International Journal of Humanities and Social Sciences (IJHSS)

ISSN (P): 2319–393X; ISSN (E): 2319–3948 Vol. 11, Issue 1, Jan–Jun 2022; 115–122

© IASET



GENDER DIFFERENCES: AN ASSESSMENT OF STRESS-RELATED BEHAVIOUR

Dr. Richa Chaturvedi¹ & Dr. Deepa Saxena²

¹Faculty, Department of Psychology, APS University, Rewa, Madhya Pradesh, India ²Faculty, Department of Business Administration, APS University, Rewa, Madhya Pradesh, India

ABSTRACT

Stress is a natural bodily response that protects the body from injury and danger. The body's production of stress hormones, on the other hand, may continue if the cause of the stress is not removed. Men and women are affected by stress in various ways. Biological or social factors may be to blame for the disparities in behaviour. Men and women respond to stress differently, as well as to the causes of stress and coping mechanisms for dealing with stress, according to this review research. Different people's stress levels and frequency of stress are also unique. When it comes to family and health issues, women are more likely than men to recognise them. On the other side, men are more concerned with interpersonal, financial, and work-related difficulties than women are. The fight-or-friend response is what most men take to conflict. As a result, women perceive their lives as more difficult and unpredictable than their male counterparts.

KEYWORDS: Stress, Gender Differences, Behavioural Differences, Family, Health

Article History

Received: 22 Apr 2022 | Revised: 22 Apr 2022 | Accepted: 25 Apr 2022

INTRODUCTION

Stress is a normal physiological mechanism that helps individuals defend themselves from hazards and harm. When under stress, the human body prepares for immediate action by secreting chemicals that increase alertness and concentration (National Institutes of Health [NIH], 2007). Stress hormones, on the other hand, may persist in the body if the cause of the stress is not eliminated. Continuous exposure to stress hormones leads to a wide range of medical and psychological issues, including obesity, gastrointestinal diseases, cardiovascular illnesses, skin disorders, anxiety attacks, and depression (Everly & Lating, 2002; NIH, 2007) Stress can emerge as a result of both environmental and internal factors. External aspects include our physical environment, which includes our work, our interpersonal connections, our home, and all of the challenges, hurdles, difficulties, and expectations that we confront on a daily basis. Internal factors include our food habits, overall health and fitness, mental well-being, and the amount of sleep and relaxation we receive. Internal factors frequently influence our body's capacity to respond to and deal with stressful external conditions. Individuals are subjected to two types of stress on a daily basis. These are referred to as 'Eustress' and 'Distress,' respectively. Eustress increases a person's ability to achieve optimum performance and to meet the obstacles that are necessary for survival and success in life. As a result, it is frequently referred to as "good stress" or "positive stress." Distress, on the other hand, is triggered when circumstances get out of our control. It weakens us from within by predisposing us to fatigue and illness. This is referred to as 'negative stress' or 'bad stress.' According to academics, eustress is required for all people since it is a pleasurable form of stress. However, if discomfort is produced, it necessitates significant prevention and treatment since it can be either

www.iaset.us editor@iaset.us

acute (short-lived) or chronic (long-lasting) (prolonged in nature). Our study is focused on distress, its origins, and the numerous coping mechanisms that may be used to cope with it.

Gender Differences

When men and women are both dissatisfied, they may not react in the same way to their circumstances. Women are more likely to weep, whilst men are more likely to punch something or run away. What is the source of such disparities? Certain studies deny the presence of differences in male and female behavioural patterns, saying that the differences are the consequence of socially reinforced standards. A high level of testosterone in males is thought to lead to dominance in the world, while a lack of such high amounts of testosterone in females appears to result in a natural, biological push in the direction of less dominant and more caring positions in society. 'Your Heredity and Environment,' by Amram Scheinfeld, reminds out that research has proven that males and girls are genetically unique from the time of conception. Male and female development begins at the same time in the womb, and gender distinction occurs as soon as the male or female develops. Several steroid hormones, including oestrogen and testosterone, have a substantial impact on both male and female behaviour. Why is it that boys like to play with cars and guns while females prefer to play with dolls? Feminist scholars frequently ascribe this to socialisation; however there is scientific evidence showing boys and girls are significantly different in terms of their hormone levels.

