Counseling Stigma: A Gender Analysis of Mental Health Access in Higher Education

Andi Wahyu Irawan[1*] ⓘD, Hani Yulindrasari[1] ⓘD, Dwisona Dwisona[2]
[1]Universitas Pendidikan Indonesia Bandung, Indonesia.
[2]Universitas Mulawarman Samarinda, Indonesia.
✉andiwahyuirawan@upi.edu

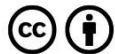ABSTRACT: Traditional gender roles have put psychological pressure on college students. The lack of gender-sensitive counseling services and studies in universities reinforces traditional gender roles. With this basis, this study aims to determine students' views on gender-sensitive counseling services. Qualitative research using semi-structured interviews was used to understand their perspectives deeply. Focus is given to formulating questions, aiming to address potential social biases that may hinder participants from providing honest information. Participants consisted of 4 guidance and counseling students (2 men and two women) who had not received lecture material on gender-sensitive counseling in a multicultural counseling course at one of the State Universities in Samarinda City. The results showed that there is an understanding of traditional gender roles, masculinity discourse in counseling services, and gender bias occurring in counselors can be obstacles in providing access to gender-sensitive mental health services. This research confirms the need to study and design gender-sensitive counseling services to access more inclusive mental health services in higher education.

INTRODUCTION

Gender plays a role in mental health issues through rigid social expectations of the roles of men and women (Bhati, 2014; Mayer, 2016). In the context of gender, social structures that place men in positions of more power tend to lead to discrimination and exploitation of women, which ultimately affects the mental health of both (Mayer, 2016; Wingood & DiClemente, 2002).

Gender roles and societal expectations impact an individual's mental health (Heise et al., 2019; Riecher-Rossler, 2017). Studies have shown that individuals who feel bound by narrow gender norms tend to experience psychological distress (Hallers-Haalboom et al., 2020; van den Houdt et al., 2024). Narrow and rigid gender norms, such as the assumption that women must obey and depend on men, must sacrifice for loved ones and have non-transferable childcare obligations. As for men, traditional gender constructions require men to be assertive, courageous, independent, dominant, competitive, and good at making decisions (Haines et al., 2016). These norms affect an individual's mental health; for example, masculine and feminine norms have significant lifelong health consequences and risks for both boys and girls (King et al., 2021), and non-compliance and violation of gender norms can adversely affect health in particular if those norms trigger negative sanctions (Weber et al., 2019). The elimination or change of unhealthy gender norms can play an essential role in reducing mental distress and improving an individual's psychological well-being.

Gender-sensitive counseling is essential in higher education because academic environments are often places where gender norms and social expectations of gender roles can become highly pronounced (Ferber, 2014). In his article entitled With So Many Problems, Where Do We Begin?, Feber, Explains how the practice of injustice that occurs to women (be it lecturers, staff, or students) in universities who are faced with vulnerability to sexual harassment, bullying, and incivility, as well as lack of family-friendly policies and fair distribution of services and mentoring. By seeking gender sensitivity counseling, women can help overcome barriers to gender-biased social norms and create a supportive environment that encourages their success.

Students, with their diverse backgrounds and personal experiences, are at the forefront of confronting and navigating gender dynamics in their academic lives and accessing mental health services (Muñoz & Maldonado, 2012). They experience first-hand the impact of gender norms and, as a result, have a unique and valuable perspective on the needs and challenges associated with mental health services in higher education (Sanchez-Lopez Mdel et al., 2012).

Even so critical, studies of gender-sensitive counseling in universities are still limited. The development of gender-sensitive counseling research has been dominated by the family context (Hasanah & Hanifuddin, 2021) and gender identity (Mizock & Lundquist, 2016; Rungreangkulkij et al., 2021; Smart, 2010). Given the importance and limitations of studies on gender-sensitive counseling in universities, it is also important to consider students' views and experiences regarding this service.

Literature Review

Social roles based on gender have a significant impact on mental health, influenced by power disparities (Wingood & DiClemente, 2002), distribution of responsibilities (Delgado-Herrera et al., 2024), and societal expectations regarding individual characteristics based on gender (Courtenay, 2000). These gender norms and expectations result in a range of consequences on mental health (Heise et al., 2019), where women often experience disproportionate impacts due to systemic and social factors embedded in society. Women are generally faced with expectations of women's roles in parenting and emotional labor (Thébaud et al., 2019). Conflict in balancing academic demands and external responsibilities often triggers anxiety, depression, and a variety of other mental health problems (Danielsson et al., 2011). In particular, female students who challenge gender norms— whether by pursuing studies in male-dominant fields or by ambitious leadership positions—may experience additional stress that impacts their mental health (Mulvey & Killen, 2015).

