Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

The Interplay between Gender norms, Patriarchy and Mental health among Young Adults

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Abstract

Gender norms, shaped by patriarchal socialization, have profound implications for mental health, particularly among young adults in the Indian context. This study examines the relationship between conformity to traditional gender norms and psychological distress, focusing on the distinct experiences of males and females. Utilizing a purposive sample of 200 young adults (94 males and 106 females), the study employed the Conformity to Feminine Norms Inventory (CFNI-45), Conformity to Masculine Norms Inventory (CMNI-46), and the Kessler Psychological Distress Scale (K-10), to assess the adherence to gender norms and its impact on mental health. The results reveal a significant positive correlation between conformity to feminine norms and psychological distress among females, indicating that societal expectations around appearance, modesty, and caregiving roles contribute to increased vulnerability to psychological distress. In contrast, no significant relationship was found between conformity to masculine norms and psychological distress among males, suggesting a more complex interplay of masculinity and mental health influenced by cultural and contextual factors. These findings underscore the urgent need for gender-sensitive mental health interventions that address harmful stereotypes and promote well-

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

being. The study highlights the importance of dismantling rigid gender norms to foster resilience and equity.

Keywords: *Patriarchy, Gender Norms, Mental Health, Psychological distress, Indian youth*

Introduction

In recent years, concerns surrounding the mental health of young adults have gained global prominence (Lu et al., 2018). Gender, a pivotal social determinant of health, operates not merely as an intrinsic characteristic but as a socially enacted identity, manifesting through culturally shaped behaviours, expectations, and interactions (West & Zimmerman, 1987). The American Psychological Association (2011) defines gender norms as the "socially constructed roles, behaviours, activities, and attributes" deemed appropriate for men and women within specific societies. These norms establish distinct social rules, delineating roles, traits, behaviours, and power dynamics associated with masculinity and femininity.

Gender socialisation begins early, particularly within the household, where children observe and internalise behaviours that equate masculinity with power and femininity with subservience (Pearse & Connell, 2012). This early conditioning instils specific expectations for men and women, framing assertiveness and performance as indicators of agency in men, while warmth and care for others are viewed as signs of communality in women (Kite et al., 2008). These differences in emphasis on agency versus care become evident in behavioural tendencies and life choices. For instance, men's tendency toward action and overconfidence often leads to riskier behaviours—seen in sexual activity, substance use, and even gambling and driving habits (Byrnes et al., 1999)—whereas women are often more cautious in these domains. Furthermore, any

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

deviation from expected gender roles, such as a male child preferring traditionally "feminine" toys, often invites chastisement, reinforcing adherence to rigid societal standards.

Adherence to these norms has significant implications for mental health. For men, masculinity is often linked to risky behaviours, aggression, and self-reliance, traits which can detract from their physical and mental health outcomes (Courtenay, 2000). Conversely, norms governing femininity—such as modesty, emotional expressiveness, and dependency—can restrict women's autonomy and reinforce vulnerability to stress and anxiety (Mahalik et al., 2005). Social sanctions against individuals who deviate from these expectations deepen the distress experienced by young adults, particularly during transitional life stages.

Research has linked traditional masculine norms, such as emotional control, dominance, and avoidance of vulnerability, to psychological distress and depressive symptoms in adolescent males (Mahalik et al., 2003; Jackson, 2007). Male adherence to traditional masculinity may lead to reduced help-seeking behaviors and an increased risk of suicide, highlighting the complex interplay between gender norms and mental health (Cochran, 2001; Addis & Mahalik, 2003). In contrast, strict conformity to feminine norms among women—particularly the emphasis on appearance and thinness—correlates with increased anxiety, body image concerns, and susceptibility to eating disorders (Gonzalo et al., 2017; Smolak & Murnen, 2008). With rising cases of anorexia and bulimia, often exacerbated by patriarchal ideals propagated on social media, young women are increasingly at risk of severe psychological and physical harm as they attempt to meet unrealistic physical standards.

In India, gender socialisation reinforces patriarchal expectations, placing unique constraints on young women and cultivating an image of men as assertive and self-sufficient.

