

ORIGINAL RESEARCH

Men's mental health in context: gendered pathways linking early-life hardships to adult depression and life satisfaction compared with women

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Abstract

Background: Early-life hardships and traumatic events are strong predictors of adult mental health. Yet little is known about how these experiences shape men's mental health compared with women's in East Asia, where rapid social change and entrenched gender norms intersect. This study focuses on men's vulnerabilities to acute, identity-disrupting hardships such as parental bereavement and school dropout, versus women's greater exposure to chronic relational adversities including poverty and caregiving instability. **Methods:** Using 12 waves (2011–2022) of the Korean Welfare Panel Study (KoWePS, N = 8658), random-effects panel regressions estimated the long-term effects of five early-life hardships—parental death, parental divorce, school dropout, kinship caregiving, and extreme poverty—on adult life satisfaction and depression, controlling for income, marital status, alcohol use, and residence. **Results:** School dropout was a major turning point undermining men's role identity, while extreme poverty and parental divorce more strongly predicted women's depression. Kinship caregiving affected both genders, revealing partial convergence in vulnerability. **Conclusions:** Men's cumulative disadvantage arises mainly from acute, identity-threatening hardships, whereas women's vulnerability builds through chronic adversity. Findings highlight the need for trauma-informed, gender-sensitive mental health interventions that recognize men's often hidden but severe risks.

Keywords

Men's mental health; Early-life hardships; Traumatic events; Gender differences; Life course perspective; Depression; Cumulative disadvantage

1. Introduction

Men's mental health has emerged as a critical yet understudied domain, marked by distinctive vulnerabilities such as elevated suicide rates, lower help-seeking behaviors, and culturally reinforced patterns of emotional suppression [1, 2]. Although women consistently report higher prevalence of depression, men disproportionately die by suicide and often present with externalizing behaviors, substance misuse, or social withdrawal rather than clinically recognized affective symptoms [3]. These disparities underscore the importance of investigating how early-life adversities uniquely shape men's long-term psychological trajectories while explicitly comparing outcomes with women [4, 5].

Early-life hardships, often conceptualized as stressful or traumatic events occurring before the age of eighteen—including parental loss, economic deprivation, and unstable caregiving—have emerged as central predictors of adult health and well-being across epidemiological, psychological, and sociological research. While the original Centers for Disease Control and Prevention (CDC)-Kaiser framework

of Adverse Childhood Experiences (ACEs) emphasized ten well-established categories (abuse, neglect, and household dysfunction), many studies have extended this scope to include socioeconomic and contextual adversities. In this broader sense, early-life hardships are now recognized as key determinants of long-term mental health. Meta-analyses demonstrate that such hardships significantly elevate the risk of depression, anxiety, suicidality, and diminished life satisfaction across diverse populations and settings [6–8]. For instance, a large-scale European study found that individuals exposed to four or more early-life hardships were over three times as likely to develop depressive disorders in adulthood [9]. Parallel findings have been reported in cohort studies from North America, Scandinavia, and East Asia [10, 11].

The effects of these adversities are both immediate and cumulative, unfolding across the life course through disrupted developmental pathways and constrained socioeconomic opportunities. The life course perspective and the theory of cumulative disadvantage provide a critical framework for understanding how early deprivation can set in motion a chain of social disadvantages that amplify over time [12]. Core con-

cepts such as turning points, path dependency, and the accumulation of disadvantage help explain how early-life hardships are embedded within broader structural inequalities. Within this framework, depression is not merely a psychological outcome but also a structural marker of sustained social vulnerability [13].

Despite growing recognition, limitations remain in existing scholarship. First, many studies rely on summative ACE scores, thereby conflating diverse adversities and obscuring the distinct psychological pathways through which different types of hardships exert their effects. Second, gender is frequently treated as a control variable rather than as a meaningful dimension that shapes how early-life hardships are experienced, internalized, and manifested across the life course. Third, much of the research is cross-sectional or short-term, limiting insights into long-term mental health trajectories. Finally, while evidence has proliferated in Western societies, longitudinal research remains scarce in non-Western contexts, especially in societies undergoing rapid demographic transitions, educational expansion, and shifting gender norms.

Concurrently, global mental health trends highlight the urgency of trauma-informed and gender-sensitive research. Depression ranks among the leading causes of disability worldwide, while suicide is the fourth leading cause of death among individuals aged 15–29, according to the World Health Organization. Understanding how specific forms of early-life hardship affect men and women differently across time is thus both a theoretical necessity and a public health imperative.

This study addresses these gaps by investigating the long-term associations between five disaggregated early-life hardships—(1) parental death, (2) parental divorce, (3) school dropout due to financial hardship, (4) being raised in a relative’s home for economic reasons, and (5) extreme childhood poverty—and adult well-being, as indicated by life satisfaction and depressive symptoms. Rather than relying on a composite index, we examine the distinct effects of each hardship while applying gender-sensitive panel models to capture patterns of differential vulnerability. Our analytic strategy draws on 12 waves (2011–2022) of the Korean Welfare Panel Study (KoWePS), a nationally representative dataset that has systematically and credibly tracked socioeconomic and psychosocial hardships across the life course in South Korea. This dataset not only allows for rigorous longitudinal analysis but also provides a rare opportunity to examine men’s mental health in a rapidly aging East Asian society. Moreover, by focusing on five specific hardships—parental loss, parental divorce, school dropout, kinship caregiving, and childhood poverty—we move beyond the generic ACE index to capture contextually grounded adversities that are especially salient in East Asian welfare regimes. This disaggregation enables us to illuminate the distinct mechanisms through which different hardships shape men’s psychological outcomes, while facilitating gender comparisons that speak to broader patterns of vulnerability and resilience. By situating our analysis within the men’s health framework while explicitly comparing men and women, this study advances both theoretical insights and policy-relevant implications for addressing gender disparities in mental health.