Men often face unique challenges resulting from rigid gender norms and expectations. Dominant social norms encourage men to display strength, independence, and fortitude, often at the sacrifice of emotional expression and vulnerability (King et al., 2021). This pressure is rooted in a conception of masculinity that associates men with dominance, competition and stifled emotions, which indirectly drives stigma against seeking help for mental health issues (Pattyn et al., 2015).

Analysis of the literature revealed a complex interplay between gender and mental health, highlighting how rigid gender expectations and norms significantly affect individuals' psychological well-being (Barili et al., 2023; Eisenchlas, 2013; Heise et al., 2019; Wong et al., 2017). This review focuses on the negative impact of gender stereotypes on both genders. Women can experience pressure due to passive expectations and dependence, while men face pressure to be independent, strong, and not emotional. Binary perspectives on gender not only limit an individual's self-expression but also potentially exacerbate mental health problems such as depression and anxiety.

The review emphasizes the importance of gender-sensitive counseling (Joshi, 2015), criticizing conventional counseling practices that often ignore the effect of gender differentiation on mental health (Jun, 2018). Various literature shows that university counseling services rarely use a gender perspective (Francis & Horn, 2017; Getachew, 2019; Perez, 2010). The need for a counseling approach based on a comprehensive understanding of gender as a continuum is defined as the key to effectively meeting students' mental health needs.

Rationale of the Study

The reasoning behind the study is rooted in the observed gap between students' mental health needs and the services provided by academic institutions. A significant criticism of the existing system lies in its lack of a gender-sensitive approach, which exposes a failure to acknowledge and address how gender identity and associated social expectations can influence mental health problems. Lacking gender-sensitive approaches within existing counseling frameworks, it often fails to consider how gender identity and expectations can affect mental health issues (Pattyn et al., 2015). The research is motivated by a desire to bridge this gap by offering a more diverse understanding of mental health that includes gender as a core analysis component.

Aim

This study aimed to explore students' perspectives on gender-sensitive counseling services. This involves understanding how students perceive these services and their awareness and access to them for effective and inclusive mental health services.

METHODS

Design

In this qualitative research design, the researchers focused on students' views on gender-sensitive counseling. A semi-structured approach was adopted in interviews with participants to gain a deeper understanding of their perspectives (Blandford, 2013; Kallio et al., 2016).

Participants

Participants consisted of 4 students of the Guidance and Counseling study program (2 men and two women) who had not received lecture material on gender-sensitive counseling in a multicultural counseling course at one of the State Universities in Samarinda City. Lecturers from the study program are asked to recommend that participants be involved in research. Participants are then contacted and given directions. The participant's name is written initials: Zahra (Female), Taufik (Male), Fitri (Female), and Noval (Male).

Data Collection Techniques

The semi-structured interviews were designed to examine literature addressing gender sensitivity and gender counseling (Adeoye-Olatunde & Olenik, 2021). Focus is given to formulating questions, aiming to address potential social biases that may hinder individuals from providing honest information and appropriate responses, especially in the context of topics surrounding gender (Bergen & Labonté, 2020; Roulston & Shelton, 2015). For example, instead of asking participants: "would you approve of men taking counseling sessions with female counselors?" questions such as: "How was your experience as a male student attending counseling sessions, and to what extent did you feel supported?" and "What were your responses to students taking part in counseling sessions? Do you think certain factors could influence their experience in the counseling process?"

Before starting the interview, participants were briefed, including relevant guidance and information. After obtaining consent from the participants, researchers begin the interview recording process. Each participant was interviewed for a different duration, an average of 60 minutes.

Data Analysis

Interview recordings are transcribed using a transcript.id application and uploaded to NVivo 12 software. The data is then analyzed for its contents. Content analysis is used as a data reduction technique to understand the large volume of qualitative data collected (Patton & Haynes, 2014). The data is analyzed by the researcher by following the steps (Patton, 2014): (a) the researcher reads the

dataset to develop a general understanding of the data, (b) the research team discusses general understanding, (b) essential opinions are given coding in nvivo with a total of 82 codes appearing, (c) categories are formed based on interrelated codes, (d) after discussion and revision with the research team, three categories are determined to be explained, interpreted, and supported by direct quotes in the research results section.

