

Gender, Stress, Coping, and Health Behaviors

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Abstract

This study examined the relationships among gender, gender norms, stress, coping, and health behaviors. Recent college graduates ($n=162$) completed questionnaires online. Women were more likely to engage in emotion- and avoidance-oriented coping and seek health services but less likely to engage in substance use than men. Among women, substance use was positively related to stress, emotion-oriented coping, and the feminine norm of "investment in appearance" but negatively related to the feminine norm of "sexual fidelity," while utilization of health services was positively related to task-oriented coping and feminine norms of "domestic" and "relational" but negatively related to emotion-oriented coping. Among men, substance use was positively related to masculine norms of "risk" and "playboy" but negatively related to distraction-oriented coping, while utilization of health services was positively related to the masculine norm of "violence." Results suggest that health behaviors result from a complex interaction among stress, coping skills, and gender norm conformity.

Introduction

Health behaviors are behaviors undertaken for the purpose of preventing disease and protecting, maintaining, or promoting health (Langlie, 1979). In general, research has shown an inverse relationship between health-behaviors and stress, which can be defined as a negative emotional response to stressors accompanied by adaptations to either alter its source or cope with its effects (Baum, 1990). However, evidence suggests that the relationship among stressors, stress, and health behaviors depends upon appraisal processes and coping skills (Lazarus, DeLongis, Folkman, & Gruen, 1985), which vary as a function of gender. Compared to men, women are more likely to appraise threatening events as stressful (Miller & Kirsch, 1987; Ptacek, Smith, & Zanas, 1992) and to use avoidance and emotion-focused coping (e.g., Endler & Parker, 1994), but women are also more likely to engage in health behaviors (see below; Courtenay, McCreary, & Merighi, 2002). Compared to women, U.S. men are nearly 1.5 times more likely to die from heart disease, cancer, and respiratory disease and, on average, die five years earlier than women (National Center for Health Statistics, 2011).

These gender differences in mortality rates may be due to gender differences in health behaviors (Courtenay, 2000). Two gendered health behaviors with particularly important implications for health outcomes are (1) limiting substance use and (2) seeking health services. Research shows that men are less likely to seek medical or mental health services than women (Addis & Mahalik, 2003). In this regard, although men report higher levels of substance abuse and are more likely than women to experience psychosocial problems resulting from alcohol or other drug use, men are less likely to seek help for such problems (Addis & Mahalik, 2003).

Research on the relationship between perceived stress, coping skills, and health behaviors has also explored differences within each gender, such as conformity to gender norms. This study examined the relationships among these variables in recent college graduates: a population facing new stressors that may negatively impact coping skills and health behaviors.

Procedure

Graduates from the classes of 2009, 2010, and 2011 at a small liberal arts college in the Midwest were recruited via e-mail for an online survey. The administered questionnaires, results of independent groups t tests for gender differences, and correlations between variables are shown in Methods, Table 1, and Figures 3-5, respectively.

Measures

- Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983)
- Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1994)
- Multidimensional Health Behavior Inventory (MHBI; Kulbok, Carter, Baldwin, Gilmartin, & Kirkwood, 1999)
- Conformity to Feminine Norms Inventory-45 (CFNI-45; Parent & Moradi, 2010)
- Conformity to Masculine Norms Inventory-46 (CMNI-46; Parent & Moradi, 2009)

Results

Table 1
Gender Differences in Stress, Coping, and Health Behaviors

Measure	M Women (SD)	M Men (SD)	t	p	eta ²
Stress	16.25 (5.71)	15.37 (6.00)	0.85	0.39	0
Task-Oriented Coping	3.46 (0.57)	3.29 (0.75)	1.56	0.12	0.01
Emotion-Oriented Coping	2.77 (0.69)	2.41 (0.70)	2.96	0	0.05
Avoidance-Oriented Coping	2.91 (0.5)	2.64 (0.63)	2.66	0.01	0.04
Distraction-Oriented Coping	2.76 (0.66)	2.19 (0.68)	4.82	0	0.13
Substance Use	3.81 (0.77)	4.35 (0.55)	-4.79	0	0.13
Utilization of Health Services	2.36 (0.80)	2.78 (0.72)	3.02	0	0.06