2. Research questions

Accordingly, this study poses two guiding questions:

Among five specific early-life hardships—parental death, parental divorce, school dropout due to financial hardship, being raised in a relative’s home for economic reasons, and extreme childhood poverty—which pathways most strongly predict adult depression and life satisfaction, with particular attention to men’s mental health?

How do these pathways differ between men and women, and what do such differences reveal about gendered trajectories of vulnerability and resilience within a life course framework of cumulative disadvantage?

In addressing these questions, the study makes several contributions. First, it advances men’s health research by situating early-life hardships within the broader context of male-specific vulnerabilities such as suicide, emotional suppression, and limited help-seeking. Second, it enriches trauma scholarship by distinguishing among types of hardships rather than treating them as a homogeneous construct. Third, it applies a gender-sensitive analytical approach that moves beyond binary controls to uncover how adversities are differentially experienced and internalized across men and women. Finally, it contributes globally relevant longitudinal evidence from a high-quality East Asian panel dataset, thereby extending the theorization of cumulative disadvantage and its mental health consequences across diverse cultural contexts.

3. Literature reviews

3.1 Men's mental health, gender differences, and early-life hardships

Men’s health research underscores that early-life hardships may manifest differently for men than for women, given men’s higher suicide rates, greater reliance on externalizing behaviors, and lower likelihood of seeking professional help [1–3]. From this perspective, early adversity is not only a developmental disruption but also a pathway into gendered health inequalities that require explicit comparison between men and women. While women often present with internalized symptoms such as depression and anxiety, men disproportionately translate early hardships into substance misuse, social withdrawal, and suicidality, highlighting the necessity of gender-sensitive approaches to cumulative disadvantage [4, 5].

Research on early-life adversities has traditionally centered on the concept of Adverse Childhood Experiences (ACEs), a framework identifying ten categories of abuse, neglect, and household dysfunction [8, 14]. Foundational studies established their cumulative effects on adult mental health, demonstrating strong associations with depression, anxiety, suicidality, and reduced life satisfaction [6, 7]. Meta-analyses suggest that about 60% of individuals report at least one ACE, while 16% report four or more, underscoring the prevalence of adversity across societies [9].

However, scholars increasingly advocate for expanding the scope beyond the original ACE framework to encompass early-life hardships—stressful or traumatic events extending into socioeconomic and contextual domains, including parental be-

reavement, divorce, school dropout due to financial hardship, kinship caregiving, and extreme poverty [10, 11]. Such hardships are not isolated events but processes that disrupt caregiving, constrain educational attainment, and reinforce long-term socioeconomic deprivation. This broader conceptualization is particularly salient in the Korean context, where rapid industrialization, highly competitive education, and weak social safety nets have intensified the long-term consequences of childhood hardship. For instance, early dropout due to financial hardship has disproportionate effects in Korea's credential-driven labor market, while kinship caregiving reflects family-centered coping practices rooted in Confucian traditions but often associated with psychosocial instability [15, 16].

For men in Korea, these hardships intersect with entrenched gender norms that discourage emotional disclosure and reinforce breadwinner identities, making educational failure or economic deprivation especially damaging to long-term well-being. By examining hardships such as school dropout and kinship caregiving, this study not only extends the ACE framework but also situates it within men's health scholarship, where gender norms mediate how adversity is internalized and expressed.

The life course perspective provides a powerful lens for interpreting these patterns. According to the theory of cumulative disadvantage, early deprivation triggers chains of inequality that compound over time, intensifying disparities in education, employment, and health [12]. Key concepts—turning points, path dependency, and accumulation of disadvantage—explain how hardships become embedded in structural inequalities. In this view, depression functions not only as a psychological symptom but also as a structural marker of sustained vulnerability [13]. Recent Korean studies likewise show how chronic poverty and disrupted schooling magnify inequality across adulthood, reinforcing the salience of life course dynamics in non-Western welfare regimes [17, 18].

In addition to the life course and cumulative disadvantage frameworks, complementary perspectives from psychology and sociology further elucidate how early hardships shape gendered mental health trajectories. Theories of stress and coping [19] highlight how individuals cognitively appraise and respond to early trauma, suggesting that men and women differ in the ways they externalize or internalize distress. The social support perspective underscores that relational and community resources buffer adversity, yet men's lower likelihood of seeking help often limits this protective function [1]. Finally, role identity theory provides a gender-sensitive lens, explaining how disruptions to core roles—such as breadwinner or caregiver—can destabilize self-concept and long-term well-being [20]. Integrating these frameworks enriches the analysis of early-life hardships by linking structural inequalities to psychosocial coping mechanisms across gender, thereby bridging the gap between macro-level disadvantage and individual adaptive processes.

Parallel to life course scholarship, the rise of trauma-informed frameworks has reshaped research and practice. Trauma-informed care (TIC) emphasizes recognizing the prevalence of early adversity, identifying its manifestations, and building systems that respond without re-traumatization [21]. While U.S. states have institutionalized ACE screening

protocols, in Korea such frameworks are only beginning to gain traction, largely through pilot programs in mental health and school counseling. Expanding TIC in East Asian contexts requires sensitivity to family-based caregiving norms, stigma surrounding mental illness, and the limited availability of community mental health resources.

By reframing early-life hardships and situating them within both global theory and the specific institutional context of Korea, this study contributes to men's health by showing how adversities uniquely shape male psychological outcomes in comparison with women, while foregrounding the need for trauma-informed and gender-sensitive interventions. This orientation clarifies conceptual boundaries and deepens understanding of how cumulative disadvantage operates in societies with rapid demographic change and strong family-based safety nets.