RESULTS AND DISCUSSION
Results

All participants had never attended counseling provided by the college. In addition, participants considered that counseling services on campus were not actively socializing students about what services were provided. Therefore, researchers focused on participants' experiences when counseling services were provided at their schools and how those services were essential in college.

Understanding Traditional Gender Roles

The study findings showed that participants had an understanding of traditional gender roles. They associate gender primarily with biological differences between men and women. When asked about the difference between men and women, participants answered with the view of traditional gender roles. Namely, men tend to be leaders, anger overflows faster and more robust, while women tend to be gentle and always followers. As stated by participant Zahra;

> "…The man's anger boiled over faster. Also, they are physically tougher and stronger. That is why women and men are distinguished…"

Zahra holds the view that gender is related to sex and biological function, suggesting that the concept of gender is closely associated with physical differences between men and women.
In addition, participants described differences between men and women based on gender stereotypes. Men are identified as tough and strong and tend to have faster anger. Meanwhile, women were identified with meekness and follower roles. As Zahra said;

> "…Women are usually more accepting and follow the decisions of the class president (male class president) …"

This fact suggests that participants' perceptions of gender differences are reflected in traditional concepts of how men and women should behave. An environment that maintains these traditional gender norms and a patriarchal culture (Nadarsyah & Priyanto, 2023) is included in the locus of research. The environment and the media also play a vital role in influencing participants' views (Wagner, 2019); for example, when participants were asked about where information about men should come from Korean dramas and videos on YouTube that practices traditional gender roles.

Zahra's opinion is reinforced by Taufik's views on her understanding of gender. Taufik argues that gender is related to differences between men and women without explaining the differences in the social roles of men and women. Taufik conveyed;

> "…Gender is related to men and women, which means there are sex differences…"

Taufik also has a traditional view, associating gender with differences between men and women without detailing social roles. That is, Taufik is more likely to see gender from a biological perspective and behavior that is considered the norm based on sex. When asked further how important gender issues are in his life, Taufik replied;

"…The difference between men and women is natural and has existed since birth. We must respect and accept those differences…"

The lack of explanation of social roles shows that Taufik does not discuss roles that can be accessed or expected by men and women in society and universities. These findings suggest that college students, as reflected in participants' responses, have a traditionally biased and stereotypical understanding of gender issues. The fact of this finding shows the low understanding of students about gender issues.

Discourse on Masculinity in Counseling Services

These findings show different perspectives between male and female participants regarding counseling services. Noval and Taufik participants both viewed attending counseling services as a form of male weakness. Zahra and Fitri, on the other hand, consider that engaging in counseling is only for naughty and troubled people.

Negative stigma about counseling interacts with masculinity discourses that see counseling services as corrective services for weak groups that can prevent college students, especially male students, from accessing counseling. When counseling services are considered corrective services, especially for men, as stated by Zahra, the following;

"…Usually, those who enter the guidance and counseling room are naughty children. Usually, it is identical to males. If it is a girl, it is usually calm (it is not considered naughty) …"

Then, a stigma will be attached to male students who use counseling services. The stigma is quite sensitive for men because it is related to their masculine identity, as revealed by Noval below;

"…As a man, I am embarrassed when I go to counseling because it usually shows my weaknesses as a man, especially if the counselor is a woman…"

The concept of masculinity that emphasizes physical and mental strength and independence as markers makes men hesitant to access counseling services, as conveyed by Noval. This leaves male college students vulnerable to mental health vulnerability (Agochukwu & Wittmann, 2019). Agochukwu and Wittmann's research also showed that counselors or psychologists are more likely to detect mental health in women than men. Another study shows how healthcare providers do not spend much time dealing with men's health problems (Bartlett, 2000). As a result, men are less informed about their health status and have less advice on how behaviors can negatively impact and how they can perform behaviors that can improve their health.

If analyzed from Noval's point of view, it is clear how negative stigma related to counseling and the dominant masculinity discourse has the potential to hinder students, especially men, access to counseling services. This stigma is rooted in traditional views of masculinity, where strength, independence, and mental resilience are seen as key attributes. Counseling services, as a result, are perceived as only for those who are "weak" or have problems, thus creating embarrassment for men considering seeking help.

