

Psychological Effects of Gender Role Reversal among Married Men and Women in Nyeri County, Kenya

Gichu Jane Kabui^{1*}

¹Ph.D Candidate, Psychology Department, Kenyatta University, Kenya

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*Corresponding author: Gichu Jane Kabui

Abstract

Original Research Article

Gender role reversal among spouses has become increasingly prevalent in both the developed and developing world, yet not much is known about its psychological effects on men and women in marriage especially in the developed and developing world. This study thus sought to establish the psychological effects of gender role reversal limiting itself to symptoms of depression, anxiety and stress among men and women in Nyeri County, Kenya. The target population were married Kikuyu men and women. Multi-stage sampling was used to select a sample of 392 participants constituted of 200 women and 192 men. Data was collected using questionnaires and focus group discussions. Quantitative data was analyzed using descriptive statistics while qualitative data was analyzed thematically. Results showed that 28% had symptoms of depression, 32% had symptoms of anxiety and 36% had symptoms of stress. The results extend our understanding of the psychological effects of the increasing prevalence of gender role reversal in marriage and recommend appropriate interventions to be put in place to mitigate the psychological effects.

Keywords: Gender role reversal; marriage; psychological; effects; stress; depression, anxiety.

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INTRODUCTION

Gender roles are the prescribed behaviors, attitudes and characteristics associated with one's gender status as a female or a male [1]. O'Neil [2] defines gender roles as the "behaviors, expectations, and role sets defined by society as masculine or feminine which are embodied in the behavior of the individual man or woman and culturally regarded as appropriate to males or females". Mahalik, Cournoyer, DeFranc, Cherry and Napolitano [3] identify gender roles as the behaviors that men and women enact congruent with the socially constructed ideals of masculinity and femininity.

The roles ascribed to the masculine and feminine gender are based on the different expectations that societies have of each gender according to that society's values and beliefs about gender [4]. In patriarchal societies, there is a distinct hierarchy and demarcation between the roles assigned to men and women which they are expected to conform to in marriage. A married man is expected to be the bona fide head of his family and consequently the primary provider and decision maker in his family [5] while a married woman's roles are home keeping and child care

[6]. This is the traditional model of male-breadwinner female home keeper.

Gender roles give identity to men and women, and they also provide meaning and guidance on how men and women are expected to live [7] especially in marriage. The roles are acquired through the process of socialization [8] beginning at the family level with parents as the primary socialization agents of society. Through this process, people internalize their roles and they are expected to conform to them. Through the socialization process, people are made aware and are continuously reminded of the negative consequences of violating their socially ascribed gender roles.

Despite the awareness of the consequences of violating the roles, studies have shown that gender roles have been changing globally. Bannon and Correia [9] observed that men's traditional role as providers has been eroded by "globalization, economic change, poverty and social change". On the same note, Silberschmidt [10, 11] posited that socioeconomic change in urban and rural East Africa has eroded men's roles and identities whereas those of women have been strengthened in some ways. These changes have led to a gender role reversal phenomenon in some families. In this study, gender role reversal was conceptualized as a

phenomenon that occurs when a spouse abdicates over 50% of his or her gender role related responsibilities to the other spouse, or performs over 50% of the other spouse's role related responsibilities in the family. Simply stated, gender role reversal occurs when a spouse fails to be the primary enactor of his/her socialized gender roles.

Gender role reversal violates the normative gender role expectations of society. Just as much as society expects married men and women to conform to their gender roles, men and women get into marriage with expectations of each other and in most cases, performance of gender roles tops the list of the expectations. In order to mitigate against the negative consequences of violating gender roles in marriage and consequently a reversal of the roles, the subject of gender roles in marriage is discussed with counsellors, psychologists and even pastors as part of premarital counselling. According to some of the men and women who seek premarital counselling services, one of the reasons for discussing the subject of gender roles before marriage is to avoid marital conflicts and other salient negative consequences that may arise from the violation of gender roles by spouses.

However, apart from the salient consequences, gender role reversal may contribute to negative psychological effects because it is incongruent with the internalized gender role beliefs about ones gender. The reversal is an affront to the gender identity of men and women and this may lead to low self-esteem and other negative effects on their mental health [7, 12-14]. Marcussen [7] argues that a person's self-esteem and mental health are boosted when that person perceives himself or herself as successfully enacting his or her ascribed gender roles. From the aforementioned, it is evident that conformity to the socially ascribed gender roles could mitigate against a range of negative psychological effects that could manifest through symptom of depression, anxiety and stress.

