

## Exploring Gender Roles and Mental Health Stigma in Rural vs Urban Populations

### 3. Abstract

Mental health stigma continues to affect how people understand and respond to mental health difficulties. Gender roles and expectations also shape how individuals in different communities interpret mental distress and decide whether to seek help. This study aims to explore how gender roles influence mental health stigma in rural and urban areas, focusing on everyday experiences and attitudes. Using a qualitative exploratory approach, the study will gather data through semi-structured interviews with adults living in both rural and urban settings. The research will draw on gender role theory and stigma theory to guide the analysis. Thematic analysis will be used to identify how gender expectations influence people's willingness to talk about mental health, how they experience judgment, and how these patterns differ between rural and urban environments. The findings aim to provide insights that can support community-based awareness programmes and help improve mental health interventions that are more sensitive to gender and geographic context.

### 4. Keywords

Gender roles; mental health; stigma; rural; urban; help-seeking

### 5. Introduction

Mental health stigma remains one of the key barriers that prevent people from receiving appropriate support. Stigma often leads to silence, avoidance, and fear of judgment, which can worsen mental health outcomes. In South Africa, the ways people speak about or respond to mental health problems are strongly shaped by cultural beliefs, gender expectations, and the communities in which they live (Corrigan et al., 2014; Egbe et al., 2014). Rural and urban areas offer different challenges, and these differences can affect how stigma is experienced or expressed.

Gender roles also influence how individuals think about mental health. Traditional and modern expectations of how men and women should behave shape how they interpret mental illness, whether they show vulnerability, and how they seek help. For example, men are often expected to be strong and hide their emotions, while women may experience pressure to remain caregivers even when they are struggling (Connell, 2009). These expectations can lead to shame, fear of being judged, or reluctance to use available services.

Although many studies have examined stigma and gender separately, fewer studies have looked at how gender and location come together to shape people's experiences. In rural communities, social norms may be more rigid, and people may worry about gossip or being recognised when seeking help. In contrast, urban areas may offer more anonymity but also face challenges such as overcrowded services or higher stress levels (Williams et al., 2020). Understanding these differences is important for designing mental health interventions that are more practical and suitable for different settings.

## 6. Definition of Concepts

**Gender Roles:** Expectations and responsibilities society assigns to men and women. These roles shape how people interpret mental health challenges and whether they seek help (Connell, 2009).

**Mental Health:** A state of well-being in which individuals can cope with daily stresses, work productively, and contribute to their communities (WHO, 2022).

**Mental Health Stigma:** Negative attitudes, stereotypes, and discrimination directed towards people with mental health difficulties, which can occur at personal, community, or structural levels (Goffman, 1963; Corrigan et al., 2014).

**Rural and Urban Populations:** Rural populations live in smaller, more isolated communities with limited access to mental health resources, while urban populations live in larger areas with greater diversity and improved service access (NRHA, 2022).

## 7. Aims and Objectives

**Aim:** To explore how gender roles influence mental health stigma in rural and urban populations.

**Objectives:**

- To explore mental health stigma in urban communities.
- To explore mental health stigma in rural communities.
- To examine how gender roles shape beliefs about mental health in urban areas.

- To examine how gender roles shape beliefs about mental health in rural areas.

## 8. Literature Review

### 8.1 Introduction

Mental health stigma has been studied widely, but studies often treat stigma as consistent across different groups. However, gender roles and geographic location influence how people understand, express, and respond to mental health challenges. Rural communities often rely on close social networks and traditional beliefs, while urban communities may offer more anonymity but also face pressures like social isolation (Egbe et al., 2014; Williams et al., 2020).

### 8.2 Gender Roles and Expectations

Gender roles are shaped by cultural practices, traditions, and social norms. Connell (1995, 2009) argues that masculinity is often associated with strength and emotional control, discouraging men from speaking openly about mental health. Women are often expected to prioritise caregiving, which can lead to stigma if they struggle with mental health (Mabasa et al., 2025).