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

These constraints shape personal identity and restrict agency, self-expression, and mental health. Studies on adolescents, particularly in low- and middle-income countries, underscore the association between gendered experiences and mental health outcomes. Findings by Beattie et al. (2019) and Satyanarayana et al. (2016) indicate that gender-based discrimination, violence, early marriage, and social restrictions have direct ties to mental distress in Indian adolescent girls, contributing to a gendered divide in depression observed by age 16 (McGuinness et al., 2012).

The current study aims to bridge gaps in understanding the effects of patriarchal socialisation on mental health across genders within the Indian context. While feminist perspectives have traditionally highlighted the limitations imposed on women, recent research suggests a more nuanced view that acknowledges the toll of masculinity norms on men. By examining both masculine and feminine norms, the present study seeks to offer a comprehensive perspective on the impact of gender socialisation on mental health in Indian youth. The findings may serve as a foundation for mental health interventions that address the intricate dynamics of gender expectations and their impact on well-being in a socio-cultural environment that continues to uphold patriarchal values.

Review of Literature

In recent years, research has extensively examined how patriarchal beliefs and gender norms impact mental health, highlighting significant effects on psychological well-being across populations. For instance, Yoong et al. (2018) analysed how cultural orientations relate to patriarchal beliefs among U.S. adults, noting that higher levels of individualism and collectivism correlate with increased patriarchal beliefs, especially among men. This study found that

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

patriarchal beliefs were consistently associated with depression, suggesting the importance of considering gender-related ideology in therapeutic contexts.

Similarly, Das et al. (2012) explored mental distress among low-income women in Delhi, India, finding that adverse reproductive outcomes disproportionately affect women's mental health. Interviews revealed that women express distress through somatic symptoms, unlike men, who often detach emotionally. This disparity underscores the cumulative stress women face due to societal expectations and gendered health challenges.

Expanding on this, Jadhav et al. (2023) studied the effects of gender discrimination on hopelessness among young women in India, showing that such discrimination directly correlates with emotional vulnerability. Although supportive childhood experiences were linked to lower vulnerability, they could not fully mitigate the adverse effects of gender discrimination, suggesting a need for societal reform to reduce restrictive gender norms.

Satyanarayana et al. (2016) assessed gender disadvantage among adolescent girls in low-income Indian settings, finding that perceived gender discrimination and limitations on independence lead to greater psychological distress and reduced resilience. Many young women faced substantial life stressors related to financial restrictions, societal expectations, and criticism tied to gender.

Furthermore, Koenig et al. (2021) studied adolescents in disadvantaged areas across several countries, illustrating how gendered perceptions of strength, vulnerability, and sexual double standards impact depressive symptoms. Gender norm inequality was consistently linked to mental health issues, reinforcing the global relevance of addressing gender perceptions for adolescent well-being.

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

Ram et al. (2014) examined youth socialisation in India, noting that gender discrimination within families contributed to mental health issues for both male and female youth. While females reported more restrictions, males faced mental health impacts when engaging in behaviours outside traditional gender norms, highlighting the pervasive role of family and social environments in shaping mental health outcomes.

Dambrun (2007) offered further evidence, demonstrating that women experience higher psychological distress than men, often perceiving themselves as frequent targets of discrimination. This perceived discrimination significantly predicted distress levels, emphasising the impact of discriminatory experiences on mental health.

Choudhary and Choudhary (2020) investigated childhood psychological maltreatment among young Indian women, linking experiences of societal gender expectations and discrimination to adult psychological challenges, self-esteem issues, and internalised self-blame. This study underscores how rigid gender roles can limit women's social and professional freedoms, causing lasting mental health effects.

Aparicio-García et al. (2018) explored traditional female role conformity, finding a link to anxiety symptoms among women, further highlighting the psychological toll of adhering to rigid gender norms. Collectively, these studies suggest that entrenched patriarchal values and gender norms have profound, often negative, impacts on mental health, calling for structural and attitudinal changes to promote gender equality and psychological well-being.

West and Zimmerman (1987) introduced the concept of "doing gender," explaining how individuals perform gender through social interactions based on societal expectations. They argued

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

that gender is not merely a trait, but a process continually shaped by social practices and reinforced through institutions.

Mahalik et al. (2005) expanded on gender socialisation by exploring the Conformity to Masculine Norms Inventory (CMNI) and Conformity to Feminine Norms Inventory (CFNI). Their research illustrated that strict adherence to gender norms—like dominance and emotional suppression for men, and relational focus and appearance standards for women—can lead to psychological distress.