Past studies have identified several negative psychological effects of gender role reversal. El-Masri, Harvey and Garwood [15] study among Palestinian refugees in Lebanon, found that some women experienced stress while others lamented the loss of their traditional female-identity because of taking over male responsibilities. Some of the men lamented that role reversal had damaged their gender identity and self-esteem to the extent that some said that they did not feel like they were real men anymore. Moreover, many men experienced severe stress and feelings of powerlessness, frustration, anxiety and anger due to their inability to provide for their families. In Canada and Belgium, majority of the stay-at-home fathers in Doucet and Merla [16] study expressed sentiments of feeling like they were failed men. In Chesley [17] study in the United States of America, 43% of the female breadwinners (FBWs) reported they experienced stress

or pressure of bearing the sole responsibility for the financial health of the family, yet some of the husbands had not taken over some of housework and childcare responsibilities. One of the female breadwinners (FBWs) in the study expressed frustration of being under pressure to be a breadwinner in defiance of the cultural dictates to be a stay-at-home mother. Most of the mothers (52%) admitted they felt conflicted and guilty because of not being able to spend as much time with their children yet that was the role ascribed to mothers. O'Brien [18] explored the experiences of stay-at-home fathers (SAHFs) in Ireland, and found that fear and anxiety were the most commonly expressed emotions by majority of the participants.

In Africa, Hollander [19] study in the Democratic Republic of Congo (DRC) found that gender role reversal had eroded the self-esteem of men, they felt emasculated and useless in addition to being humiliated and mocked by their wives who referred to them as "wake-up-and eat" (p.159). This implied their value was only eating and sleeping. Other men believed and confessed that they were no longer men because they had lost the ability to perform their roles after the civil war destroyed their livelihoods [20]. Apart from suffering from low self-esteem, the narratives of men who have lost their roles to their wives may be indicators of depression, stress and anxiety. In a study conducted in six districts (now counties) namely, Nakuru, Kwale, Kiambu, Isiolo and Bungoma in Kenya, Amuyunzu-Nyamongo and Francis [21] found that in all the six districts many men believed that due to their inability to provide for their families, their wives are no longer as submissive to them as they were in the past.

Kathungu, Wasanga and Karega, [22] found that traditional gender role attitudes are prevalent in Nyeri County yet in 51% of the families with alcohol abusing married men, their responsibilities were performed by their wives. These findings were based on a sample that was small and drawn from alcohol users, families of alcohol users and key informants. However, the findings find support in Gichu [23] which established that the prevalence of reversal of the male roles of provider and decision making was at 48.2% and 48% respectively whereas the prevalence of reversal of the female roles of childcare and home keeping was at 7.7%. Despite this evidence, information about the psychological effects of gender role reversal among married men and women in the County is scarce. Therefore, the purpose of the current was to find out the psychological effects of gender role reversal among married men and women in Nyeri County limiting itself to depression, anxiety and stress.

The study was guided by the following objectives:

- To find out the prevalence of symptoms of depression among married men and women in gender role reversed marriages in Nyeri County
- To find out the prevalence of symptoms of anxiety among married men and women in gender role reversed marriages in Nyeri County.
- To find out the prevalence of symptoms of stress among married men and women in gender role reversed marriages in Nyeri County.

RESEARCH METHODOLOGY

A descriptive survey design was utilized to enable gathering of information on opinions, perceptions and behaviors using questionnaires and report the situation as it exists [24]. Survey design was used because this study sought to collect data from the population in order to determine the current status of that population [25] with respect to the psychological effects on married men and women. The target population were married Kikuyu men and women in rural Nyeri County. Data was collected from a sample of 392 participants (200 women and 192 men) using questionnaires and from 68 participants through 3 different focus group discussions for each gender. The study utilized multi-stage sampling technique to draw the study sample. Multi-stage sampling was used because it enabled the researcher to select a representative sample of households from the county using different sampling techniques. Nyeri County was purposively sampled. Simple random sampling was used to select 7 locations from the 3 sub-counties while stratified random sampling was used to select 16 sub-

locations which had a total of 14,124 households. A table of sample size determination in a known population which was developed by Krecjie and Morgan [26] was used to determine the total sample of households and consequently the study sample size. This gave a sample size of 373 households/participants. However, based on the accuracy of data, the margins of error associated with sampling and other random effects at 95% confidence level was kept at a maximum of +5% for a sample size of 373 households/participants. This yielded a sample of 392 households/participants from which a sample of 200 female and 192 male participants were drawn using simple random sampling. Proportional sampling was used to determine the number of household/participants from each sub-location.