3.2 Men's health and gendered pathways linking early-life hardships and life satisfaction

A growing body of men's health scholarship suggests that early-life hardships uniquely compromise men's long-term well-being by undermining masculine role expectations, autonomy, and social functioning [1–3]. For men, acute or identity-threatening adversities—such as parental death or school dropout—pose particular risks, often translating into lower life satisfaction, externalizing behaviors, and heightened suicidality. These dynamics differ from women's experiences, which more often reflect the cumulative toll of chronic and relational adversities. Thus, understanding life satisfaction trajectories requires a gender-comparative perspective that situates men's vulnerabilities within broader structures of cumulative disadvantage [4, 5].

A substantial body of longitudinal research has demonstrated that early-life hardships—including parental loss, school interruption due to financial hardship, economic deprivation, and caregiving instability—are negatively associated with adult life satisfaction. Yet, the literature increasingly emphasizes that these associations are neither uniform nor universal; rather, they vary by hardship type and gender. Life satisfaction is not merely a subjective psychological state but a reflection of accumulated opportunities and constraints across the life course [12]. Within this framework, gender operates as a structural axis that differentiates how traumatic events are experienced, internalized, and translated into long-term well-being.

Women exposed to chronic or relational forms of early adversity, such as extreme poverty, caregiving disruptions, or being raised outside the nuclear family, consistently report diminished life satisfaction in adulthood [10, 11]. These experiences often erode autonomy and perceived control, undermining women's long-term psychosocial trajectories. The internalization of such adversities manifests as persistent emotional disconnection and reduced resilience, aligning with Schilling *et al.*'s [22] finding that cumulative exposures exert stronger effects than isolated incidents. In contrast, men are disproportionately vulnerable when facing acute disruptions—such as parental death or school dropout—that directly threaten

masculine identities tied to achievement, independence, and self-efficacy [17].

Empirical evidence also underscores mediating and moderating mechanisms. Yin *et al.* [10] demonstrate that women's exposure to early-life hardships predicts later-life declines in well-being through pathways such as poor sleep quality and social isolation. Mosley-Johnson *et al.* [7] report that while income buffers the adverse effects of childhood trauma for men, it fails to offset life satisfaction losses among women, highlighting the intersection of trauma, gender, and structural vulnerability. Social support and emotional intelligence have been identified as resilience factors [9], but these protective effects are often more pronounced among men, who may rely heavily on external social resources in the absence of formal help-seeking.

Contextual and demographic factors further shape these gendered associations. Higher household income and marriage are consistently linked to greater life satisfaction, with particularly strong protective effects for women. Conversely, alcohol consumption and rural residence are negatively associated with men's well-being. Age also emerges as a crucial variable: midlife represents a critical juncture when the cumulative effects of early hardship are most visible, consistent with the life course emphasis on turning points and path dependency [13].

Taken together, these findings illustrate that the relationship between early-life hardships and adult life satisfaction is deeply gendered, reflecting the interplay of adversity type, structural inequalities, and life course processes. Whereas women's vulnerabilities are amplified by chronic hardships undermining caregiving stability and socioeconomic agency, men's vulnerabilities emerge most strongly in response to acute disruptions that challenge role identity, autonomy, and masculine self-concept. Recognizing these divergent pathways underscores the necessity of a men's health perspective embedded within a gender-sensitive life course framework.

3.3 Men's mental health and gendered vulnerability to depression following early-life hardships

Men's mental health research highlights that early-life hardships are particularly consequential for men, whose vulnerabilities often manifest in suicide, externalizing behaviors, and suppressed emotional disclosure [1–3]. While women consistently show higher prevalence of diagnosed depression, men's depressive states are more likely to remain hidden, expressed through substance misuse, withdrawal, or risk-taking. Acute and identity-threatening adversities—such as parental death or school dropout—are especially destabilizing for men, as they directly undermine masculine role expectations and pathways of socioeconomic attainment. In contrast, women's depression risk tends to accumulate through chronic and relational hardships. Understanding depression as a men's health issue, therefore, requires situating gendered trajectories of vulnerability within a life course framework that explicitly compares men and women [4, 5].

Depression is the most consistently documented outcome of early-life hardships, with a robust dose-response relationship repeatedly observed across diverse settings [6, 8]. Yet the

psychological toll of specific adversities differs markedly by gender, reflecting both biological susceptibilities and socio-cultural norms that structure coping mechanisms. Women are especially vulnerable to the mental health consequences of chronic and relational forms of hardship—including persistent poverty, caregiving disruptions, and parental divorce—that undermine long-term stability and are often internalized as sustained emotional distress and diminished self-worth [11, 18]. Men, by contrast, face heightened risk of depression when acute turning points—such as parental death or financial dropout—erode self-efficacy and challenge traditional masculine identities [17].

The life course perspective clarifies these divergences. Concepts such as cumulative disadvantage and path dependency [12] highlight how relational and chronic adversities accumulate for women, narrowing caregiving stability and economic agency, whereas acute disruptions act as critical turning points for men, destabilizing identity and threatening future trajectories. In this sense, depression should be understood not merely as an individual pathology but as a structural marker of sustained vulnerability [13] (Miech & Shanahan, 2000).

Empirical studies underscore the gendered mechanisms linking early-life hardships to depression. Björkenstam *et al.* [23] report that childhood adversity sharply elevates suicide risk, particularly among women, while also noting that men are more prone to externalizing responses—such as alcohol use, withdrawal, or aggression—that conceal underlying depressive states. Women more often engage in rumination and self-blame, exacerbating internalized symptoms [24]. Furthermore, Yin *et al.* [10] demonstrate that poor sleep and social isolation mediate the relationship between early adversity and depression in women, while Mosley-Johnson *et al.* [7] show that income acts as a partial buffer for men but fails to offset women's heightened vulnerability. Zhu *et al.* [9] stress the importance of moving beyond cumulative indices to disaggregated approaches that illuminate these gender-specific trajectories.

