

Impact of Gender Differences on Mental Health and Quality of Life

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ABSTRACT

Mental health and quality of life are two major determinants of human well-being. Many factors influence one's psychological functioning and level of satisfaction with life, but gender is among the most important. Specifically, the transition from childhood to adulthood is the time period in which gender has the greatest influence. The present study aimed to examine the extent of gender difference in mental health and QOL, the association between psychological distress and QOL, and the role of gender in affecting young adults. To conduct this research, we used the quantitative comparative research method and a convenience sample of 70 individuals, 35 males and 35 females, aged 18-25 years. We administered the Depression Anxiety Stress Scale-21 (DASS-21) and the World Health Organization Quality of Life Scale (WHOQOL-BREF). Applying descriptive statistics, independent-samples t-tests, and Pearson correlation analyses, the data were examined. Data show females not only scored higher than males in the average level of depression, anxiety, and stress, but stress was the only significant gender difference ($t = -4.16, p = .001$). It also showed that females scored slightly higher than males on physical quality of life ($t = 4.005, p = .001$) and social relationship quality of life ($t = 3.29, p = .001$) measures. There were no statistically significant differences in depression, anxiety, psychological quality of life, and environmental quality of life. Correlational analysis showed mainly negative correlations between psychological distress and social, environmental, and psychological quality of life domains for both males and females. In contrast, the correlations of psychological distress with physical quality of life were either negligible or weakly positive, mainly for female participants, indicating that in this case, mental health factors had the least effect on physical well-being.

Keywords: Gender Differences, Mental Health, Quality of Life, Young Adults, Depression, Anxiety, Stress

INTRODUCTION

Quality of life and mental health make up the main structure for figuring out someone's general well-being. Yet, people face unique situations that affect their mental health paths. Gender – which involves biology, psychology, social aspects, and culture – stands out as a big factor in how these paths differ. It's interesting that women tend to express emotions more openly through talking and sharing, yet they still have higher rates of mental health issues compared to men. Women around the world suffer more from things like depression, anxiety, and PTSD. Men, on the other hand, often deal with substance abuse issues and their suicide rates are much higher (Rehm and Shield, 2019; Hyde and Mezulis, 2020). Mental health

is getting more attention lately because of worries about it in people of all ages. Women can struggle a lot due to societal pressures and unfair chances in life. They commonly have more stress, anxiety, and depression from social factors. This study looks at how gender affects mental health and general well-being by digging into what we already know about the different influences on these disparities.

Theoretical Perspective

Gender differences in mental health outcomes really grab attention in psychology and public health right now. While mental health disorders can hit anyone, studies keep showing different rates and symptoms for men and women (American Psychological Association, 2017). The WHO

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says women are about 1.5 times more likely than men to get depressed or anxious, but guys suffer too in other ways—they have higher rates of substance use issues and complete suicide more often (World Health Organization, 2023).

The Biopsychosocial model by George L. Engel explains these trends. According to Engel (1977), mental health is shaped by biology, society, and your psyche. Mental wellness isn't just about genes or where you live; it depends on a mix of how you handle stress, who you relate to, and what culture you're in. Because of these sex-based differences, men and women might deal with struggles uniquely and face separate expectations too.

So, while both genders struggle, understanding the biopsychosocial influences could help develop tailored strategies for better mental health support for everyone. This study uses Gender Role Theory from Alice Eagly (1987), explaining how society defines behavior for men and women. It says women should be emotional, caring, and relationship-oriented, while men need to hold back emotions, be independent, and self-reliant. These social norms influence how people express feelings, view stress, and their mental health. Men might not report their struggles due to stigma around showing weakness. Women, however, might feel more psychological pressure from caring duties and being judged because of their gender – that's according to Addis and Mahalik (2003).

Moreover, the study by Ingram and Luxton (2005) uses Diathesis stress model. This model says that mental disorders come from how personal risks and tough situations in life interact. It could explain why there are different mental health issues between genders. Women might be more sensitive to relationship troubles and ongoing social pressure, boosting their chances of getting depression or anxiety. At the same time, men often deal with these stressors poorly – for instance, holding in emotions or not asking for help when they need it.