Gender differences in Stress

Gender differences have a substantial influence on the behaviour of both parties. There have been several studies that have discovered significant differences between men and women in how they interact, the kinds of judgements they make, the level of intelligence they demonstrate, and the extent to which they differ in aggressive, empathetic, risk-taking, and systemizing behaviour. There is also a considerable difference in how stress is perceived and experienced by men and women. The differences in hormone and brain function between males and females in terms of feeling, realising, and coping with stress are demonstrated by these findings. According to research, men behave in a fight-or-flight manner, but women respond in a tend-or-befriend approach. When faced with a stressful circumstance, humans, particularly male members, may resort to violence and engage in a direct confrontation with the stressor (fight), or they may exploit the stressor and seek to escape it by fleeing from the situation (flight) (flight or flee technique). As a result, either guys address the situation head-on or seek out every possible coping strategy, or they flee from it. Taylor with his co-workers (Taylor et al., 2000). Tend or befriend - this phrase refers to the protection of younger generations by nurturing them (tend) in risky conditions and then seeking alliances and assistance from other social groupings (especially female groups) for mutual defence (befriending). Taylor and colleagues observed that women adopt these strategies at a higher rate than men (2000). Both men and women experience the fight or flight response in their bodies. According to some theories, once females took on the responsibility of caring for their children at home, they began to recognise and respond to the dangers that were developing around their children and themselves through social responses. In women, this elicited the tend or befriend reaction. Men, on the other hand, are inherently more aggressive in temperament, and as a result, they respond to stress with the fight or flight response. They grow unsatisfied, unhappy, and eventually ill when they are unable to relieve stress in their respective gender-appropriate ways. Researchers believe that the oxytocin hormone in females is responsible for nurturing, tending, and caring for others. Oestrogen (which is plentiful in women) enhances the activity of oxytocin, making females more loving, protective, and relationship builders in the wild (McCarthy, 1955). Oxytocin is present in males, but the higher concentration of testosterone inhibits its effect. As a result, women experience less anxiety than men

Impact Factor (JCC): 7.0987 NAAS Rating 3.17

in a variety of stressful situations. It has also been observed that there are differences between men and women in the degree and frequency of stress. According to recent studies, women consistently report higher levels of chronic and daily stress than men (Hogan, Carlson, & Dua, 2002). Females experience greater stress than males, according to Matud's (2004) research. Moreover, women considered that they had limited control over a wide range of important life events. Discrimination-related stress may contribute to physiological dysregulation and higher health risks during the postnatal period. Female cortisol responses to stress were investigated by the researchers over a lengthy period of time. Mothers (N = 79) did mother-infant stress activities with cortisol saliva collection at six, twelve, and eighteen months after giving birth and reported gender discrimination. Increased cortisol levels were shown to be associated with increased overall gender discrimination, according to the findings of multilevel modelling. Gender discrimination did not vary over time, and it was not shown to be associated with cortisol levels in the blood. Gender discrimination may increase the likelihood of postnatal stress and health hazards in women by increasing the sensitivity of their physiological stress reactions.

It was revealed empirical evidence by Volpe et al. (2022) that racial discrimination is a strong predictor of coronavirus illness (COVID-19) hospitalisation among Iraqi Christians, hence explaining the disproportionate impact of COVID-19 on discrimination victims. People experiencing intersected prejudice experienced existential anxiety about their social and economic position (status EAA), which had detrimental repercussions for their physical and mental health as well as their cognitive ability. A recent study conducted by researchers Meghan T. and Tiffany L. (2022) discovered that the physiological effects of chronic stress on Black women may be overburdened as a result of health disparities associated with chronic stressors such as perceived discrimination in the workplace and neighbourhood, daily stress, family conflict and conflict with extended family, acculturative conflict and conflict with extended family, environmental conflict and conflict with extended family, and maternal conflict. 4 Because of the interaction of racial and gender discrimination, they are more likely to suffer from the twin ramifications of social stress, which is aggravated by health and socioeconomic inequalities. The long-term effect of this might be a rise in the occurrence of sickness symptoms. It was revealed that the attitudes of healthcare professionals toward female employees and to provide solutions to employees and management on gender equality utilising the data gathered, as well as to provide scientific input on this issue by Müldür and Karaca in 2022.