The participants' views in this study show how gender norms and different social expectations for men and women influence perceptions of counseling. For men like Noval and Taufik, there is a strong stigma linking counseling to weakness. Taufik conveyed;

> "…We were raised that a man should be able to solve his problems without outside help…"

In the context of masculinity, men are taught to emphasize strength, independence, and mental resilience. Seeking help, including counseling, is often seen as contrary to these norms because it is interpreted as an acknowledgment of vulnerability or the need for external support. This creates embarrassment or reluctance for some men to access counseling services, worried that it will expose them as less masculine or muscular.

On the other hand, female participants Zahra and Fitri associated counseling with delinquent or problematic behavior, expressing the view that counseling is for those who cannot self-regulate or who have serious problems, which they say identify with men.

Counselor Gender Bias

The sensitivity of counselors about gender issues affects the counseling services students receive. Attitudes that tend to be biased from counselors make students reluctant to consult with counselors. The gender bias found in this study is the tendency of *victim blaming* victims of sexual violence that occurs in students and also masculinity bias that considers men do not need psychological help;

> ''…Victim blaming happened to Fitri, as explained below, "When I was sexually assaulted, I felt devastated and scared. When I tried to report the incident to the counselor at the institution, the response I received was disappointing. They gave advice that looked more like blaming me for the clothes I was wearing than providing support. It is tough to face this situation and get fair treatment…"

Victim blaming is the act of blaming victims for crimes or acts of violence they experience (Davies, 2018). In the context of sexual violence, this often manifests in the form of questions or comments that imply that the victim, through her actions, dress, or behavior, has a role in triggering or bringing the violence upon her (Landström et al., 2015). Victim blaming is closely related to gender issues because it is often rooted in gender stereotypes and social norms that discriminate based on sex (Eigenberg & Policastro, 2015).

In Fitri's case, the counselor's response blaming the clothes worn as a factor causing sexual harassment showed deep gender bias. Such attitudes not only demonstrate a lack of understanding of power dynamics and sexual violence but also reinforce dangerous and patriarchal social norms that hold women responsible for acts of violence. In addition, it reflects the misconception that sexual violence is about sexual attraction and not about power, control, or the desire to dominate.

Fitri's experience shows that counselors do not know gender and sexual violence. Fitri felt disappointed with the response of the counselor at the institution because instead of providing support and severe treatment of sexual violence, Fitri felt blamed for the clothes used. This shows a lack of empathy and a lack of awareness towards the serious problem of sexual harassment. Fitri's experience also shows that counselors' insensitivity prevents students from seeking mental health help when needed.

Fitri's story of being unfairly acted made Fitri aware of the importance of counseling services that can be accommodated by every identity as a woman should be understood. With this experience, he believes that university counseling services are essential to provide an inclusive space for every identity.

In addition to Fitri's case, masculinity bias occurred in Taufik. About three years ago, Taufik attended counseling at his school. Instead of finding a solution to the problem he was experiencing,

Taufik was advised that he should be much better than his friends because he was the only man. Taufik narrated;

> "...The guidance and counseling teacher at my school used to advise me. However, it makes me feel burdened. He told me that I was the only son, which should be the family's hope. Even though at that time, I skipped class because I was uncomfortable with lessons at school. I wanted to be an artist and create a band, but no one supported me..."

When asked what lessons could be drawn from his story, TP replied;

> "...From here, I realized that being a man has many burdens. I would choose to be a woman if I could be a woman. I need someone who can understand my condition as a man who is not completely burdened too much..."

Taufik's experience shows that gender bias does not only occur to students but also to students. In the context of Fitri and Taufik's case, gender stereotypes believed by counselors affect their services to students. Counsellors are judged based on their gender affiliation. Instead of understanding the psychological burden that the counselor is going through, counselors tend to correct counseling based on the gender constructs they believe in. The counselor demanded that Fitri take care of herself as a woman and that Taufik be strong and ignore her emotions.

Taufik felt discomfort with school lessons and dreamed of becoming an artist and forming a band. However, his inability to get support from the environment made him feel hampered in pursuing his dreams. Taufik admits that being a man carries many burdens and expectations that sometimes do not match his desires and talents.