The Stress and Coping theory developed by Lazarus and Folkman (1984). According to this theory, individuals' psychological responses to stressful events are determined by their appraisal of the stressor and their coping mechanisms. The latter is significantly influenced by cognitive processes. Variations in coping styles between men and women may therefore account for some of the observed differences in stress levels, emotional distress, and quality of life between genders. These theoretical frameworks can provide a valuable foundation for examining the relationships between gender, mental health,

and quality of life in greater detail. This study examines differences between men and women regarding their mental health and quality of life. Previous research has identified gender differences in symptoms of depression, anxiety, stress, and overall mental well-being. Our investigation addresses this question from a gender perspective within a focused scope. We therefore examine gender-based differences that can be attributed to variations in mental health and quality of life outcomes.

Literature Review

Research shows that there are big differences in how mental health affects men and women. According to Albert and Kieling (2020), females tend to feel anxious and depressed more than males, especially once they turn 12. This could be because of hormones, how they handle emotions, and stresses specific to being female. Plus, Bangasser and Valentino (2014) noted that women usually have stronger emotional and brain responses to stress, shaped by both hormones and social factors. Gender bias and tension in relationships make things worse, boosting their risk of psychological issues. On top of that, Otten *et al.* (2021) looked at data from German groups and found that women deal with more internal issues like anxiety and depression. Meanwhile, men tend to struggle more with outward problems, such as substance abuse.

Moreover, Rahna *et al.* (2024) did a systematic review and meta-analysis, which showed that women experienced more emotional distress, anxiety, and depressive symptoms due to social pressure and inequity.

Patel *et al.* (2018) highlighted that mental health disorders constitute a substantial public health challenge, particularly among young adults in low- and middle-income countries such as India. The research revealed that sociocultural pressures, academic stress, gender discrimination, financial constraints, and limited access to psychological support significantly contribute to emotional distress and reduced quality of life. The authors further noted that women are often more vulnerable to anxiety, stress, and depressive symptoms owing to gender-specific social expectations and psychosocial stressors. The results underscore the essential need for gender-sensitive mental health interventions and early psychological support systems for young adults. The findings from these studies indicate that females demonstrate higher susceptibility to depression, anxiety,

stress, and psychological distress compared to males. Most researchers identified biological factors, emotional regulation mechanisms, coping strategies, and sociocultural influences as primary determinants underlying gender disparities in mental health outcomes. These studies hold particular relevance to the present investigation, as they directly examine gender's impact on psychological well-being and emotional health parameters. The findings indicate an overall pattern of heightened vulnerability among women to emotional stress stemming from caregiving responsibilities, discrimination, academic pressures, and societal expectations. The research findings align with the current study and support the theoretical frameworks of the Biopsychosocial Model, Gender Role Theory, and Stress and Coping Theory. Collectively, these studies substantiate the hypothesis that gender constitutes a significant determinant in mental health and emotional health outcomes.

Research has examined gender differences in quality of life and overall well-being across multiple contexts. Ochoa *et al.* (2021) demonstrated that women experienced diminished quality of life, heightened emotional challenges, and impaired social functioning relative to men. The researchers identified social support networks and family relationships as critical determinants of women's psychological well-being. Correspondingly, Verma (2025) documented that female college students in India who predominantly employed emotion-focused coping mechanisms, particularly self-blame and emotional regulation approaches, exhibited elevated levels of stress, anxiety, and depressive symptomatology. The investigation underscored that sociocultural expectations, academic pressures, and gender-specific emotional responsibilities constitute substantial contributors to compromised psychological well-being among young women.

Margarita Alegría and colleagues (Alegría *et al.*, 2020) have demonstrated that women frequently experience heightened emotional exhaustion and diminished psychological well-being, attributed in part to financial stress, caregiving obligations, and insufficient social support. Recent findings by Alwhaibi and Balkhi (2025) revealed substantial sex-based differences in health-related quality of life among adults in the United States. Women consistently reported lower health-related quality of life scores compared to men due to social, behavioral, and health-related determinants. Furthermore, Shafie *et al.* (2021) examined gender differences in

quality of life among patients with schizophrenia and determined that women demonstrated lower psychological well-being and reduced social functioning compared to males. These studies collectively demonstrate that females exhibit diminished quality of life and reduced psychological well-being relative to males, attributed to elevated emotional stress, caregiving obligations, discrimination, and insufficient social support. Each study emphasizes the substantial influence of sociocultural and psychological factors on life satisfaction and overall well-being. These investigations are particularly pertinent to the current research as they analyze the relationships between gender, mental health, and quality of life. The results demonstrate strong alignment with the present study, reinforcing the concept that gender substantially impacts quality-of-life outcomes. They further validate the Biopsychosocial Model and Gender Role Theory by elucidating how social expectations and emotional burdens adversely affect women's well-being.