According to the findings of the study, work dissatisfaction, limited clinical correspondence, high depression, burnout, stress, and drop-out rates — all of which are caused by widespread gender discrimination — are among the alarming and complex challenges that female trainee residents in Jeddah of all levels and specialties are confronted with.

Using occupational stress as a mediator, Dilrukshi U and Ranasinghe R (2021) discovered a negative impact of gender discrimination on employee performance. They also discovered positive relationships between gender discrimination in hiring, promotion, and wage decisions and occupational stress, as well as a negative relationship between employee performance and occupational stress. The report recommends that all human resource managers achieve gender equality inside their organisations, since this will have an influence on their overall performance and profitability.

Sources of Stress

In accordance with research, women readily admit and embrace stress, but men consider it to be an indication of their own weakness and avoid it. Evidence suggests that different types of experiences cause men and women to react differently. Males are much more likely than females to cite economic conditions and work-related events as the principal causes of stress (stressors), whereas females are more likely to cite family and health-related events as significant stressors (sources of stress). According to Tytherleigh et al. (2007), men and women experience work-place stress in a different manner.

<u>www.iaset.us</u> editor@iaset.us

Wage and benefit problems, for example, tend to be more bothersome to men than they are to women. Unlike males, women lay higher importance on the nature of their profession and their interpersonal contacts. In the absence of close ties with others, females are more irritated. They are also more nervous about their professions as a result of a lack of authority in the organisation, discrimination, and tokenism. The working hours themselves may be stressful for both men and women in different ways. The degree of stress experienced by women who work more than 60 hours per week is higher than that experienced by women who work less hours. Males, on the other hand, seldom develop anxious, even if they work more than 60 hours each week (Tytherliegh et al). Male members who face conflict at work are also more likely to experience issues at home on the same day, according to our research findings. They tend to withdraw from their families even on the most difficult days for them (husbands, dads, sons, and so on). Men are more anxious about unemployment, living conditions, job, and conflict with friends and co-workers than women, while women are more concerned about the health of family members, friends, and other close relatives, according to a recent survey. In spite of the fact that researchers have identified a lesser degree of influence of this study, which they have linked to the causes of the societal shift in gender roles, in which more women have entered the workforce and more men have taken an interest in childcare and domestic concerns, the study has been widely cited by researchers. In a specific study done by Williams, he observed that the risk of dying is much higher in older males following the death of their spouse, although the risk of dying increases somewhat in women since women turn to their social networks to help them get through the pain. Coping styles may be divided into two categories: problem-focused coping and emotional-focused coping (Hamilton & Fagot, 1998; Lengua & Stormshak, 2000; Matud, 2004). According to several research (Day & Livingstone, 2003; Matud, 2004), women are more likely than men to utilise emotion-focused coping strategies, whilst men are more likely to use problem-focused coping. In recent years, it has become clear that emotion-focused coping is less effective than problem-focused coping and is more likely to result in psychological distress. This might explain why women endure higher levels of stress in their lives and suffer from larger levels of anxiety and depression than men do (Hamilton & Fagot, 1998; Matud, 2004; Sandanger, et al. 2004). When it comes to stress perception and dealing with the differences in coping strategies between men and women, gender role socialisation is particularly important. According to research, the differences between men and women are not just based on their gender, but also on how men and women are socialised as a whole. According to our observations and perspectives, guys are socialised to be more independent, problem-focused, and less prone to communicating their emotions than females. Women, on the other hand, are socialised to be more reliant on others, more emotional, and more supportive of their own needs and feelings. Both men and women are expected to fulfil these duties. These elements have an influence on the causes and forms of stress as well as their manifestations. Traditionally, women are urged to be more reliant on others and emotionally invested in their well-being, which broadens their social networks in comparison to men, according to gender norms. Women are more prone than males to seek emotional support from others when they are in stressful situations, whereas men are more likely to seek instrumental and informational assistance from others when they are in stressed situations.