Contextual and demographic moderators further shape these associations. Marriage consistently buffers depression more strongly for women, reflecting the protective role of relational stability, while rural residence and alcohol consumption are more closely associated with increased depressive symptoms among men. Age also matters: midlife represents a critical juncture when the cumulative shadow of early hardships becomes most pronounced, in line with the life course emphasis on turning points and accumulation of disadvantage [13].

Taken together, these findings underscore that the relationship between early-life hardships and depression is profoundly gendered, shaped by the interplay of adversity type, structural inequalities, and life course processes. For women, depression risk is amplified by chronic and relational adversities that erode caregiving stability and social support. For men, vulnerabilities are heightened by acute disruptions that destabilize masculine identities, undermine autonomy, and obstruct socioeconomic mobility. This divergence underscores the urgent need for trauma-informed, gender-sensitive mental health systems that explicitly recognize men's hidden depression and address how early adversities are embodied differently across genders.

4. Methods

4.1 Data source and sample

This study draws on the Korean Welfare Panel Study (KoWePS), a nationally representative longitudinal survey jointly administered by the Korea Institute for Health and Social Affairs (KIHASA) and Seoul National University. Conducted annually since 2006, KoWePS provides one of the most comprehensive sources of household- and individual-level socioeconomic information in East Asia, making it uniquely valuable for life course research. Unlike many existing studies that rely on Western samples, the use of Korean data broadens the scope of comparative welfare research by capturing the dynamics of mental health within a rapidly aging society marked by intense educational competition, persistent income inequality, and evolving gender norms.

For this analysis, we focus on a balanced 12-year panel spanning 2011 to 2022. The extended observation period provides several methodological advantages. First, repeated measures of mental health outcomes allow for continuity and averaging across adulthood, minimizing random year-to-year fluctuations that often bias cross-sectional estimates. Second, the multi-wave design reduces risks of multicollinearity by capturing within-person variation over time while retaining the explanatory power of time-invariant predictors such as gender and childhood traumatic events. Third, the panel framework strengthens causal inference by distinguishing intra-individual changes (life course dynamics) from inter-individual differences (structural inequalities).

The analytic sample includes adults aged 25 and older who reported at least one early-life hardship, drawn from twelve consecutive waves. Participants were included if they completed at least two consecutive waves between 2011 and 2022 and provided valid responses for key variables such as depression and life satisfaction. Individuals with missing values on major covariates or incomplete data on childhood hardships were excluded. After listwise deletion of missing data, the final dataset consists of 7200 individuals (approximately 3200 men and 4000 women), contributing over 70,000 person-year observations. This dataset is uniquely valuable for men's health research, as it provides a sufficiently large male subsample observed across multiple decades, enabling robust analysis of gender-differentiated trajectories in depression and life satisfaction [25, 26]. The richness of KoWePS enables robust modeling of gender-differentiated pathways linking early-life hardships and traumatic events to adult life satisfaction and depression, while situating these dynamics within Korea's distinctive institutional and cultural context. This life course perspective provides insights into cumulative disadvantage that extend beyond Western-centered approaches, highlighting how gendered vulnerabilities unfold across diverse social settings.

4.2 Variables

Variable Selection and Operationalization.

As shown in Table 1. Variable Composition, the selection of the five childhood hardship variables in this study—

parental bereavement, parental divorce, school dropout due to financial hardship, being raised in a relative's household, and extreme childhood poverty—was theoretically and empirically grounded in prior scholarship on early-life adversity and adult mental health. Research on early-life hardships and traumatic events has consistently identified parental loss, family dissolution, and economic deprivation as central predictors of long-term psychological outcomes, particularly when viewed through a life course perspective of cumulative disadvantage [8]. These categories capture both acute traumatic events and chronic structural hardships that, according to the life course perspective, may alter developmental trajectories through cumulative disadvantage and turning-point effects [12].

Parental bereavement and divorce represent prototypical relational disruptions that undermine family stability and are repeatedly linked to elevated risks of depression and diminished well-being in adulthood [17, 27]. School dropout, particularly when prompted by financial hardship, has been identified as a critical turning point event, limiting educational attainment and long-term socioeconomic mobility while exacerbating vulnerability to psychological distress [22, 28]. Similarly, kinship caregiving—growing up in a relative's household—reflects unstable caregiving environments and has been theorized as a form of relational trauma with enduring mental health consequences [11]. Finally, extreme childhood poverty captures the chronic structural deprivation that shapes cumulative life-course inequalities, consistent with empirical evidence demonstrating its long-term effects on both subjective well-being and depressive symptomatology [9, 10].

For men, these five hardships intersect with masculine role expectations in unique ways. School dropout due to financial hardship not only reduces educational attainment but also undermines male identity tied to breadwinner roles and socioeconomic achievement. Parental death may impose premature role responsibilities on sons, reinforcing stress pathways distinct from those experienced by women. Extreme poverty, while universally harmful, often carries stigmatizing implications for men's perceived ability to achieve and provide, thereby exacerbating depressive outcomes [25, 29].

By including these five indicators, the study balances analytical parsimony with theoretical comprehensiveness. They collectively span the spectrum of early-life hardships: acute losses (bereavement, dropout), relational instability (divorce, kinship care), and chronic structural deprivation (poverty). This operationalization thus aligns with both trauma-informed frameworks and life course theory, enabling a more precise investigation of how specific forms of childhood adversity differentially shape adult outcomes across genders.

Control variables—such as gender, age, marital status, household income, alcohol use, residential location, and economic activity status—were further incorporated to account for demographic and contextual heterogeneity. Particular attention was given to alcohol use and marital status, as these variables are strongly gendered in their psychological implications—often serving as externalizing coping mechanisms or protective buffers for men, respectively [3, 5]. This ensured robust estimation of the net associations between childhood hardships and adult mental health.