Research Gap

Although several studies have identified gender differences in mental health and quality of life, they have mostly focused on one of the dimensions and included small samples (for example, only adolescents, clinical samples, or working individuals). They also focused on a few disorders such as anxiety and depression without considering overall psychological health and quality of life. Fewer studies have examined the biological, psychological, and sociocultural factors in a single study to explain gender differences with the most coherent integrative approach to date. Therefore, the need for the present study is to provide an in-depth insight on the role of gender in mental health and quality of life in the Indian context, together. In contrast to earlier research, the present study takes a comprehensive biopsychosocial approach, providing a more holistic and in-depth analysis of gender differences in general well-being.

Objective

- To explore the association between mental health and quality of life by gender.
- To identify gender related factors affecting mental health and quality of life.
- To provide gender specific interventions for the future.

Hypothesis

There will be significant differences between men and women in certain aspects of mental health (depression, anxiety, stress), and there will be significance difference between men and women in quality of life domains.

Administration

The questionnaire for young adults was delivered online as a Google Form and, where possible, face-to-face. Participants were provided with an explanation of the research and asked to indicate their consent to participate by clicking on the option “I agree” before being asked the questions. They were asked to read each question carefully and answer the questions on the basis of their understanding, with no such right- or-wrong questions, and that their responses would be confidential. The questionnaire applied the DASS-21 scale and the WHOQOL-BREF (World Health Organization Quality of Life - BREF). It is self-administered and takes approximately 5-10 minutes to complete. All subjects complete the questionnaire independently. They were then asked to answer all the items independently without consulting with others and the results were collected.

METHODOLOGY

This study used a quantitative research design and an online survey for data collection. The researcher got all the information in one go, from 70 student volunteers (35 males and 35 females), picked through convenience sampling. They decided on the number of participants based on what made sense for their timeline and accessibility.

For the survey, Google Form was used with two main tools. First up was the Depression Anxiety Stress Scale–21 Items (DASS-21) from Lovibond (1995), which breaks down into depression, anxiety, and stress parts. It had 21 questions, each answered on a 4-point scale from 0 to 3. Scoring more points here meant feeling worse mentally.

Next, there was the WHO Quality of Life–BREF (WHOQOL-BREF) from the World Health Organization. This thing looked at how the students felt about their lives across four big areas: physical health, mental health, relationships, and environment. On a 5-point scale, they ranked aspects of these areas; scoring high overall showed a positive view on life quality.

Researchers figured out if males and females differed much by looking at means and standard deviations and running independent-samples t-tests. To check how study factors were linked, they turned to Pearson’s correlation coefficient. Scores close to +1 pointed to a strong positive link, -1 suggested a strong negative one, and numbers around 0 indicated no real connection.

To be part of this study, people had to meet certain conditions: being aged between 18 and 25, understanding the goal of the research, and wanting to take part.

Research tools

Depression Anxiety Stress Scale – 21 Items (DASS-21)

The Depression Anxiety Stress Scale – 21 items (DASS-21) was given by Lovibond (1995) and employed to assess the levels of depression, anxiety, and stress of the participants. The DASS-21 consists of 21 items divided into three subscales, each with seven items. Participants are to respond to each item based on a 4-point Likert scale from 0 to 3, where 0 indicates the item did not apply to the participant at all, and 3 indicates that the item applied to the participant very much.

WHOQOL-BREF

The WHOQOL-BREF, developed by the World Health Organization (1998), was used in this study to measure the quality of life of the participants. The scale assesses quality of life across four domains: Physical Health, Psychological Health, Social Relationships, and Environment. Higher scores on this scale indicate a better quality of life for the participant.

Statistical Analysis

We used several statistical methods to analyze the study data. We calculated the means and standard deviations to sum up the participants’ scores on different scales. Plus, we ran an independent-samples t-test to see if there were any major differences between how male and female participants rated their mental health and quality of life. So, we also did Pearson correlation analyses to figure out if there were links between people’s mental health variables and their quality of life.