Psychological effects of gender role reversal were assessed using DASS-21. This is self-report measure that was developed by Lovibond and Lovibond [27]. The scale has 21 items divided into three subscales of 7 items each and designed to screen for symptoms of depression, anxiety and stress.

RESULTS AND DISCUSSION

Findings on the prevalence of different levels of symptoms of depression, anxiety and stress.

1. Prevalence and Levels of Symptoms of Depression

The findings on prevalence of symptoms of depression are presented below:

Table 1: Levels of Symptoms of Depression

Levels of Depression	Male Percent	Female Percent	Total Percent
Normal	28.6%	26.5%	27.6%
Mild	19.3%	20.0%	19.6%
Moderate	29.7%	20.5%	25.0%
Severe	16.7%	23.5%	20.2%
Extremely severe	5.7%	9.5%	7.6%
Total	100%	100%	100%

Table 1 indicates that overall, 20.2 % and 7.6 % of the total number of participants had severe and extremely severe symptoms of depression respectively. For the males, 16.7 % had severe symptoms while 5.7% had extremely severe symptoms of depression. For the females, 23.5% had severe symptoms while 9.5% had extremely severe symptoms of depression. These findings suggest that 27.9% of all the married men and women, 22.4% of the married men and 33% of the married women in Nyeri County had symptoms of depression that would require counseling and other mental health interventions. The prevalence of severe and extremely severe symptoms of depression in married men and women was also confirmed in the focus group discussions.

A male participant had this to say:

Some men commit suicide. Yees! Because of lack of peace, self-devaluation and self-hatred. Yees! Because if I did not bring home any foodstuff for cooking then, when I realize that no food has been reserved for me, I will sleep hungry and the following day I will wake up and leave. So, when eventually you realize that no one in your family is empathizing with you, you just commit suicide. (Male Participant).

As inferred in the quote above, failure to provide may cost a man the respect that he deserves as the head of the family to the extent of being denied food. This makes him feel worthless, isolated, lonely and hated and of no value to the family. Depression may therefore occur when men lose their status which is hinged on their ability to provide for their families. This resonates with Silberschmidt [28, 29], Amuyunzu-Nyamongo and Francis [21], Barker and Ricardo [30],

Hollander [31] and Krabbe [32] findings that masculine identity is based on a man's ability to provide and so as observed by Doucet and Merla [16] some men feel like failed men. Dolan [33] found that most of the suicide attempts were related to the inability of men to meet the gendered expectations. Berg [34] similarly noted that men feel defeated and frustrated, they also lose hope and sense of meaning when they fail to meet the cultural expectations in regard to their family obligations and so they end up killing themselves. Men in role reversed families as indicated in the above quote may also commit suicide rather than live with the humiliations and shame of depending on their wives thus losing power over their wives.

Further, the findings suggest that although symptoms of depression were identified in both gender, levels that would require clinical interventions were more prevalent among women than men. The higher prevalence of depression among women than men could be attributed to the use of externalizing behaviors by men as opposed to women who use internalizing behaviors. Moreover, studies show that despite the rising prevalence of reversal of the male role of breadwinning [17, 35], reversal of female roles is minimal and even in stay-at-home father (SAHF) families, some responsibilities are still left to the women. Women may also get depressed when they get overburdened and overwhelmed with family responsibilities which deny them time to relax, socialize with other women and vent out the negative emotions. This is reflected in the following quote:

"As a woman, when you are overburdened with all family responsibilities, you can get depression" (Female Participant)

2. Levels of Symptoms of Anxiety

Table 2: Levels of Symptoms of Anxiety

Levels	Male Percent	Female Percent	Total Percent
Normal	27%	22.0%	25%
Mild	6%	4.5%	5%
Moderate	32%	44.0%	38%
Severe	16%	11.5%	13.7%
Extremely Severe	19%	18.0%	18.3%
Total	100%	100%	100%

Table 2 indicates that overall, 13.7% and 18.3% of the total number of participants had severe and extremely severe symptoms of anxiety respectively. For

the males, 16% had severe symptoms while 19% had extremely severe symptoms of anxiety. For the females, 11.5% had severe symptoms while 18.3% had extremely severe symptoms of anxiety. Based on these findings, 32% of married men and women, 35% of married men and 29.8% of married women in Nyeri County have symptoms of anxiety that would require interventions by mental health professionals. The prevalence of severe and extremely severe symptoms of anxiety in married men and women was also confirmed in the focus group discussions. Women are denied peace, joy and security of being in their homes even after a whole day struggle to earn money to enable them put food on the table for their families as exemplified in the following quote:

Where did the money come from? 'You are only good at prostitution. Otherwise where else would you get such money? You have suitors! (Niwombiruo!). Yees! You have suitors!' (Ee, niwombiruo!) (Female Participant).