TABLE 1. Variable composition.

Variable	Explanation
Dependent Variables	Level of Satisfaction (Very dissatisfied = 1, Somewhat dissatisfied = 2, Neutral = 3, Somewhat satisfied = 4, Very satisfied = 5)
	Health Satisfaction
	Household Income Satisfaction
	Housing Environment Satisfaction
	Family Relationship Satisfaction
	Job Satisfaction
	Social Relationship Satisfaction
	Leisure Satisfaction
	Overall Life Satisfaction
	Very rarely (Less than 1 day per week) = 1 Occasionally (1–2 days per week) = 2 Frequently (3–4 days per week) = 3 Most of the time (5 or more days per week) = 4
Depression Score (CES-D_11)	I did not feel like eating; my appetite was poor
	I felt I was just as good as other people
	I felt depressed
	I had trouble keeping my mind on what I was doing
	My sleep was restless
	I felt lonely
	I was happy
	People were unfriendly
	I felt sad
	I felt that people dislike me
Independent Variables	I could not get “going”
	ACEs (Adverse Childhood Experiences)
	Parental Bereavement Yes = 1, no = 0
	Parental Divorce Yes = 1, no = 0
	School Dropout Due to Financial Hardship Yes = 1, no = 0
	Growing Up in a Relative’s Home for Financial Reasons Yes = 1, no = 0
	Childhood Economic Status Poor status = 1, Average, Wealthy and Very Wealthy = 0 (Non-deprived)
	Individual Characteristics
	Sex Men = 1, women = 2
	Log Income Log Income = ln(Income + 1)
Control Variables	Age Less than 35 years old = 1, 35–49 years old = 2, 50–64 years old = 3, and more than 65 years old = 4
	Marital status Not applicable (under 18 years old) = 0, married = 1, bereaved = 2, divorced = 3, separated = 4, single (over the age of 18, single mothers) = 5, and others (deaths, etc.) = 6
	Alcohol intake Less than once a month = 1, 2 to 4 times a month = 2, 2 to 3 times a week = 3, 4 or more times a week = 4, Do not drink at all = 5
	Economic Activity Participation Status Regular Wage Worker = 1, Temporary Wage Worker = 2, Daily Wage Worker = 3, Self-Support Work, Public Work, Senior Jobs = 4, Employer = 5, Self-Employed = 6, Unpaid Family Worker = 7, Unemployed (Actively Seeking a Job in the Last 4 Weeks) = 8, Economically Inactive Population = 9
	Region Seoul = 1, Metropolitan City = 2, City = 3, County = 4, Mixed Rural-Urban County = 5

4.3 Empirical strategy and model specification

To examine the long-term associations between early-life hardships and adult outcomes, we employed random-effects panel regression models. This approach was chosen over fixed-effects models because it allows for the inclusion of substantively important time-invariant predictors, such as gender and childhood hardships, while simultaneously capturing within-individual variation over the twelve-year observation period.

The general specification of the model is expressed as Eqn. 1:

$$y_{it} = \beta_0 + \beta_1 X_{it} + \beta_2 Z_i + u_i + \varepsilon_{it} \quad (1)$$

Here, y_{it} denotes the outcome variable for individual i at time t , representing either life satisfaction or depression. The term X_{it} captures time-varying covariates, such as income, marital status, and employment. The term Z_i represents time-invariant characteristics, including gender and childhood hardships. The random effect u_i accounts for unobserved heterogeneity at the individual level, while ε_{it} is the idiosyncratic error term.

The empirical design involved six models in total: three for life satisfaction and three for depression. For each outcome, we estimated (1) a full-sample model that included a gender dummy variable, (2) a male-only subsample model, and (3) a female-only subsample model. This design allowed for direct comparison of effect size, direction, and significance across genders, enabling the identification of gender-specific vulnerabilities and protective factors.

By leveraging the longitudinal depth of the Korean Welfare Panel Study (2011–2022), this study reduced concerns about reverse causality and unobserved heterogeneity while aligning with the life course perspective's emphasis on turning points, cumulative disadvantage, and path dependency. The use of panel methods thus ensured both temporal continuity and the ability to trace twelve years of average and sustained trajectories of adult mental health.

All analyses were conducted in Stata 17 (StataCorp LLC, College Station, TX, USA), with robust standard errors clustered at the individual level. Statistical significance was assessed at conventional thresholds ($*p < 0.1$, $**p < 0.05$, $***p < 0.01$), with robust standard errors clustered at the individual level.

5. Results

5.1 Descriptive analysis

As presented in Table 2. Descriptive Statistics, data from the Korean Welfare Panel Study (2011–2022) reveal distinct patterns that illuminate men's mental health vulnerabilities. Although women reported higher mean levels of depressive symptoms (12.83 vs. 9.65), men's depression often remains under-identified, as their psychological distress is more likely to manifest in externalizing behaviors or masked through alcohol use and withdrawal (Wilhelm, 2001; Courtenay, 2000). This hidden burden suggests that lower reported

averages among men may underestimate the true mental health costs of early-life hardships for male populations.

Life satisfaction scores were broadly similar across genders, with men reporting slightly higher averages (3.13 vs. 3.06). However, for men, life satisfaction may be more tightly linked to role identity and socioeconomic achievement, making it especially sensitive to disruptions such as school dropout or parental loss. Consistent with structural gender inequality, men also reported higher logged household incomes (7.56 vs. 7.35), but these economic advantages do not necessarily translate into psychological resilience, as financial responsibility and provider expectations may intensify men's stress exposure (Wong *et al.* [26], 2017).