RESULTS AND DISCUSSION

According to Table 1, female participants scored higher mean on average for depression, anxiety, and stress

Table 1 : Mean and Standard Deviation of Mental Health and Quality of Life Variables Among Male and Female Participants (N = 70)

Variables	Male mean (n=35)	Male SD	Female mean (n=35)	Female SD
Depression	11.77	5.79	13.2	5.27
Anxiety	12.45	6.44	15.02	7.36
Stress	10.62	5.58	17.42	7.87
Physical health QOL	50.8	5.76	52.25	4.29
Social relationships QOL	47.71	7.87	53.8	7.46
Environmental QOL	52.82	5.51	50.82	5.45
Psychological QOL	53.85	5.77	52.51	5.30

compared to their male counterparts. They got an average of 13.20 for depression, 15.02 for anxiety, and 17.42 for stress. Meanwhile, the males had averages of 11.77, 12.45, and 10.62 for those same measures. This points to more psychological distress among women, particularly when it comes to stress. When looking at quality of life, there are differences too. Females reported better physical health and social relationships, with means of 52.25 and 53.8, respectively. On the other hand, males felt they had a better environment and overall psychological well-being, hitting marks of 52.82 and 53.85. These stats really show how men and women experience different levels of mental health issues and quality-of-life factors. So, yeah, the first objective of highlighting these gender differences is achieved here.

According to Table 2, the t-tests showed some interesting gender differences in mental health and quality-of-life areas. Just one mental health indicator — stress — came out significant. Females reported more stress ($t = -4.16$, $p = .001$) compared to males. Although female mean scores were higher for depression and anxiety, these differences weren't statistically significant

(depression: $t = -1.07$, $p = .28$; anxiety: $t = -1.55$, $p = .12$). In quality of life, there's good news for women. They showed significantly higher physical health QOL ($t = 4.005$, $p = .001$) and social relationship QOL ($t = 3.29$, $p = .001$). This suggests better physical well-being and stronger social ties for females. Yet, the environmental QOL ($t = -1.53$, $p = .12$) and psychological QOL ($t = -1.61$, $p = .11$) didn't differ significantly between genders. All in all, the data partially backs up the alternative hypothesis. The significant differences occurred solely with stress, physical health QOL, and social relationship QOL.

According to Table 3, mental health variables have small to moderate correlations with quality of life domains in men ($n = 35$). Mostly, these links are negative. Depression doesn't strongly relate to physical or social QOL. Yet, it is negatively connected to environmental QOL with a correlation of -0.324 . Anxiety ties in with social and environmental QOL, though both are quite weak at -0.212 and -0.273 , respectively.

When it comes to stress, there's a stronger negative link to environmental QOL (-0.478) and a weaker one

Table 2 : Independent Samples t-test Showing Gender Differences in Mental Health and Quality of Life Variables

Variables	T-value	p-value	Significance
Depression	-1.07	0.28	No significance
Anxiety	-1.55	0.12	No significance
Stress	-4.16	0.001	Significant
Physical QOL	4.005	0.001	Significant
Social relationships QOL	3.29	0.001	Significant
Environmental QOL	-1.53	0.12	No significance
Psychological QOL	-1.61	0.11	No significance

Table 3 : Pearson Correlation Matrix Between Mental Health Variables and Quality of Life Domains Among Male Participants (n = 35)

Variables	Physical QOL	Social QOL	Environmental QOL	Psychological QOL
Depression	0.016	-0.038	-0.324	0.122
Anxiety	-0.011	-0.212	-0.273	0.070
Stress	0.060	-0.230	-0.478	-0.044

Table 4 : Pearson Correlation Matrix Between Mental Health Variables and Quality of Life Domains Among Female Participants (n = 35)

Variables	Physical QOL	Social QOL	Environmental QOL	Psychological QOL
Depression	0.134	-0.201	-0.309	-0.268
Anxiety	0.119	-0.115	-0.267	0.031
Stress	0.028	-0.152	-0.021	-0.029

with social QOL (-0.230). Overall, environmental QOL seems to respond the most to psychological problems like stress and depression in this male group.

According to Table 4, for the female participants (35 in total), there are some correlations between mental health and quality-of-life domains. Both depression and anxiety were barely linked with physical QOL; their correlations were slightly positive ($r = 0.134$ for depression and $r = 0.119$ for anxiety). However, depression showed more negative correlations with the environment ($r = -0.309$), psychological state ($r = -0.268$), and social aspects ($r = -0.201$). For anxiety, it correlated weakly but negatively with environmental QOL ($r = -0.267$) and social QOL ($r = -0.115$). Stress didn't really connect much at all. In the end, depression seems to be tied most often to a poorer quality of life for women.