Beattie et al. (2019) examined the role of patriarchal values in low- and middle-income countries like India. Their study showed that such values reinforce restrictive gender roles for women, leading to heightened anxiety, depressive symptoms, and feelings of disempowerment.

Breslau et al. (2017) reported that girls are more likely to experience mental health issues, such as depression, starting from adolescence, due to the pressure to conform to idealised feminine roles. Their study suggested that young women face more intense mental health challenges when adhering to societal expectations around body image and relational success.

Gonzalo et al. (2017) examined body image issues and mental health outcomes among women, using the CFNI to show how norms around thinness and appearance correlate with higher anxiety and depressive symptoms. These findings underscore the role of feminine norms in amplifying mental health vulnerabilities.

Mahalik et al. (2003) linked strict adherence to masculine norms like emotional suppression and self-reliance with increased psychological distress among men. The study revealed that these norms often isolate men emotionally, making it harder for them to seek help or express vulnerability.

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

McGuinness et al. (2012) investigated the early emergence of mental health disparities in adolescence, emphasising how the intersection of gender with socioeconomic factors can exacerbate psychological challenges. Their study provides evidence that young adults in patriarchal societies, especially those from marginalised backgrounds, face unique mental health risks.

Research Objective

The objective of this study is to investigate the relationship between conformity to masculine and feminine norms and psychological distress for males and females respectively. The study attempts to examine the impact of adherence to traditional norms on the mental health of the youth, particularly in the Indian context.

H1: There is a significant relationship between conformity to feminine norms and psychological distress for females.

H2: There is a significant relationship between conformity to masculine norms and psychological distress for males.

Methodology

Sample

This quantitative study employed a purposive sampling technique to select 200 participants who were asked to complete the online survey. The sample was purposely chosen to include individuals aged 18-30 years, as this age range is considered as young adults, crucial for the internalisation of gender norms and identities. Participants included both male and female

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

individuals from various socio-economic backgrounds to capture a diverse range of experiences related to adherence to traditional gender norms.

The participants were informed of the nature of the study, including its aims and the importance of their perspectives on gender norms. Informed consent was obtained prior to participation. The participants were assured that their responses would remain confidential and would only be used for research purposes.

Procedure

Participants were selected by the probability snowball method by distributing the questionnaires online using Google Forms to the personal network of the research team. The message communicated to the participants was: "We are conducting research in order to discover the relationship between social experiences, personal behaviour, and well-being in young adults. Your responses will remain confidential, and the data collected will be used for research purposes only. Participation in this study is completely voluntary, and you may choose to withdraw at any point without any consequences." The inclusion criteria were individuals identifying as cisgender males or cisgender females, in the age group of 18-30 years (young adults).

Measures

The Conformity to Feminine Norms Inventory (CFNI; Mahalik et al., 2005) is a 45-item self-report that measures the degree of adherence to traditional female standards. Items are rated on a 4-point Likert scale, from 0 (strongly disagree) to 3 (strongly agree). The CFNI-45 is a well-established abbreviated version which includes nine feminine norms: Invest in Appearance ("It is important to look physically attractive in public"), Sexual Fidelity ("I would feel guilty if I had a

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

one-night stand"), Thinness ("I am always trying to lose weight"), Domestic ("I enjoy spending time making my living space look nice"), Modesty ("I always downplay my achievements"), Importance of relationships ("I believe that my friendship should be maintained at all costs"), Sweet and Nice ("I always try to make people feel special"), Care for Children ("Taking care of children is extremely fulfilling"), and Romantic Relationships ("I pity people who are single"). The CFNI-45 has an adequate total internal consistency (= .86). Reliability ranges from .82 (Investment in Appearance) to .92 (Care of Children).