Coping with Stress

The ability to cope with stress in an appropriate manner is the first step toward preventing psychological distress and the development of serious illnesses. There have been two types of coping techniques identified. These include activities like as talking with friends and family, praying, exercising, and meditation, all of which help to improve one's overall well-being (Tyler & Ellison, 1994). Alcoholism, smoking, or ignoring the truth of the traumatic event are examples of maladaptive and avoidance behaviours that result in depression (Gore-Felton, et al. 2006). There are considerable

Impact Factor (JCC): 7.0987 NAAS Rating 3.17

differences between men and women when it comes to the use of various stress coping strategies (Matheny, Ashby & Cupp. 2005). Using protective factors against depression and anxiety disorders to cope with stress, women, according to studies, reach out to their social networks and engage in help-seeking activities. Women cope with stress in a variety of ways, including praying, taking, eating, and spending quality time with their families and friends (Tyler & Ellison, 1994). This is the most often used adaptive coping method among women (Plaisier, et al. 2007). Men, on the other hand, were found to employ more maladaptive coping mechanisms, such as drinking alcohol, smoking, doing drugs, eating poorly, and being aggressive when pressured. Women may lessen their stress levels by taking care of their babies, children, spouses, elderly parents, pets, and themselves. Women who have happy marriages can relieve their workplace stress by going home, but men do not require such happy marriages to relieve tension; instead, they engage in sports, games, television viewing, and other forms of entertainment in an attempt to have fun. According to research, when men feel concerned, they prefer to be alone for a period of time. They maintain a safe distance from everyone. Women, on the other hand, value relationships and seek out opportunities to engage with others in order to reduce their stress. They divide themselves into groups and begin to talk about the tension. Women are more likely than males to yearn for the company of others.

CONCLUSION

The ability to cope with stress in an appropriate manner is the first step toward preventing psychological distress and the development of serious illnesses. There have been two types of coping techniques identified. These include activities like as talking with friends and family, praying, exercising, and meditation, all of which help to improve one's overall wellbeing (Tyler & Ellison, 1994). Alcoholism, smoking, or ignoring the truth of the traumatic event are examples of maladaptive and avoidance behaviours that result in depression (Gore-Felton, et al. 2006). There are considerable differences between men and women when it comes to the use of various stress coping strategies (Matheny, Ashby & Cupp. 2005). Using protective factors against depression and anxiety disorders to cope with stress, women, according to studies, reach out to their social networks and engage in help-seeking activities. Women cope with stress in a variety of ways, including praying, taking, eating, and spending quality time with their families and friends (Tyler & Ellison, 1994). This is the most often used adaptive coping method among women (Plaisier, et al. 2007). Men, on the other hand, were found to employ more maladaptive coping mechanisms, such as drinking alcohol, smoking, doing drugs, eating poorly, and being aggressive when pressured. Women may lessen their stress levels by taking care of their babies, children, spouses, elderly parents, pets, and themselves. Women who have happy marriages can relieve their workplace stress by going home, but men do not require such happy marriages to relieve tension; instead, they engage in sports, games, television viewing, and other forms of entertainment in an attempt to have fun. According to research, when men feel concerned, they prefer to be alone for a period of time. They maintain a safe distance from everyone. Women, on the other hand, value relationships and seek out opportunities to engage with others in order to reduce their stress. They divide themselves into groups and begin to talk about the tension. Women are more likely than males to yearn for the company of others.

REFERENCES

1. Andre-Petersson, L., Hedblad, B., Janzon, L., & Ostergren, P.O. (2006). Social support and behavior in a stressful situation in relation to myocardial infarction and mortality: Who is at risk? Results from prospective cohort study "Men born in 1914," Malmo, Sweden. International Journal of Behavioral Medicine, 13, 340-347.

