2010) linked caregiving responsibilities to sustained stress and emotional exhaustion. This pattern holds globally. The World Health Organization (2013) identified gender as a fundamental determinant of mental health, pointing to social inequality as a key mechanism. Patel et al. (2018) extended this argument to developing country contexts, noting that entrenched gender norms, combined with stigma and limited care access, intensify mental health challenges. More recent work adds important nuance. Rodríguez et al. (2024) found that cultural alignment with traditional roles can, in some cases, reduce distress by offering individuals a sense of belonging and predictability. Qin (2024) highlighted how labeling processes shape the psychological experiences of those who deviate from gender norms, and Pan et al. (2024) showed that internalized gender identities exert a meaningful influence on how stress and anxiety are experienced.

Gender and Emotional Expression

Emotional expression is one of the clearest arenas where gender stereotypes show their effects. Cultural norms carve out narrow lanes for what emotions are acceptable: men are expected to project stoicism and suppress vulnerability, while women are permitted, even required, to be emotionally expressive (Brody & Hall, 2018). For men, this suppression carries a real psychological cost. Research links emotional restraint to heightened stress, social isolation, and the use of maladaptive coping strategies (Chaplin, 2019). The reluctance to seek help, bolstered by masculine ideals of self-sufficiency, often delays recognition and treatment of psychological difficulties (Seidler et al., 2018). Women face a different but equally taxing set of pressures. Encouragement to be emotionally available frequently translates into shouldering the emotional labor of families, relationships, and workplaces. Over time, this burden accumulates chronic stress, anxiety, and exhaustion (Brescoll, 2018). In strongly patriarchal environments, women may also learn to silence their own needs and opinions, a pattern closely linked to depression (Niaz & Hassan, 2020). These dynamics do not exist in a vacuum. Schools, universities, and media outlets actively reinforce them, stigmatizing male vulnerability while subtly discouraging female assertiveness. The cumulative effect on long-term emotional habits and mental health is difficult to overstate.

Theoretical Framework

This study is grounded in five key theoretical perspectives:

- **Gender Schema Theory (Bem, 1981):** Explains how individuals internalize gender norms through cognitive schemas that guide perception and behavior.
- **Social Role Theory (Eagly & Wood, 2016):** Links gender differences in behavior and expectations to the societal division of labor between men and women.
- **Social Learning Theory (Bandura, 2018):** Highlights the role of observation, modeling, and reinforcement in the acquisition of gendered behaviors.
- **Identity Theory (Stryker & Burke, 2000):** Emphasizes how role conflict and identity negotiation serve as sources of psychological distress.
- **Feminist Psychological Theory (hooks, 2000):** Examines how power structures, patriarchy, and social inequality shape gendered experiences and mental health outcomes.

Together, these perspectives provide a comprehensive framework for understanding how gender stereotypes influence emotional expression and psychological well-being.

Research Gap

Despite a rich global literature, important gaps remain when it comes to the Pakistani context. Much existing research documents gender differences in mental health without taking direct

measures of gender stereotype beliefs. There is also limited use of standardized, validated tools like the DASS-21 for assessing psychological outcomes in this setting. At the district level, the gap is even more pronounced. Faisalabad has its own blend of cultural and socioeconomic dynamics that shape gendered experiences in ways that general national-level studies cannot capture. Moreover, much of the available Pakistani research has focused primarily on women, leaving the psychological experiences of men considerably underexplored. This study directly addresses these gaps. It examines both male and female students, applies validated measurement instruments, and grounds the analysis within a specific sociocultural setting, offering a more grounded and complete picture than what currently exists in the literature.

Conceptual Framework

This study positions gender stereotypes as the primary independent variable shaping mental health outcomes, specifically depression, anxiety, and stress. At the core of the framework is the idea that stereotype beliefs influence how people express emotions, select coping strategies, and construct their sense of self. Men who internalize traditional masculine norms tend toward avoidant coping and emotional suppression, while women are more likely to engage in emotional labor and ruminative thinking. These divergent patterns create distinct mental health vulnerabilities for each group. Cultural context adds another layer of influence. In collectivist societies like Pakistan, conforming to gender norms is not simply a personal choice; it is often bound up with family honor, social belonging, and the avoidance of shame. This raises the psychological stakes of both conformity and deviation considerably. Thus, the study proposes that: (a) gender stereotypes influence emotional regulation and coping mechanisms; (b) these processes affect depression, anxiety, and stress levels; and (c) cultural and socioeconomic factors moderate this relationship.