### 8.3 Mental Health and Stigma

Mental health stigma occurs when individuals are labelled or excluded because of mental health difficulties. Goffman (1963) describes stigma as a “spoiled identity.” Stigma can occur at different levels: internal (self-blame), interpersonal (family judgment), and structural (institutional discrimination) (Corrigan et al., 2014; Hatzenbuehler & Link, 2014).

### 8.4 Gender and Mental Health Stigma

Gender roles deepen the impact of stigma by shaping how men and women respond to mental distress. Men may avoid help-seeking because it conflicts with norms of strength and independence (Addis & Mahalik, 2003). Women may fear judgment regarding their caregiving roles (Mabasa et al., 2025). In rural communities, visibility and close social networks may intensify this stigma (Radunovich et al., 2017).

### 8.5 Rural vs Urban Contexts

Rural communities often have limited resources, fewer specialists, and heightened social monitoring. This lack of anonymity increases fear of judgment (NRHA, 2022). Families may rely more on traditional explanations for mental illness (Egbe et al., 2014). In contrast, urban areas offer more diverse views and services, although stigma may still exist due to stress and social isolation (Halliday et al., 2020).

## 8.6 Structural and Community Factors

Stigma is reinforced by community beliefs and institutional structures. Faith-based organisations can support individuals or reinforce stigma if mental illness is framed negatively (Moriarty et al., 2019). healthcare providers may unintentionally reinforce stigma (Egbe et al., 2014). Lack of service funding contributes to structural stigma (NRHA, 2022; WHO, 2022).

## 8.7 Current Gaps in Research

Many studies focus on surface-level attitudes using surveys, but fewer qualitative studies explore deeper personal experiences (Rost et al., 1993). Intersectional groups such as LGBTQ+ individuals and rural older adults remain underrepresented (Investigators of rural sexual & gender minority mental health, 2024).

## 9. Theoretical Framework

This study is guided primarily by Connell's Hegemonic Masculinity Theory. This theory explains how social expectations of masculinity shape men's behaviour, often discouraging emotional expression and help-seeking. It is appropriate because it helps explain gendered patterns of stigma in both rural and urban contexts.

Stigma theory (Goffman, 1963) supports the analysis by explaining how negative labels and stereotypes influence people's experiences. Together, these theories help interpret how gender and place influence mental health stigma.

## 10. Research Methodology

### 10.1 Research Approach

A qualitative approach is used to explore personal experiences and social meanings. Qualitative research helps capture how gender roles and stigma are understood in different contexts (Creswell & Poth, 2018).

## 10.2 Research Design

A comparative qualitative design will be used to explore differences and similarities between rural and urban participants. Semi-structured interviews will allow participants to describe their experiences in their own words (Maxwell, 2012).

## 10.3 Participants and Sampling

The study will include approximately 16–20 participants: 8–10 from rural areas and 8–10 from urban areas. This sample size is suitable for qualitative research and allows for data saturation (Guest et al., 2006). Purposive sampling will identify participants with relevant experiences (Palinkas et al., 2015).

## 10.4 Data Collection

Semi-structured interviews will explore beliefs about gender roles, mental health, stigma, and help-seeking. Interviews may be conducted in person or virtually, depending on participants' locations.

## 10.5 Data Analysis

Thematic analysis will be used to analyse interview data (Braun & Clarke, 2006). NVivo software may help organise and code the data.

# 11. Ethical Considerations

## 11.1 Autonomy

Participants will receive clear information about the study and voluntarily decide whether to participate (Beauchamp & Childress, 2013).

## 11.2 Beneficence

The study aims to benefit communities by providing insights that can inform stigma-reduction interventions (Orb et al., 2001).

#### 11.3 Non-Maleficence

The researcher will minimise harm by creating a supportive environment and pausing interviews if participants feel uncomfortable.

#### 11.4 Justice

Men and women from both rural and urban settings will be included fairly to ensure balanced representation (Resnik, 2018).

#### 11.5 Confidentiality and Anonymity

Participants' identities will be protected using pseudonyms. Data will be stored securely on password-protected devices.

### 12. Conclusion

Gender roles and location influence how people experience mental health stigma. Rural communities face challenges such as limited resources and close social scrutiny, while urban communities face different pressures. Understanding these patterns can help improve mental health support and reduce stigma in diverse communities.

### References

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