www.iaset.us editor@iaset.us

- 2. Day, A.L. & Livingstone, H.A. (2003). Gender differences in perceptions of stressors and utilization of social support among university students. Canadian Journal of Behavioral Science, 35, 73-83.
- 3. Dilrukshi U., Ranasinghe R. (2021), Effect Of Gender Discrimination On Employee Performance: Mediating Role Of Occupational Stress In Banking Sector Employees In Sri Lanka Journal of Global Economics, Management and Business Research 13(3): 1-10, 2021 ISSN: 2454-2504.
- 4. Everly, G.S., & Lating, J.M. (Eds.), (2002), A clinical guide to the treatment of the human stress response (2nd ed.). New York: Plenum Publishers.
- 5. Gore-Felton, C., Koopman, C., Spiegel, D., Vosvick, M., Brodino, M., & Winningham, A. (2006). Effects of quality of life and coping in depression among adults living with HIV/AIDS. Journal of Health Psychology, 11, 711-729.
- 6. Hamilton, S. & Fagot, B., (1998), Chronic stress and coping styles: a comparison of male and female undergraduates. Journal of Personality and Social Psychology, 55, 819-823
- 7. Hogan, J.M., Carlson, J.G., & Dua, J. (2002). Stressors and Stress Reactions Among University Personnel. International Journal of Stress Management, 9(4), 289-310.
- 8. Kira, I. A., Al-Noor, T. H., Al-bayaty, Y. W., Shuwiekh, H. A. M., Ashby, J. S., & Jamil, H. (2022). Intersected discrimination through the lens of COVID-19: The case example of Christian minority in Iraq. American Journal of Orthopsychiatry. Advance online publication. https://doi.org/10.1037/ort0000619
- 9. Lengua, L.J. & Stormshak, E.A. (2000). Gender, gender roles, and personality: gender differences in the prediction of coping and psychological symptoms. Sex Roles, 43, 787-820.
- 10. Matheny, K.B., Ashby, J.S., & Cupp, P. (2005). Gender difference in stress, coping, and illness among college students. The Journal of Individual Psychology, 61, 365-379.
- 11. Matud, P.M. (2004). Gender differences in stress and coping style. Personality and Individual Differences, 37, 1401-1415.
- 12. McCarthy, M.M. (1995). Estrogen modulation of oxytocin and its relation to behavior. In R. Ivell & J. Russell (Eds.), Oxytocin: Cellular and molecular approaches in medicine and research (pp. 235-242). New York: Plenum.
- 13. McDonough, P. & Walters, V. (2001). Gender and health: Reassessing patterns and explanations. Social Science and Medicine, 52, 547-559.
- 14. Meghan Tipre and Tiffany L. Carson. (2022)Women's Health Reports. Apr 2022.222-227.http://doi.org/10.1089/whr.2021.0041Volume: 3 Issue 1: February 15,
- 15. Müldür, Ö. & Karaca, A. (2022). DETERMINING THE PERCEPTIONS OF GENDER DISCRIMINATION OF HEALTHCARE PROFESSIONALS: THE EXAMPLE OF TUNCEL. Journal of Healthcare Management and Leadership, (1), 98-124. DOI: 10.35345/johmal.1093583
- 16. Plaisier, I., de Bruijn, J.G., de Graaf, R., ten Have, M., Beekman, A.T., & Penninx, B.W. (2007). The contribution of working conditions and social support to the onset of depressive and anxiety disorders among male and female employees. Social Science & Medicine, 64, 401-410.

Impact Factor (JCC): 7.0987 NAAS Rating 3.17

- 17. Sandanger, I.; Nygard, J.F.; Sorenson, T; & Torbjorn, M. (2004). Is women's mental health more susceptible than men's to the influence of surrounding stress? Social Psychiatry & Psychiatric Epidemiology, 39, 177-184.
- 18. Taylor, S.E., Klein, L.C., Lewis, B.P., Gruenewald, T.L., Gurung, R.A.R., & Updegraff, J.A. (2000). Biobehavioral responses to stress in females: Tend-and befriend, not fight-or-flight. Psychological Review, 107, 441-429.
- 19. Tytherleigh M.Y., Jacobs P.A., Webb. C., Ricketts C., Cooper C. (April 2007). Gender, Health and Stress in English University Staff-Exposure or Vulnerability, Applied Psychology, Volume 56, Issue 2, pages 267-287.
- 20. Tyler, P.A., & Ellison, R.N. (1994). Sources of stress and psychological well-being in high dependency nursing. Journal of Advanced Nursing, 19,469-476.
- 21. Volpe, V. V., Dawson, D. N., & Laurent, H. K. (2022). Gender discrimination and women's HPA activation to psychosocial stress during the postnatal period. Journal of Health Psychology, 27(2), 352–362. https://doi.org/10.1177/1359105320953470
- 22. Yaghmour, A., Alesa, A., Anbarserry, E., Abdullah Binmerdah, M., Alharbi, A., Housawi, A., Almehdar, M., et al. (2021). Challenges and Obstacles Faced by Trainee Female Physicians: An Integrative Research on Gender Discrimination, Stress, Depression and Harassment. Healthcare, 9(2), 160. MDPI AG. Retrieved from http://dx.doi.org/10.3390/healthcare9020160

<u>www.iaset.us</u> editor@iaset.us