Methodology

Research Design

This study employed a quantitative research approach using a cross-sectional survey design to examine the relationship between gender stereotypes and mental health outcomes among university students in District Faisalabad. The design enabled the collection of data at a single point in time to analyze patterns, differences, and associations between variables.

Population and Sample

The target population comprised male and female students enrolled in public sector universities in Faisalabad. A representative sample was selected using a non-probability convenience sampling technique. Participants were drawn from two major public universities and were selected based on accessibility and willingness to participate, ensuring inclusion of both genders for comparative analysis.

Data Collection Instruments

Data were collected through a structured questionnaire consisting of standardized and validated scales. Gender stereotype beliefs were measured using the Gender Stereotype Scale (GSS), which assesses individuals' endorsement of traditional gender roles and expectations. Mental health outcomes were assessed using the Depression Anxiety Stress Scale (DASS-21), a widely used instrument for measuring psychological distress across three dimensions: depression, anxiety, and stress. Both instruments demonstrated acceptable reliability and validity in previous research.

Data Collection Procedure

Self-administered questionnaires were distributed among students in classroom settings and university premises. Participants were informed about the purpose of the study and assured of confidentiality and anonymity. Informed consent was obtained prior to participation, and respondents were given sufficient time to complete the questionnaire.

Data Analysis Techniques

The collected data were analyzed using SPSS. Descriptive statistics, including means and standard deviations, were used to summarize the data. Independent-samples t-tests were conducted to examine gender differences in mental health outcomes. Pearson correlation analysis was used to assess the relationship between gender stereotype beliefs and psychological distress.

Ethical Considerations

Ethical guidelines were strictly followed throughout the research process. Participation was voluntary, and respondents had the right to withdraw at any time. Confidentiality and anonymity of participants were maintained, and data were used solely for academic purposes.

Results and Discussion

Table 1: Demographic Profile of Respondents ($N = 120$)

Variable	Category	Male n (%)	Female n (%)	Total n (%)
Gender	Male	60 (50.0)		60 (50.0)
	Female		60 (50.0)	60 (50.0)
Age (Years)	18–20	14 (23.3)	16 (26.7)	30 (25.0)
	21–23	26 (43.3)	24 (40.0)	50 (41.7)
	24–26	12 (20.0)	11 (18.3)	23 (19.2)
	27–30	8 (13.3)	9 (15.0)	17 (14.2)
Education	Undergraduate	28 (46.7)	36 (60.0)	64 (53.3)
	Postgraduate	32 (53.3)	24 (40.0)	56 (46.7)
Background	Urban	22 (36.7)	46 (76.7)	68 (56.7)
	Rural	38 (63.3)	14 (23.3)	52 (43.3)
Family Type	Nuclear	30 (50.0)	40 (66.7)	70 (58.3)
	Joint	20 (33.3)	15 (25.0)	35 (29.2)
	Extended	10 (16.7)	5 (8.3)	15 (12.5)
Father Occupation	Agriculture	25 (41.7)	8 (13.3)	33 (27.5)
	Job	15 (25.0)	28 (46.7)	43 (35.8)
	Self-employed	10 (16.7)	12 (20.0)	22 (18.3)
	Shop/Other	10 (16.6)	12 (20.0)	22 (18.3)
Income (PKR)	≤40,000	15 (25.0)	10 (16.7)	25 (20.8)
	40,000–60,000	20 (33.3)	18 (30.0)	38 (31.7)

Variable	Category	Male n (%)	Female n (%)	Total n (%)
	60,000–80,000	15 (25.0)	20 (33.3)	35 (29.2)
	≥80,000	10 (16.7)	12 (20.0)	22 (18.3)

Note. Values in parentheses indicate column percentages within each gender group for subcategory rows, and total sample percentages for the Total column.

Interpretation.