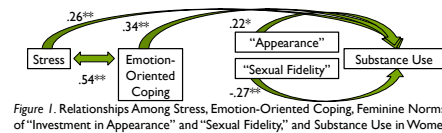


Figure 1. Relationships Among Stress, Emotion-Oriented Coping, Feminine Norms of "Investment in Appearance" and "Sexual Fidelity," and Substance Use in Women

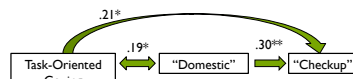


Figure 2. Relationships Among Task-Oriented Coping, Feminine Norm of "Domestic," and Utilization of Health Services in Women

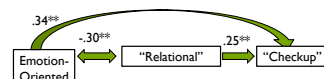


Figure 3. Relationships Among Emotion-Oriented Coping, Feminine Norm of "Relational," and Utilization of Health Services in Women



Figure 4. Relationships Among Distraction-Oriented Coping, Masculine Norms of "Risk" and "Playboy," and Substance in Men



Figure 5. Relationships Between Distraction-Oriented Coping, Masculine Norms of "Risk" and "Playboy," and Substance in Men
Note: * $p < .05$. ** $p < .01$.

Discussion

As hypothesized, gender differences were found in coping skills, and health behaviors. Although, compared to men, women were more likely to use coping methods associated with greater psychological distress (i.e., avoidance- and emotion-focused coping), they were also more likely to seek health services and less likely to use substances than men. However, no gender differences were found in perceived stress. Also, no gender differences were found in task-oriented coping.

Within each gender, different variables predicted coping skills and the health behaviors of limiting substance use and seeking health services. Among women, substance use was positively related to perceived stress and emotion-oriented coping (which was also positively related to perceived stress). Substance use was also positively related to the feminine norm of "investment in appearance" but negatively related to the feminine norm of "sexual fidelity." These results have important implications for women. Women who appraise threatening events as more stressful and engage in emotion-oriented coping are at risk for engaging in increased substance use, especially if they are committed to maintaining and improving their appearance and do not value committed sexual relationships.

Among women, utilization of health services was positively related to task-oriented coping and the feminine norm of "domestic" (which was also positively related to task-oriented coping). These results suggest that task-oriented coping may boost utilization of health services and that women who are more committed to maintaining their homes may be more likely to actively approach their problems and be more committed to maintaining their health. Utilization of health services was also positively related to the feminine norm of "relational" (i.e., committed to relationships) but negatively related to emotion-oriented coping (which was also negatively related to the feminine norm of "relational"). These results suggest that women who ruminate about their problems are less likely to take action to care for their health by using health services. According to the results, women who engage in emotion-oriented coping are also at risk, because they are less likely to be committed to their friendships, which may promote better utilization of health services.

Among men, substance use was positively related to the masculine norms of "risk" and "playboy." These results indicate that men who are not relationship-oriented and engage in risky, non-committal behaviors are at increased risk for engaging in substance use. The fact that neither stress nor coping-skills predicted substance use among men is potentially problematic, because it may indicate that substance use is so ingrained in male culture that men who use substances will do so regardless of personal or situational variables. Substance use was also negatively related to distraction-oriented coping. According to the results, men who tend to cope by distracting themselves with shopping, sleep, food, television, etc., tend not to engage in substance use, which is surprising given that substance use is often a method of avoidance-oriented coping.

Also, among men, utilization of health services was positively related to violence. On a practical level, this may suggest that a proclivity for physical confrontation may necessitate seeking health services. That is, for those men who do care for their health, it appears that they are more likely to do so when health services are required.

Limitations & Future Studies

This study had several limitations. Measures were exclusively self-report and only evaluated how participants perceived stress and coped in general at one point in time. Also, the sampling method likely resulted in selection and non-response bias. Further, because this study is observational in design, conclusions about causal relationships between the variables cannot be drawn. Future studies could investigate other predictors of health behaviors with potential gender differences to identify additional risk and protective factors among men and women. Together with the results of this study, findings from such research could be used to develop gender-specific intervention or training programs for recent college graduates and others who need to develop adaptive ways of preventing, appraising, coping, and responding to stress that account for gender differences and differences in conformity to gender norms.

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Acknowledgments

I would like to thank Sarah K. Murnen, Ph.D., whose dedication, guidance, and support made this study possible, and the Kenyon College Summer Science Scholars Program for providing funding.