Fitri and Taufik's experience shows that the counselor's gender stereotypes and beliefs show their counseling approach to counseling. In Fitri and Taufik's case, the counselor's gender beliefs have overridden the client's psychological well-being needs. For this reason, these two experiences show the importance of a counselor's gender sensitivity and responsiveness.

Discussion

From the data and findings described above, it is known that student access to counseling services is influenced by interacting gender biases, both by students and by counselors. Student views on counseling are not gender-neutral. For men, counseling is seen as a weakness or failure. At the same time, this does not happen to women. This double standard in counseling hinders men's access to counseling services. In traditional gender discourse, men must be able to separate their emotions and rationality.

The demand for rationality, in many cases, has led men to neglect their emotions and mental health needs (Williams et al., 2014). This hurts men's mental health. According to the World Health Organization (WHO), depressive disorders are a major contributor to the world's health burden; the disease affects approximately 350 million people worldwide (Marcus et al., 2012). Women are almost twice as likely to suffer from mental illness as men (Organization, 2015).

Men's barriers to accessing counseling not only come from themselves but also from stereotypical counselor attitudes that then make students feel the need to ignore their emotions and mental health needs. Unlike men, women who access counseling are considered customary and reasonable. Nevertheless, gender stereotypes also affect the services it receives. As with men, counselors have expectations and gender standards that are applied to counselors unilaterally. Social prejudices related to gender then put the counselors of women who experience sexual violence cornered because they are considered not to meet traditional gender demands.

The occurrence of victim blaming in participants shows that this phenomenon is often driven by gender stereotypes and social norms (Halicki et al., 2023). Social norms that discriminate based on sex often support the view that victims of sexual violence have responsibility for their crimes (Landström et al., 2015). This can include the belief that women should take specific steps to protect themselves from sexual harassment or violence, while the responsibility of perpetrators is often minimized or ignored. Studies have shown that victim blaming causes mental health (Halicki et al., 2023; McCracken et al., 2015).

The experiences of participants experiencing victim blaming by counselors, expectations of masculinity in men, and traditional gender roles show how gender-related social constructs often shape how individuals (participants and counselors) view mental health and access to counseling services. Men, who are often driven by social norms to display strength and independence, feel that seeking psychological help is a sign of weakness, as conveyed by male participants. This contributes to stigma and barriers to seeking mental health support. On the other hand, female participants were more open to seeking mental health help. However, they also faced challenges, including gender stereotypes and expectations that could influence the type of support they received. The implication of this phenomenon is exclusive and limited access to mental health services.

Overcoming exclusive and limited mental isolation services and gender-sensitive counseling in the college environment is essential. Gender-sensitive counseling can overcome stigma related to masculinity (Beel et al., 2018), understand gender diversity in higher education (Kikinezhdi et al., 2019; Niemi, 2020), support equal access for male and female students (Joshi, 2015) raising awareness and education on gender issues (Halo, 2021), and build an inclusive environment where every student feels supported and valued, regardless of gender (Erdmann et al., 2023). Thus, gender-sensitive counseling can create an atmosphere that supports mental health and positive growth among college students.

Implication

This study emphasizes that exclusive and limited access to mental health services due to an understanding of traditional gender roles, stigma related to masculinity, and gender bias from counselors can be overcome with gender-sensitive counseling approaches. A more holistic approach to gender is needed, as well as better training for counselors to create a counseling environment that supports students' mental health. This research confirms the need to study and design gender-sensitive counseling services to access more inclusive mental health services in higher education.

Limitations and Recommendations

The main limitation lies in the study's relatively small and specific subject matter (4 guidance and counseling students). In addition, this study focuses on one university in Samarinda City, which has not fully reflected conditions in other universities. Therefore, researchers are further expected to conduct research with a more complex number of research subjects representing various backgrounds. Further researchers are also expected to conduct more specific studies in the form of developing and training college counselors in gender-sensitive counseling to ensure that counseling services can reach all students without bias.

CONCLUSION

The importance of gender-sensitive counseling in higher education. Understanding traditional gender roles, the presence of discourses of masculinity in counseling services, and gender biases carried out by counselors can be obstacles in providing gender-sensitive mental health services. A more holistic approach to the concept of gender is needed, as well as better training for counselors to create a counseling environment that supports students' mental health. This research emphasizes

the need for gender-sensitive study and design of counseling services to access more inclusive mental health services in higher education.