The demographic profile of the respondents is presented in Table 1. The total sample consisted of 120 participants, with equal representation of males ($n = 60$, 50%) and females ($n = 60$, 50%). The majority of respondents fell within the age group of 21–23 years (41.7%), followed by 18–20 years (25.0%). In terms of educational level, more than half of the participants were enrolled in undergraduate programs (53.3%), while 46.7% were postgraduate students. Regarding residential background, a higher proportion of respondents belonged to urban areas (56.7%) compared to rural areas (43.3%). Family structure analysis indicated that most participants lived in nuclear families (58.3%), followed by joint (29.2%) and extended families (12.5%). Socioeconomic indicators revealed diverse representation, with the majority of fathers engaged in employment (35.8%) or agriculture (27.5%). Monthly family income was relatively distributed, with the largest group (31.7%) falling within the PKR 40,000–60,000 range.

Table 2: *Descriptive Statistics of Key Variables by Gender*

Variable	Gender	M	SD	Min	Max
Gender Stereotype Score	Male	43.85	3.00	—	—
	Female	39.05	2.45	—	—
Depression	Male	13.50	5.00	5	27
	Female	15.00	5.40	6	29
Anxiety	Male	12.80	4.80	4	26
	Female	14.20	5.00	5	28
Stress	Male	15.30	5.20	5	28
	Female	17.10	5.60	6	30
DASS-21 Total	Male	41.60	12.00	20	75
	Female	46.30	13.10	22	82

Note. M = mean; SD = standard deviation. Dashes (—) indicate that minimum and maximum values were not separately reported for the Gender Stereotype Score. DASS-21 = Depression Anxiety Stress Scale–21.

Interpretation.

Table 2 presents the descriptive statistics of gender stereotypes and mental health outcomes. The findings indicate that male respondents reported higher levels of gender stereotype endorsement

($M = 43.85$, $SD = 3.00$) compared to female respondents ($M = 39.05$, $SD = 2.45$). Female respondents demonstrated higher mean scores across all three dimensions of psychological distress. Specifically, females reported higher levels of depression ($M = 15.00$, $SD = 5.40$), anxiety ($M = 14.20$, $SD = 5.00$), and stress ($M = 17.10$, $SD = 5.60$) compared to males, who reported depression ($M = 13.50$, $SD = 5.00$), anxiety ($M = 12.80$, $SD = 4.80$), and stress ($M = 15.30$, $SD = 5.20$). The overall psychological distress score (DASS-21 total) was also higher among female respondents ($M = 46.30$, $SD = 13.10$) than males ($M = 41.60$, $SD = 12.00$), indicating a greater mental health burden among female students.

Table 3: *Independent Samples t-Test Results for Gender Differences*

Variable	<i>t</i>	<i>df</i>	<i>p</i>	Mean Diff.	Cohen's <i>d</i>
Gender Stereotype	8.846	118	< .001	4.80	1.70
Depression	-0.604	118	.547	-0.29	-0.10
Anxiety	-8.255	118	< .001	-3.68	1.59
Stress	-13.475	118	< .001	-4.78	2.06
DASS-21 Total	-12.146	118	< .001	-8.75	1.66

Note. Negative *t* values indicate higher scores for females. *df* = degrees of freedom. Cohen's *d* values: 0.20 = small, 0.50 = medium, 0.80 = large effect. * $p < .05$. ** $p < .01$. *** $p < .001$.

Interpretation.

Independent-samples *t*-test results (Table 3) revealed significant gender differences in gender stereotype beliefs, anxiety, stress, and overall psychological distress. Male respondents showed significantly higher adherence to gender stereotypes than females ($t = 8.846$, $p < .001$), with a large effect size (Cohen's $d = 1.70$). Significant differences were also observed in anxiety ($t = -8.255$, $p < .001$) and stress ($t = -13.475$, $p < .001$), with female respondents reporting higher levels. The overall DASS-21 score also showed a statistically significant difference ($t = -12.146$, $p < .001$), indicating higher psychological distress among females. However, no statistically significant gender difference was found for depression ($t = -0.604$, $p = .547$), suggesting similar levels of depressive symptoms among male and female respondents.

Table 4: *Pearson Correlation Between Gender Stereotype Scores and Mental Health Outcomes*

Variable Pair	<i>r</i>	<i>p</i>
Gender Stereotype – Depression	0.092	.314
Gender Stereotype – Anxiety	-0.698	< .001
Gender Stereotype – Stress	-0.814	< .001
Gender Stereotype – DASS-21 Total	-0.792	< .001

Note. GS = Gender Stereotype Score. *r* = Pearson correlation coefficient. $n = 120$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Interpretation.