The Conformity to Masculine Norms Inventory-46 (CMNI-46; Parent & Moradi, 2009) is a brief, self-report developed to measure endorsement of traditional masculine norms which comprises 46 items covering 9 norms: Winning (e.g., "In general, I will do anything to win"), Emotional Control (e.g., "I tend to keep my feelings to myself"), Risk-taking (e.g., "I frequently put myself in risky situations"), Violence (e.g., "Sometimes violent action is necessary"), Playboy (e.g., "If I could, I would frequently change sexual partners"), Self-Reliance (e.g., "I hate asking for help"), Primacy of Work (e.g., "My work is the most important part of my life"), Power over Women (e.g., "In general, I control the women in my life"), and Heterosexual Self-presentation (e.g., "I would be furious if someone thought I was gay"). Items are answered on a 4-point scale (0 = strongly disagree to 3 = strongly agree). The CMNI-46 has shown good internal consistency with the subscale scores (.89 to .98) as well as with the total score (.96). Cronbach's alpha for the CMNI-46 was reported to be .92 (Koon, 2013)

The Kessler 10 (K-10) is a 10-item questionnaire assessing the presence of general psychological distress experienced in the 30 days prior to administration (Kessler et al., 2002). Symptoms commonly associated with depressive and anxiety symptoms are rated on a five-point scale from 0 to 4, whereby 0 indicates none of the time and 4 represents all the time. Items are

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

introduced with the statement, "The following questions ask about how you have been feeling during the past 4 weeks. For each question, please identify the best answer that describes how often you had this feeling." Further questions ask about feeling tired out for no reason, nervous, hopeless, restless, depressed, that everything is an effort, very sad, and worthless, but no somatic features. The K-10 reports a high internal consistency (mean α=.91) across different populations and languages.

Data Analysis

Statistical methods such as correlation analysis or regression analysis may be used to explore relationships between conformity to gender norms and psychological distress or other mental health indicators.

Results

Table 1. *Descriptive details of the participants*

Variables	Males (n=94)		Females (n=106)	
	M	**SD**	**M**	**SD**
Conformity to Gender Norms	72.33	12.84	79.58	8.96
Psychological Distress	22.76	8.45	24.25	8.53

Note: *M= mean; SD= Standard Deviation; N=. 200*

Table 2. *Correlation between conformity to gender norms and psychological distress*

Gender	r	df	p-value
Male	0.01	92	0.894
Female	0.25*	104	0.010

*Note: df= degrees of freedom; r= Pearson's correlation; * p < .05*

Table 3. *Regression analysis for psychological distress among females*

Model	R	R^2	F	df1	df2	p
Conformity to Feminine Norms	0.25	0.06	6.83	1	104	0.010
Note. Models estimated using sample size of N=106						

Table 4. *Model Coefficients - Psychological Distress*

Predictor	Estimate	SE	t	p
Intercept	5.44	7.24	0.75	0.454
Conformity to Feminine Norms	0.24	0.09	2.61	0.010

Discussion of Results

This study aims to explore the relationship between adherence to traditional gender norms and its impact on mental health for young adults within the Indian context. By examining both masculine and feminine norms, the present study seeks to offer a comprehensive perspective on

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

the impact of gender socialisation on mental health in Indian youth. This discussion seeks to interpret the study findings considering existing evidence and research literature while exploring their broader implications for mental health interventions that address the intricate dynamics of gender expectations and their impact on well-being in a socio-cultural environment that continues to uphold patriarchal values.

Hypothesis 1 proposed a significant relationship between conformity to feminine norms and psychological distress for females. As can be seen in table 2, there is a significant positive correlation ($r=0.25$; $p<0.05$) between conformity to feminine norms and psychological distress among females. These findings align with a study by Iwamoto et al. (2023) which demonstrated that certain feminine norms (striving for thinness, maintaining modesty, and emphasizing physical appearance) were positively associated with psychological distress among female college students. Similarly, a study analysing the role of conformity to feminine norms in lifestyle and mental health found that greater adherence to traditional feminine expectations (such as modesty and emotional expressivity) could contribute to anxiety and depressive symptoms, especially in environments with rigid gender role expectations. (Esteban-Gonzalo et al., 2020). However, the weak correlation could potentially be explained by previous findings suggesting that these associations are not universal across all feminine norms. For example, norms emphasizing caregiving or relationship-building can serve as protective factors, potentially mitigating distress in some contexts (Stavropoulou, 2019).