In this study, we looked at gender differences in mental health and quality of life among young adults aged 18-25 in India. We used the DASS-21 and WHOQOL-BREF on 70 participants. Our findings partly supported the alternative hypothesis. While there were significant differences in stress and some quality of life areas, depression and anxiety didn't quite hit statistical significance.

Female participants had higher mean scores across depression, anxiety, and stress. Yet, the difference was only statistically significant for stress ($t = -4.16$, $p = .001$). This supports Bangasser and Valentino (2014), who say women's increased vulnerability comes from neurobiological sensitivity, hormonal effects, and extra psychosocial stress. Adding to that, Albert and Kiehling (2020) point out that gender-specific emotional regulation issues really stand out in early adulthood.

According to the Diathesis-Stress Model (Ingram and Luxton, 2005), women often have a higher predispositional vulnerability. This, mixed with constant stress from things like social pressures, raises their psychological distress. In India, it's even worse due to strict gender norms, intense competition in academics, high family expectations, and safety worries. Plus, Patel *et al.* (2018) showed these cultural stresses hit young

women hard, especially in developing countries.

The non-significant findings for depression and anxiety could be due to the study's limited statistical power since there were only 35 people per group. Also, the academic pressures might be similar for both genders at this university. On top of that, men's underreporting of distress because of emotional stoicism expected by traditional masculinity (Eagly, 1987; Addis and Mahalik, 2003) might have made the gap smaller on self-report measures like the DASS-21.

Interestingly, females had significantly higher scores in physical ($t = 4.005$, $p = .001$) and social relationship ($t = 3.29$, $p = .001$) quality of life domains, which contrasts with broader literature. Yet, no differences appeared in psychological or environmental domains. The higher physical quality of life scores among women might be linked to gender-socialized health-conscious behaviors in Indian households. Still, we should handle this finding carefully because of the tiny sample size.

Women's higher social quality of life aligns better with theory and research. According to Gender Role Theory (Eagly, 1987), feminine roles focus on being expressive and relationally oriented, leading to stronger social networks. Ochoa *et al.* (2021) found that social support plays a big role in boosting women's well-being too. In India's collective culture, women's strong ties to family and society probably explain why they report higher social quality of life, even when stressed out. This finding goes against Alwhaibi and Balkhi (2025) and Shafie *et al.* (2021), who found lower quality of life for women in Western settings.

The study also showed that more psychological distress correlates negatively with quality of life for both men and women. This means feeling extra stressed typically means you're not doing well overall. These findings fit with the Biopsychosocial Model (Engel, 1977) and Stress and Coping Theory (Lazarus and Folkman, 1984), which say that mental stress generally hinders how well we function.

In guys, stress really stands out for having the strongest negative link to how they view their environment

($r = -.478$). This implies that constant stress makes young men feel less secure about finances and where they live, supporting what Alegria *et al.* (2020) found. For women, depression hits harder, negatively affecting social ($r = -.201$), environmental ($r = -.309$), and psychological ($r = -.268$) quality of life. So, feeling depressed seems to weaken their sense of belonging and enjoyment of their surroundings. These results match Kizhessery Rahna *et al.* (2024), who concluded that emotional troubles seriously dent women's overall well-being.

Limitations and Future Directions

This study uses convenience sampling, a small group of 70 people, and was conducted in India, so it's limited to making casual links. Plus, the self-reports might lean positive, especially from males. For better insights, future studies should look at bigger groups, follow up over time, and cover various cultures. Adding factors like coping strategies, social support quality, and academic pressure would help understand how gender shapes mental health and quality of life for young Indians more fully.

Conclusion

This study looks into how mental health and quality of life differ between young men and women in India. It turns out that women feel more stressed but are physically healthier and have better social relationships compared to men. Stress seems to really hit their social lives hard, making things tough.

These findings show there's more to the story than what we thought before. In India, cultural norms, big academic pressures, family duties, and old-school gender roles play a major part. They impact males and females quite differently.

This fits with the biopsychosocial model, gender role theory, and the stress-and-coping framework. All these suggest that biology, feelings, and culture mix together to shape someone's mental health and general contentment.

The study stresses the importance of programs and services that take gender into account when dealing with mental health issues in young adults. To improve on this, future studies should look at bigger groups with more diversity over longer periods.

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