REFERENCES

Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy*, *4*(10), 1358–1367. https://doi.org/10.1002/jac5.1441

Agochukwu, N. Q., & Wittmann, D. (2019). Stress, Depression, Mental Illness, and Men's Health. In *Effects of Lifestyle on Men's Health* (pp. 207-221). https://doi.org/10.1016/b978-0-12-816665-9.00010-x

Barili, E., Grembi, V., & Rosso, A. C. (2023). Mental health between present issues and future expectations. *Health Policy*, *128*, 42–48. https://doi.org/10.1016/j.healthpol.2022.11.010

Bartlett, E. E. (2000). NCQA gender-specific standards: is there a place for men's health? *Managed Care Quarterly*, *8*(4), 47–51. Google Scholar

Beel, N., Jeffries, C., Brownlow, C., Winterbotham, S., & du Preez, J. (2018). Recommendations for male-friendly individual counseling with men: A qualitative systematic literature review for the period 1995–2016. *Psychology of Men & Masculinity*, *19*(4), 600-611. https://doi.org/10.1037/men0000137

Bergen, N., & Labonté, R. (2020). Everything is perfect, and we have no problems": detecting and limiting social desirability bias in qualitative research. *Qualitative Health Research*, *30*(5), 783–792. https://doi.org/10.1177/1049732319889354

Bhati, K. S. (2014). Effect of client-therapist gender match on the therapeutic relationship: an exploratory analysis. *Psychol Rep*, *115*(2), 565-583. https://doi.org/10.2466/21.02.PR0.115c23z1

Blandford, A. E. (2013). *Semi-structured qualitative studies*. Interaction Design Foundation.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*, *50*(10), 1385–1401. https://doi.org/10.1016/S0277-9536(99)00390-1

Danielsson, U. E., Bengs, C., Samuelsson, E., & Johansson, E. E. (2011). My greatest dream is to be normal": the impact of gender on the depression narratives of young Swedish men and women. *Qualitative Health Research*, *21*(5), 612–624. https://doi.org/10.1177/1049732310391272

Davies, P. (2018). Victimology. In *The Routledge Companion to Criminological Theory and Concepts* (pp. 406-410). https://doi.org/10.4324/9781315744902-90

Delgado-Herrera, M., Aceves-Gómez, A. C., & Reyes-Aguilar, A. (2024). Relationship between gender roles, motherhood beliefs and mental health. *PloS one*, *19*(3), 0298750. https://doi.org/10.1371/journal.pone.0298750

Eigenberg, H., & Policastro, C. (2015). Blaming Victims in Cases of Interpersonal Violence: Attitudes Associated With Assigning Blame to Female Victims. *Women & Criminal Justice*, *26*(1), 37-54. https://doi.org/10.1080/08974454.2014.997417

Eisenchlas, S. A. (2013). Gender roles and expectations: Any changes online? *SAGE Open*, *3*(4), 2158244013506446. https://doi.org/10.1177/2158244013506446

Erdmann, M., Marques Hill, A., Helbig, M., & Leuze, K. (2023). Do women's empowerment and self-expression values change adolescents' gendered occupational expectations? Longitudinal evidence against the gender-equality paradox from 26 European countries. *Front Sociol*, *8*, 1175651. https://doi.org/10.3389/fsoc.2023.1175651

Ferber, A. L. (2014). With so Many Problems, Where Do We Begin?: Building a Toolbox for Change. In *In Disrupting the Culture of Silence* (pp. 303-318). Routledge.

Francis, P. C., & Horn, A. S. (2017). Mental health issues and counseling services in US higher education: An overview of recent research and recommended practices. *Higher Education Policy*, *30*, 263–277. https://doi.org/10.1057/s41307-016-0036-2

Getachew, A. (2019). Assessment of psychological counseling service for higher education institution students. *International Journal of Education and Literacy Studies*, *7*(4), 53–61. https://doi.org/10.7575/aiac.ijels.v.7n.4p.53

Haines, E. L., Deaux, K., & Lofaro, N. (2016). The Times They Are a-Changing … or Are They Not? A Comparison of Gender Stereotypes, 1983–2014. *Psychology of Women Quarterly*, *40*(3), 353-363. https://doi.org/10.1177/0361684316634081