Hypothesis 2 proposed a significant relationship between conformity to masculine norms and psychological distress for males. However, as seen from table 2, the correlation between conformity to gender norms and psychological distress is not significant among males ($r=0.01$, $p<0.05$). Discourses on masculinity and help-seeking typically frame more traditional masculine

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

practices with being stoic, emotionally restrictive, and denial of vulnerability (Addis & Mahalik, 2003), with seeking help during times of psychological stress being seen as "weak" (Oliffe & Phillips, 2008), many men suffer in silence out of fear of rejection from their peers, which results in under-reporting of distressing symptoms (Connell, 2005). A possible reason for this result can be that patterns of adherence to these multidimensional norms vary across individuals as they are based on the extent to which an individual experiences, adheres to and internalizes these specific norms (Iwamoto et al, 2016). Some studies have found that certain dimensions of masculinity, such as self-reliance, may correlate with mental health challenges, while others, like the primacy of work, show no significant relationship with psychological distress. This suggests that conformity to masculine norms is not inherently linked to negative psychological outcomes but may vary based on the context and the specific norms assessed (Killian et al., 2020). Another study examining young Indian males found no significant relationship between hegemonic masculinity and psychological distress. It argued that masculinity might not be the sole predictor of distress and highlighted the importance of contextual and cultural factors in moderating this relationship (Choudhury, 2022).

Limitations

This study also has some limitations. The first one is related to the sampling technique: we used the snowball technique, consisting mostly of participants from an urban background which affects the representativeness of the sample and results, limiting their extrapolation to the general population. One of the limitations is the cross-sectional design employed in this study that limits the establishment of causal relationships. The findings of the current study are based on individuals' responses to an online questionnaire and are subject to the problems associated with self-report measures, such as social desirability.

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

Conclusion

This study highlights the relationship between conformity to gender norms and psychological distress among young adults in the Indian context, shedding light on the pervasive influence of patriarchal socialization on mental health outcomes. The findings demonstrate that adherence to traditional feminine norms correlates with elevated psychological distress in females, highlighting the detrimental effects of rigid expectations surrounding appearance, caregiving, and relational roles. In contrast, the absence of a significant relationship between masculine norm conformity and distress in males' points to the nuanced and multidimensional nature of masculinity, shaped by cultural and contextual factors.

These results call attention to the urgent need for interventions that challenge harmful gender norms and promote mental health equity. Educational initiatives, policy reforms, and clinical practices must address the underlying social structures perpetuating patriarchal values while fostering resilience and agency among young adults. Furthermore, this study contributes to the growing body of literature emphasizing the bidirectional impact of gender norms on mental health, urging researchers and practitioners to adopt a more holistic and intersectional approach to understanding and addressing these dynamics.

Implications and Future Suggestions

The findings of this study highlight the impact of gender norms on mental health outcomes, with significant implications for interventions aimed at mitigating psychological distress in young adults. Females show a positive correlation between conformity to feminine norms and psychological distress, suggesting the need to address societal pressures related to appearance, thinness, relational success, and caregiving roles. Interventions should focus on fostering resilience

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

and challenging rigid expectations that perpetuate anxiety and depression. Awareness of the psychological toll of adhering to traditional norms is crucial for promoting mental well-being among young women.

However, the absence of a significant relationship between adherence to masculine norms and psychological distress in males suggests the complexity of masculinity in the Indian context. While this result could reflect underreporting of distress due to societal stigma around male vulnerability, it also highlights the multifaceted nature of masculinity. Future research should explore how specific dimensions of masculine norms such as self-reliance or emotional suppression uniquely contribute to psychological outcomes.

From a policy perspective, there is need to incorporate gender-sensitive mental health education into school and college curricula, promoting equitable gender relations and dismantling harmful stereotypes early in life. Community-based initiatives should address gender-based stressors and their impact on well-being. Clinical practice should also equip mental health professionals with tools to identify and address issues stemming from gender norm conformity. Gender-responsive counselling strategies should also include psychoeducation about the harms of patriarchal values, encouraging clients to adopt healthier, more flexible perspectives on gender identity and behaviour.

Future research should address the limitations of this study, including longitudinal designs enabling deeper insights into the causal relationships between gender norm conformity and psychological distress, incorporating diverse gender identities, cross-cultural comparisons, and exploring the intersectionality of gender norms with other factors such as socioeconomic status,

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

caste, and urban-rural disparities to provide a more nuanced understanding of mental health dynamics in patriarchal societies.

Vol. 3, Issue 1 January 2025 ISSN: 2584-0142

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Vol. 3, Issue 1 January 2025 ISSN: 2584-0142