Patterns of childhood hardship further highlight gender-differentiated exposures. Women were more likely to report school dropout due to financial hardship (0.50 vs. 0.42), reflecting relational and structural vulnerabilities in education. In contrast, men disproportionately reported kinship-based caregiving during childhood (0.29 vs. 0.09), a relational disruption that often imposes premature role responsibilities and undermines autonomy, resonating strongly with masculine identity pressures. Parental divorce was also more common among men, while parental bereavement was nearly identical across genders (0.48 vs. 0.47).

Taken together, these descriptive findings reinforce the central premise of this study: men's mental health vulnerabilities are often rooted in acute and identity-threatening hardships that challenge traditional masculine roles, whereas women's risks are amplified by chronic and relational adversities. Recognizing these divergent exposure patterns underscores the necessity of gender-sensitive, men-focused analysis to capture the hidden and structural dimensions of psychological distress.

5.2 Regression results on life satisfaction

As indicated in Table 3. Results of Satisfaction Analysis (Panel Regression), for men, income emerged as the strongest positive predictor of life satisfaction ($\beta = 0.284$, $p < 0.01$), underscoring the centrality of socioeconomic achievement to male well-being and masculine role identity. This finding is consistent with theories of gender and health that emphasize how men's life satisfaction is closely tied to breadwinner expectations and financial stability (Courtenay, 2000; Wong *et al.* [26], 2017). By contrast, women's life satisfaction also benefited from higher income ($\beta = 0.231$, $p < 0.01$), but the effect size was smaller, suggesting that men's psychological well-being is more tightly bound to economic attainment.

Negative predictors for men were concentrated in acute and identity-threatening adversities. School dropout ($\beta = -0.0948$, $p < 0.01$) showed a particularly strong association with reduced life satisfaction among men, reflecting how educational disruption undermines male self-efficacy and long-term socioeconomic trajectories. Childhood poverty also significantly reduced life satisfaction for men ($\beta = -0.106$, $p < 0.01$), further highlighting the lasting psychological scars of structural deprivation when compounded with masculine provider norms.

Interestingly, kinship care ($\beta = -0.0366$, ns) and parental bereavement ($\beta = -0.0059$, ns) were not significant predic-

TABLE 2. Descriptive statistics by gender (KoWePS 2011–2022).

Variable	Male			Female		
	Obs	Mean	Std. Dev.	Obs	Mean	Std. Dev.
Depression	3622	9.65	10.66	4670	12.83	11.89
Satisfaction	3628	3.13	0.62	4679	3.06	0.61
Income	3845	7.56	0.83	4763	7.35	0.90
Age	3873	67.31	20.28	4785	70.75	19.60
Marital status	2632			2457		
Alcohol intake	3870	2.11	1.43	4782	2.09	1.76
Urban living	2972			3603		
Parental bereavement	3867	0.48	0.50	4776	0.47	0.50
Parental divorce	3869	0.14	0.35	4780	0.10	0.30
School dropout	3872	0.42	0.49	4781	0.50	0.50
Kinship care	3872	0.29	0.29	4783	0.09	0.29
Childhood poverty	3871	0.28	0.45	4784	0.25	0.43

Obs: Observations; Std. Dev.: Standard Deviation.

TABLE 3. Results of satisfaction analysis.

Variables	Total	Male	Female
	Life Satisfaction	Life Satisfaction	Life Satisfaction
Sex (women)	-0.0183* (0.00970)		
Income	0.189*** (0.00662)	0.284*** (0.0129)	0.231*** (0.0106)
Age	-0.000593* (0.000354)	-0.00179** (0.000738)	-0.00140** (0.000581)
Marital status	0.0439*** (0.0107)	0.170*** (0.0245)	0.0356** (0.0168)
Alcohol intake	-0.0485*** (0.00303)	-0.0427*** (0.00655)	-0.0658*** (0.00472)
Urban living	0.439*** (0.00629)	-0.106*** (0.0220)	-0.0881*** (0.0185)
Parental bereavement	-0.0506*** (0.0113)	0.00160 (0.0219)	-0.00591 (0.0185)
Parental divorce	-1.28×10^{-5} (0.0192)	0.0765** (0.0390)	0.0157 (0.0351)
School dropout	-0.0689*** (0.0103)	-0.0947*** (0.0217)	-0.0845*** (0.0186)
Kinship care	-0.0880*** (0.0163)	-0.0366 (0.0320)	-0.144*** (0.0271)
Childhood poverty	-0.0864*** (0.0109)	-0.106*** (0.0217)	-0.160*** (0.0193)
Constant	0.375*** (0.0658)	1.230*** (0.125)	1.744*** (0.104)
Observations	8235	3593	4640

Standard errors in parentheses. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

tors for men, suggesting that while these hardships impose relational disruptions, their effects on men's life satisfaction may be less direct than economic and educational shocks. Conversely, parental divorce showed a positive and significant effect among men ($\beta = 0.0765$, $p < 0.05$), potentially reflecting adaptive reconfigurations of family roles or greater autonomy following parental separation. This contrasts sharply with women, for whom parental divorce was insignificant or negative.

Alcohol intake ($\beta = -0.0427$, $p < 0.01$) reduced life satisfaction in men, consistent with the view that alcohol functions as a maladaptive coping mechanism for masked depression and stress regulation. Marital status was also a strong positive predictor ($\beta = 0.170$, $p < 0.01$), indicating that marriage continues to provide social and identity stability for men, buffering against early-life adversities.

In comparison, women showed greater vulnerability to rela-

tional and chronic hardships. Childhood poverty ($\beta = -0.160$, $p < 0.01$), kinship care ($\beta = -0.144$, $p < 0.01$), and school dropout ($\beta = -0.0845$, $p < 0.01$) had stronger adverse effects on women's life satisfaction. Women's life satisfaction was also more negatively influenced by alcohol intake ($\beta = -0.0658$, $p < 0.01$) and urban residence ($\beta = -0.0881$, $p < 0.01$), highlighting how structural and relational factors weigh more heavily on women.