Halicki, K. T., Hauser, R., & Wanke, M. (2023). When she is Standing Left, she Might be Blamed. Responsibility Attribution for Sexualized Violence Moderated by Rape Myth Acceptance and Benevolent Sexism. *Violence Against Women*, *29*(2), 300-320. https://doi.org/10.1177/10778012221108420

Hallers-Haalboom, E. T., Maas, J., Kunst, L. E., & Bekker, M. H. J. (2020). The role of sex and gender in anxiety disorders: Being scared "like a girl"? *Handb Clin Neurol*, *175*, 359-368. https://doi.org/10.1016/B978-0-444-64123-6.00024-2

Halo, D., Mrhálek, T., & Kajanová, A. . (2021). Feminist and Gender-Sensitive Psychotherapy: Social Construction of Mental Health. . *E-psychologie,*, *1*(13).

Hasanah, A. F., & Hanifuddin, I. (2021). Keadilan Gender dalam Undang-Undang Tenaga Kerja di Indonesia. *IJoIS: Indonesian Journal of Islamic Studies*, *2*(2), 475-486. https://doi.org/10.59525/ijois.v2i2.61

Heise, L., Greene, M. E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., Zewdie, D., Gender Equality, N., & Health Steering, C. (2019). Gender inequality and restrictive gender norms: framing the challenges to health. *Lancet*, *393*(10189), 2440-2454. https://doi.org/10.1016/S0140-6736(19)30652-X

Joshi, A. (2015). Need for gender sensitive counselling interventions in India. *Psychological Studies*, *60*, 346–355. https://doi.org/10.1007/s12646-015-0317-7

Jun, H. (2018). *Social justice, multicultural counseling, and practice: Beyond a conventional approach*. Springer. https://doi.org/10.1007/978-3-319-72514-7

Kallio, H., Pietila, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *J Adv Nurs*, *72*(12), 2954-2965. https://doi.org/10.1111/jan.13031

Kikinezhdi, O., Kiz, O., & Shulha, I. (2019). Gender-Sensitive University as a Subject of Social Interaction in the Territorial Community. *Social work and education*, *6*(2), 144-153. https://doi.org/10.25128/2520-6230.19.2.3

King, K., Rice, S., Schlichthorst, M., Chondros, P., & Pirkis, J. (2021). Gender norms and the wellbeing of girls and boys. *Lancet Glob Health*, *9*(4), e398. https://doi.org/10.1016/S2214-109X(20)30551-9

Landström, S., Strömwall, L. A., & Alfredsson, H. (2015). Blame attributions in sexual crimes: Effects of belief in a just world and victim behavior. *Nordic Psychology*, *68*(1), 2-11. https://doi.org/10.1080/19012276.2015.1026921

Marcus, M., Yasamy, M. T., van Ommeren, M., Chisholm, D., & Saxena, S. (2012). Depression: A global public health concern. https://psycnet.apa.org/doi/10.1037/e517532013-004

Mayer, L. S., & McHugh, P. R. . (2016). Sexuality and gender: Findings from the biological, psychological, and social sciences. *The New Atlantis*.

McCracken, E. W., Plogher, T. J., & Stevenson, M. C. (2015). Rape victim stigmatization: Consequences of being perceived as mentally ill. In *Sexual Harassment and Sex Offenders: Patterns, Coping Strategies of Victims and Psychological Implications* (pp. 23–38).

Mizock, L., & Lundquist, C. (2016). Missteps in psychotherapy with transgender clients: promoting gender sensitivity in counseling and psychological practice. *Psychology of Sexual Orientation and Gender Diversity*, *3*(2), 148. https://psycnet.apa.org/doi/10.1037/sgd0000177

Mulvey, K. L., & Killen, M. (2015). Challenging gender stereotypes: resistance and exclusion. *Child Dev*, *86*(3), 681-694. https://doi.org/10.1111/cdev.12317

Muñoz, S. M., & Maldonado, M. M. (2012). Counterstories of college persistence by undocumented Mexicana students: navigating race, class, gender, and legal status. *International Journal of Qualitative Studies in Education*, *25*(3), 293-315. https://doi.org/10.1080/09518398.2010.529850

Nadarsyah, N. N., & Priyanto, H. P. (2023). In Cultural Perspective. In *Handbook of Research on Diversity and Gender Differences in Spiritual Experiences* (pp. 63-74). https://doi.org/10.4018/978-1-6684-6826-5.ch004

Niemi, N. S., & Weaver-Hightower, M. B. (Eds.). (2020). *The Wiley handbook of gender equity in higher education*. John Wiley & Sons. Google Scholar

Organization, W. H. (2015). *Update of the Mental Health Gap Action Programme (mhGAP) guidelines for mental, neurological and substance use disorders, 2015*. World Health Organization.