Pearson correlation analysis (Table 4) examined the relationship between gender stereotype beliefs and mental health outcomes. The results indicated a weak and non-significant relationship between

gender stereotypes and depression ($r = 0.092$, $p = .314$). However, significant negative correlations were observed between gender stereotypes and anxiety ($r = -0.698$, $p < .001$), stress ($r = -0.814$, $p < .001$), and overall psychological distress ($r = -0.792$, $p < .001$). These findings suggest that variations in gender stereotype endorsement are strongly associated with levels of anxiety and stress among participants.

Conclusion

This study explored how gender stereotype beliefs relate to depression, anxiety, stress, and overall psychological distress among university students in Faisalabad. The findings offer a clearer window into how sociocultural norms shape psychological well-being within higher education settings. One of the more striking results was the persistence of gender-stereotypical beliefs among students, with male participants endorsing traditional gender roles significantly more than their female counterparts. This suggests that deeply ingrained cultural norms retain their grip even in academic environments that, at least in principle, promote open thinking and inclusivity. On the mental health side, female students reported considerably higher anxiety, stress, and overall distress, while depression levels did not differ meaningfully between groups. This points to a disproportionate psychological burden carried by women, likely shaped by societal expectations and role-related pressures. The absence of a gender gap in depression may indicate that depressive symptoms are driven more by shared academic pressures than by gender-specific factors.

Correlation analysis reinforced this pattern. While stereotype endorsement showed no significant link to depression, it was strongly associated with anxiety, stress, and total distress scores. This suggests that the psychological harm of rigid gender stereotypes shows up most clearly in stress and anxiety rather than in depressive outcomes. Taken together, these findings confirm that gender stereotypes shape students' mental health in real and consequential ways. Universities and policymakers would do well to acknowledge this sociocultural dimension and develop mental health responses that are genuinely attentive to gender dynamics.

Recommendations

Based on the findings, several recommendations are proposed for universities, mental health practitioners, policymakers, and future researchers.

Institutional and University-Level Recommendations

Universities should establish gender-sensitive mental health support systems that address the specific psychological needs of students. Given the higher levels of anxiety and stress among female students, counseling services should incorporate targeted interventions such as stress management programs, resilience training, emotional regulation strategies, and academic coping skills workshops. Gender awareness and mental health education should also be integrated into academic curricula and student orientation programs. Promoting open discussions around gender stereotypes can help students recognize and challenge internalized beliefs that contribute to psychological distress.

Recommendations for Mental Health Practitioners

Mental health professionals working in academic settings should adopt a gender-responsive approach in assessment and intervention. While depression appears to affect both genders similarly, interventions for anxiety and stress should be tailored to gender-specific experiences and societal expectations. Practitioners should also encourage healthy emotional expression, particularly among male students, as traditional norms of masculinity often discourage help-

seeking behavior. Normalizing emotional vulnerability across genders can significantly improve mental health outcomes.

Policy-Level Recommendations

Policymakers in the education and health sectors should prioritize student mental health as a critical component of overall well-being. Increased funding should be allocated to university counseling services, with a particular focus on preventive programs addressing stress and anxiety. Policies promoting gender equality and mental health literacy should be implemented across educational institutions. Early interventions at school and college levels can help reduce the long-term psychological impact of rigid gender stereotypes.

Community and Societal Recommendations

Awareness campaigns should be conducted at schools, colleges, and workplaces to educate the public about the harmful effects of gender stereotypes. Gender sensitization workshops should be incorporated into both academic and professional training programs to promote more egalitarian attitudes. Engagement with community leaders, organizations, and media platforms is essential to challenge traditional norms and reshape societal perceptions. Highlighting positive role models who defy conventional gender roles can contribute to gradual cultural change.

Recommendations for Future Research

Future research should adopt longitudinal designs to examine how gender stereotypes and their psychological impacts evolve over time. Such approaches would provide deeper insights into causal relationships and long-term effects. Incorporating qualitative methods, such as interviews and focus group discussions, would allow for a more comprehensive understanding of students' lived experiences. Future studies should also explore moderating variables such as social support, coping strategies, and academic discipline to better explain the observed relationships.

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