Likewise, men suffer from anxiety when the home environment becomes hostile to them. For instance the fear of being sneered at and treated like a person who has no value (like an image) makes men avoid spending time at home. The quote below says it all:

Now, why would a man fail to go and take alcohol to avoid sitting at home to be sneered at because he is no longer recognized as the head of the family. These days, a husband is just an image in the family, but the home belongs to his wife. (Male Participant).

Similar findings are reflected in Amuyunzu-Nyamongo and Francis [21] who found that men went to the drinking dens because they felt isolated and disrespected in their homes by even children due to their inability to provide. Similarly, Silberschmidt [28, 29] findings show that men and women concurred that men drink to drown their problems and to forget that they cannot provide for their families. Moreover, the current study found that when men get emotionally crushed and defeated, they turn to alcohol to numb the feelings in order to be submissive to their wives. The consumption of alcohol in order to forget ones problems is echoed in past studies such as Sirera and Mwenje [36] who additionally found that some men consumed alcohol because it gave them some peace and happiness albeit short-lived

3. Levels of Symptoms Stress

Table 3: Levels of Stress

Levels	Male Percent	Female Percent	Total Percent
Normal	33%	29%	30.9%
Mild	8%	9.5%	8.9%
Moderate	28%	20%	24%
Severe	18%	25%	21.7%
Extremely severe	13%	16.5%	14.5%
Total	100%	100%	100.0%

Table 3 indicates that overall, 21.7% and 14.5% of the total number of participants had severe and extremely severe symptoms of stress respectively. For the males, 18% had severe symptoms while 13% had extremely severe symptoms of stress. For the females, 25% had severe symptoms while 16.5% had extremely severe symptoms of stress. Based on these findings, 36.2% of the married men and women, 31% of the married men and 41.5% of the married women in Nyeri County have symptoms of stress that would require prevention and follow up interventions by mental health professionals. The high levels of stress among married women could be attributed to the mental and physical strain of combining their roles with breadwinning and decision making yet the husbands have not proportionately taken up childcare and home keeping roles [17, 35, 23]. This leaves women with limited time to socialize with other women and release the tension as well as get encouragement from them. As established by Alanke, Adesina and Nwaobilia [37] study on female breadwinners in Nigeria-women get overstressed and lack sufficient personal time due to the family burden. The stress emanating from combining the roles was expressed in the focus group discussions as stated in the following excerpts:

That is why a woman beats up her husband. It is not because she likes it but it is because of stress after all the family responsibilities have been abdicated to her like paying school fees, buying clothes even for her husband, everything that is needed in the family. That is why a woman reaches a point of losing value for her husband. (Female Participant).

Men also suffer from stress as illustrated in the following response:

A man suffers from stress, mainly stress. Even, when they are walking on the road, you can tell they are sick, but since they cannot be listened to at home, they prefer to go out where they can be listened to because at home he has no say. (Male Participant).

Men in patriarchal cultures are socialized to be independent and in control of their families. However, in gender role reversed marriages, this is threatened and sometimes they lose it all to their wives. Consequently, they get stressed as evidenced in the findings of this study and as supported in the findings by El-Masri, Harvey and Garwood [15] which revealed that many men experience severe stress and feelings of powerlessness, low self-esteem, frustration, anxiety and anger due to their inability to provide for their families.

CONCLUSION

This study established that married men and women in gender role reversed marriages in Nyeri County suffer from symptoms of depression, anxiety and stress. About 27.9% of the married men and women, 22.4% of the married men and 33% of the married women had symptoms of depression that would

require interventions by mental health professionals. The findings suggest that although both married men and women had symptoms of depression, it was more prevalent among the women than men. Thirty two percent 32% of the married men and women, 35% of the married men and 29.8% of the married women had symptoms of anxiety that would require interventions by mental health professionals. On the other hand, 36.2% of the married men and women, 31% of the married men and 41.5% of the married women in had symptoms of stress that would require interventions by mental health professionals. These findings suggest the need for collaborative initiatives by the National and County government, counsellors, psychologists and other mental health professionals and community stakeholders to address the situation.

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