Overall, these results support a gender-differentiated interpretation: men's life satisfaction is most vulnerable to acute disruptions that threaten role identity (e.g., dropout, poverty), whereas women's satisfaction is more strongly eroded by chronic and relational hardships. This divergence reinforces the study's framework that men's health research must foreground identity-threatening adversities while situating them within broader gendered comparisons.

5.3 Depression outcomes: men's health and gendered mental health consequences of early-life hardships

As shown in Table 4. Results of Depression Analysis (Panel Regression), for men, the regression results reveal that income and marital status are the strongest protective factors against depression, while school dropout and rural residence emerge as key risk factors. Higher income was associated with substantially lower depressive symptoms in men ($\beta = -3.130$, $p < 0.01$), suggesting that men's psychological well-being is strongly tied to breadwinner expectations and socioeconomic achievement. Similarly, being married exerted a significant buffering effect ($\beta = -3.286$, $p < 0.01$), highlighting the stabilizing role of relational and identity security for men. These findings align with men's health research emphasizing that masculine role fulfillment and family stability serve as critical anchors for male mental health (Courtenay, 2000; Wong *et al.* [26], 2017).

Male vulnerability was most pronounced in response to acute, identity-threatening adversities. School dropout due to financial hardship significantly elevated depressive symptoms for men ($\beta = +0.905$, $p < 0.05$), underlining how disrupted educational trajectories undermine self-efficacy and future socioeconomic mobility. Rural residence was also strongly associated with increased depression among men ($\beta = +1.781$, $p < 0.01$), reflecting contextual stressors tied to isolation, limited economic opportunities, and cultural stigmas surrounding help-seeking. Alcohol intake further predicted higher depressive symptoms in men ($\beta = +0.540$, $p < 0.01$), consistent with theories of externalizing coping, whereby men mask depressive states through substance use rather than emotional disclosure [1, 4].

In contrast, women's depression risk was more consistently driven by chronic and relational hardships. Childhood poverty ($\beta = +1.297$, $p < 0.01$), kinship caregiving ($\beta = +2.828$, $p < 0.01$), and school dropout ($\beta = +1.789$, $p < 0.01$) had stronger

effects on women than on men, underscoring how relational instability and long-term deprivation erode women's emotional resilience. Parental divorce also significantly increased depressive symptoms for women ($\beta = +1.474$, $p < 0.05$) but was not significant for men ($\beta = -0.443$, ns), reinforcing gendered differences in how family dissolution is internalized.

Taken together, these findings suggest that men's depression is especially sensitive to acute disruptions that threaten masculine role identity—such as dropout, financial insecurity, or rural isolation—while women's depression is more strongly linked to chronic and relational adversities. Depression thus functions as both a psychological symptom and a structural indicator of sustained gendered vulnerability [13]. Recognizing these divergent pathways reinforces the importance of a men's health framework within trauma-informed and gender-sensitive mental health policy.

6. Discussion

This study demonstrates that men's mental health is uniquely shaped by acute and identity-threatening early-life hardships, such as school dropout and parental divorce, which destabilize masculine role expectations and disrupt socioeconomic trajectories. These hardships are often linked to role identity and socioeconomic attainment, rendering men especially vulnerable when turning points undermine their sense of autonomy and provider status. In contrast, women's depression and diminished well-being are more consistently tied to chronic and relational adversities—including poverty, caregiving instability, and school dropout—that accumulate overtime to erode psychosocial resources. Yet, our results also reveal important similarities: both men and women exhibit elevated depression under kinship caregiving and extreme poverty, although the underlying mechanisms differ by gender. Thus, men's vulnerabilities should not be understood in isolation but in comparison with women's, highlighting convergences (*e.g.*,

TABLE 4. Results of depression analysis.

Variables	Total Depression	Male Depression	Female Depression
Sex (women)	-0.0183* (0.00970)		
Income	0.189*** (0.00662)	-3.130*** (0.234)	-2.355*** (0.175)
Age	-0.000593* (0.000354)	0.0923*** (0.0134)	0.0909*** (0.0105)
Marital status	0.0439*** (0.0107)	-3.286*** (0.446)	-2.652*** (0.330)
Alcohol intake	-0.0485*** (0.00303)	0.540*** (0.119)	1.095*** (0.0969)
Urban living	0.439*** (0.00629)	1.781*** (0.401)	0.859** (0.381)
Parental bereavement	-0.0506*** (0.0113)	0.227 (0.399)	0.619 (0.378)
Parental divorce	-1.28×10^{-5} (0.0192)	-0.443 (0.708)	1.474** (0.645)
School dropout	-0.0689*** (0.0103)	0.905** (0.394)	1.789*** (0.383)
Kinship care	-0.0880*** (0.0163)	1.314** (0.581)	2.828*** (0.559)
Childhood poverty	-0.0864*** (0.0109)	0.288 (0.395)	1.297*** (0.391)
Constant	0.375*** (0.0658)	26.08*** (2.282)	20.17*** (1.653)
Observations	8235	3587	4632

Standard errors in parentheses. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

kinship trauma) and divergences (acute vs. chronic pathways).

From a theoretical perspective, this study advances the integration of the life course perspective with men's health scholarship. In addition, complementary frameworks from stress and coping theory, social support, and role identity perspectives further clarify how early hardships are internalized or externalized differently across genders. These perspectives help explain why men's acute disruptions—such as dropout or bereavement—destabilize role identity, while women's chronic adversities erode relational and emotional resources over time. Cumulative disadvantage theory clarifies how chronic hardships accumulate over time, disproportionately narrowing women's autonomy and caregiving stability [11]. By contrast, the concept of turning points illuminates how acute disruptions destabilize men's role identities and socioeconomic trajectories [12]. Our findings show that men's cumulative disadvantage often operates through repeated acute disruptions rather than long-term chronic instability—what might be termed a “punctuated” trajectory of disadvantage. This complements prior scholarship that has primarily conceptualized cumulative disadvantage as slow and relational in nature, often centered on women's vulnerabilities [13]. By emphasizing men's pathways, our study broadens existing frameworks and situates depression not only as an individual outcome but as a gendered structural marker of sustained vulnerability.