Patton. (2014). *Qualitative research & evaluation methods: Integrating theory and practice*. Sage publications. Google Scholar

Patton, L. D., & Haynes, C. M. (2014). Using Critical Interpretive Lenses to Examine Glass Ceiling Effects Through Qualitative Research. *New Directions for Institutional Research*, *2013*(159), 25-35. https://doi.org/10.1002/ir.20051

Pattyn, E., Verhaeghe, M., & Bracke, P. (2015). The gender gap in mental health service use. *Soc Psychiatry Psychiatr Epidemiol*, *50*(7), 1089-1095. https://doi.org/10.1007/s00127-015-1038-x

Perez, W. (2010). Higher education access for undocumented students: Recommendations for counseling professionals.

Riecher-Rossler, A. (2017). Sex and gender differences in mental disorders. *Lancet Psychiatry*, *4*(1), 8-9. https://doi.org/10.1016/S2215-0366(16)30348-0

Roulston, K., & Shelton, S. A. (2015). Reconceptualizing bias in teaching qualitative research methods. *Qualitative Inquiry*, *21*(4), 332–342. https://doi.org/10.1177/1077800414563803

Rungreangkulkij, S., Kaewjanta, N., Kotnara, I., & Saithanu, K. (2021). Voices of Thai Women Who Received Gender-Sensitive Empowerment Counseling. *Journal of International Women's Studies*, *22*(1), 330–340.

Sanchez-Lopez Mdel, P., Cuellar-Flores, I., & Dresch, V. (2012). The impact of gender roles on health. *Women Health*, *52*(2), 182-196. https://doi.org/10.1080/03630242.2011.652352

Smart, R. (2010). Counseling competencies with women: Understanding gender in the context of multiple dimensions of identity. In *Handbook of Multicultural Counseling Competencies* (pp. 475–512). Google Scholar

Thébaud, S., Kornrich, S., & Ruppanner, L. (2019). Good Housekeeping, Great Expectations: Gender and Housework Norms. *Sociological Methods & Research*, *50*(3), 1186-1214. https://doi.org/10.1177/0049124119852395

van den Houdt, S. C. M., Mommersteeg, P. M. C., Widdershoven, J., & Kupper, N. (2024). Sex and Gender Differences in Psychosocial Risk Profiles Among Patients with Coronary Heart Disease - the THORESCI-Gender Study. *Int J Behav Med*, *31*(1), 130-144. https://doi.org/10.1007/s12529-023-10170-5

Wagner, M. C. (2019). Género de periodistas e influencia: efectos sobre la gravedad percibida del acoso sexual. *Cuadernos.info*, *44*(44), 43-59. https://doi.org/10.7764/cdi.44.1631

Weber, A. M., Cislaghi, B., Meausoone, V., Abdalla, S., Mejia-Guevara, I., Loftus, P., Hallgren, E., Seff, I., Stark, L., Victora, C. G., Buffarini, R., Barros, A. J. D., Domingue, B. W., Bhushan, D., Gupta, R., Nagata, J. M., Shakya, H. B., Richter, L. M., Norris, S. A., . . . Health Steering, C. (2019). Gender

norms and health: insights from global survey data. *Lancet*, *393*(10189), 2455-2468. https://doi.org/10.1016/S0140-6736(19)30765-2

Williams, J., Stephenson, D., & Keating, F. (2014). A tapestry of oppression. *Psychologist*, *27*(6), 406–409. Google Scholar

Wingood, G., & DiClemente, R. (2002). *The theory of gender and power. Emerging Theories in Health Promotion Practice and Research: Strategies for Improving Public Health*. Jossey-Bass. Google Scholar

Wong, Y. J., Ho, M. H. R., Wang, S. Y., & Miller, I. S. (2017). Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. *Journal of Counseling Psychology*, *64*(1), 80. https://psycnet.apa.org/doi/10.1037/cou0000176