The Korean context strengthens these contributions. Drawing on 12 years of KoWePS data, one of the most comprehensive household panel surveys in East Asia, this study demonstrates how early-life hardships unfold in a welfare regime marked by credential-driven labor markets, entrenched gender norms, and weak safety nets. For Korean men, school dropout represents a particularly devastating turning point, as it undermines competitiveness in an education-centered economy and threatens masculine provider identities. Rural residence further compounds these risks, reinforcing isolation and limiting access to secure employment. In contrast, women in Korea remain especially exposed to chronic disadvantages such as long-term caregiving responsibilities and persistent poverty, which constrain agency within a gendered labor market. These findings not only extend Western-centric ACE research to a rapidly changing East Asian context but also reveal how structural and cultural features magnify gender-specific vulnerabilities.

This study also complicates prior findings by highlighting overlapping consequences. For example, kinship caregiving significantly increased depressive symptoms for both men and women. Yet, while women's vulnerability reflects caregiving instability and reduced autonomy, men's risk may stem from disrupted role continuity, unmet paternal expectations, or hidden emotional losses. These nuances underscore that relational trauma cannot be seen as exclusively female; rather, it requires a Gendered Trauma Sensitivity Framework that captures convergence as well as divergence across genders. Such refinements advance theory by recognizing men's often overlooked susceptibility to relational disruptions, while situating them within broader structural and cultural contexts. At the same time, this study did not explicitly model potential intersectional effects (*e.g.*, gender by class or region), which

may further shape the pathways between early-life hardships and adult outcomes. Future research should incorporate intersectional analyses to examine how gender interacts with social class, regional inequality, and cultural norms in producing cumulative disadvantage.

7. Conclusions

This study offers actionable implications for policy and practice. Trauma-informed interventions must move beyond a universalist model to explicitly address men's hidden vulnerabilities. Acute disruptions that erode male self-efficacy and autonomy often manifest as masked depression through alcohol use, withdrawal, or aggression [1, 3]. Concrete policy steps include expanding male-focused mental health outreach in schools, workplaces, and community centers, strengthening early screening for trauma-related symptoms, and promoting counseling programs that normalize help-seeking among men. At the same time, chronic and relational supports remain indispensable for women, who disproportionately face adversities tied to caregiving and economic deprivation. Recognizing both divergence (acute vs. chronic trajectories) and convergence (shared risks of poverty and kinship trauma) is key to designing trauma-informed, gender-sensitive policies. Interventions that integrate financial stability, family support, and mental health literacy can foster resilience across gender.

From a practice standpoint, mental health systems should be made more accessible and effective for men by embedding early-life hardship awareness into primary care and employment support systems. Moreover, programs that train frontline practitioners in gender-responsive and trauma-informed care could help reduce stigma and improve service reach. Additionally, combining large-scale longitudinal data with qualitative or mixed-methods approaches would provide richer insight into how structural inequalities, identity dynamics, and coping resources interact over time. This would allow for a more intersectionally grounded and context-sensitive understanding of gendered vulnerability.

In conclusion, this study contributes to men's health scholarship by showing that men's cumulative disadvantage often emerges through acute turning points that challenge role identity and socioeconomic attainment, while women's disadvantage accumulates more through chronic relational adversities. By leveraging KoWePS longitudinal data, the study extends global theorization of cumulative disadvantage into a non-Western welfare regime, demonstrates the necessity of trauma-informed and gender-sensitive approaches, and positions men's hidden but severe vulnerabilities as a central concern in contemporary mental health research.

8. Limitations

However, as with all self-reported surveys, KoWePS data may be subject to underreporting or recall bias, particularly concerning early-life experiences. Nevertheless, its longitudinal design and repeated measures mitigate some of these concerns, providing robust estimates of long-term associations between early adversity and adult mental health.

Despite these contributions, several limitations must be ac-

knowledge. Retrospective reporting of childhood hardships may introduce recall bias, intersectional heterogeneity (e.g., class, region, ethnicity) could not be fully examined, and the scope of adversities was constrained to available survey items. Future research should therefore integrate qualitative perspectives, cross-national comparisons, and intersectional analyses to capture the layered and dynamic nature of gendered vulnerability.

AVAILABILITY OF DATA AND MATERIALS

The data used in this study are drawn from the publicly available Korean Welfare Panel Study (KoWePS) dataset, which can be accessed through the Korea Institute for Health and Social Affairs (<https://www.koweeps.re.kr>).

AUTHOR CONTRIBUTIONS

YYK—designed the research concept, performed data analysis, and drafted the initial manuscript. YSP—contributed to developing the research topic, conducted data mining and interpretation, and assisted in editing and reference organization. Both authors reviewed and approved the final version of the manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study used data from the Korean Welfare Panel Study (KWPS), a nationally representative dataset that is publicly available to qualified researchers. Because the data are fully anonymized and accessible to the public, separate ethical approval and informed consent were not required.

ACKNOWLEDGMENT

The authors thank the Korea Institute for Health and Social Affairs (KIHASA) for providing access to the Korean Welfare Panel Study (KoWePS) data. All analyses and interpretations were independently conducted by the authors.

FUNDING

This research received no external funding.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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How to cite this article: YunYoung Kim, YoungShin Park. Men's mental health in context: gendered pathways linking early-life hardships to adult depression and life satisfaction compared with women. *Journal of Men's Health*. 2026; 22(2): 56-67. doi: 10.22514/jomh.2026.018.