

GENDER AND AGE DIFFERENTIALS IN COPING BEHAVIOR

Euckay U. Onyeizugbo
Department of Psychology
Faculty of the Social Sciences
University of Nigeria, Nsukka

&

Desmond U. Onu
Department of Psychology
Faculty of the Social Sciences
University of Nigeria, Nsukka

Abstract

It is self-evident that a human person encounters stress in daily life, especially in Nigeria where people are grappling with myriads of economic and political challenges. It is equally evident that one copes in one way or another with the challenges of life. This research aims at examining gender and age differences in coping behavior. One thousand and three adults 18-69 years, from a cross section of Nigeria took part in the study. They include 372 women, 631 men, 421 younger and 582 older persons. The coping behavior scale (CBS) was used to assess coping behavior. Cross-sectional design was adopted and Two-Way analysis of variance (ANOVA) was used for data analysis. It was found that there were highly significant gender and age differences in coping behavior. Discussion highlighted the importance of cultural expectations in behavior, including coping behavior.

Introduction

Stress is a constant in the equation of human existence. This is more so in Nigeria with her teeming population, where public policy can sprout

and is implemented over night such that over night the populace may wake up to meet a radically different society. For instance, for many years fuel price fluctuates radically as each Government in power strive to increase fuel pump price as a way of generating finances for government projects. This is usually done toward the end of the year or at the beginning of a new year. As such, fuel marketers tend to hoard fuel, leading to artificial scarcity, and consequent increase in transport fares, and high cost of commodities. The instability in fuel price in the country generate anxiety in the people; the energy involved in procuring the product or having to find ways to do without it in times of scarcity is very stressful - and there are many situations like that. Sometimes, Nigerians will be traveling, one may come to a community, or a whole State, and the road or highway is blocked for nearly a whole day due to election, clean up, or for any unjustifiable reason. The worst form of stress is unpredictable stress.

Everyone needs a way to cope with anxiety and stress to avoid physical and psychological breakdown. But then, most people muddle through any way they can, venting their frustrations to sympathetic friends or family members or perhaps taking the occasional sick day. Some people go further and seek medical or psychological help; others turn to alcohol or other drugs. Obviously, coping strategies need to be tailored to the individual and the situation, and it is equally obvious that some strategies are better than others (Lefton, 2001).

Coping refers to active efforts to master, reduce, or tolerate the demands created by stress (Weiten & Lloyd, 1994; 2003). Coping can also be seen as the process by which a person takes some action to

manage, master, tolerate or reduce environmental and internal demands that cause stress and that tax the individual's inner resources (Lefton, 2001). These definitions of coping contain five important assumptions. First, coping is constantly changing and being evaluated and is therefore a process or a strategy. Second, coping involves managing situations, even if not under total control. Third, coping is effortful; it does not happen automatically. Fourth, coping aims to manage cognitive as well as behavioral events. Finally, coping is learned (Lefton, 2001).

Cognitive-relational theory has been put forward by Lazarus and Folkman (1984). Cognitive-relational theory defines stress as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being. Appraisals are determined simultaneously by perceiving environmental demands and personal resources. They can change over time due to coping effectiveness, altered requirements, or improvements in personal abilities. The cognitive-relational theory of stress emphasizes the continuous, reciprocal nature of the interaction between the person and the environment.

The demands of life require that one adjusts when one experiences or perceives challenges to one's physical or emotional well being (James, Susan, & Jill, 2011). This process of adjusting can be referred to as coping. According to Weiten and Lloyd (1994; 2003), people cope with stress in an endless variety of ways. McCrae (1984) identified 28 coping strategies whereas Carver, Scheier, and Weintraub (1989) identified 14 coping strategies. Some of these coping responses may be either healthy (adaptive) or unhealthy (maladaptive). People

faced with constant stress use either defense- or task-oriented coping strategies. This is also known as “passive” and “active” or emotion-focused and problem-focused coping (Folkman, Lazarus, Gruen, & Delongis, 1986; Mefoh, 2007). For instance, a student having problems with a course can cope with these problems by either seeking special hands to help him/her increase his/her study efforts (active coping) or blame (passive coping) his/her lecturer for his/her failure or give up on the course. People tend to take an active coping strategy when they think they can overcome the stressor, but fall back on the passive coping strategy when they perceive the problem to be out of their control (Mefoh, 2007). People who have effective coping skills are better prepared to deal with stress-related situations and are thus less vulnerable (Wiebe, 1991). Hilsman and Garber (1995) found that children who have effective coping skills are better prepared to deal with stress.

Studies have shown that coping pattern could be associated with self-esteem and anxiety. Carver et al. (1989) correlated participants’ reliance on each coping strategy with various personality measures, such as self-esteem and anxiety. They found that some coping patterns such as active coping, planning, positive reinterpretation, were associated with relatively high self-esteem and low anxiety, whereas other coping patterns were associated with lower self-esteem and higher anxiety.

Although many researches have shown that coping behavior is correlated with different personality traits, for instance, anxiety, self-esteem, aggression (Carver, 1989; Dollard, Doob, Miller, Mowrer, & Sears, 1939; Marcus-Newhall, Pedersen, Carlson, & Miller, 2000; Weiten & Lloyd, 2003), very few focus on gender and age

differences in coping behavior. A review of empirical studies on gender differences in coping behavior showed that women are more emotion-focused, and tend to use defense oriented coping strategies than men, whereas men tend to use more emotion inhibition than women; they are more problem-focused (Matud, 2004, Sullivan, 2002). Doyle and Biaggio (1981) found that men express their anger unlike women who tend to suppress their anger. Cerwonka, Isbell, & Hansen (2000) found that gender is a significant predictor of risk behaviors including coping with AIDS, with men at greater risk, since they are less likely to adopt behaviors that will protect them from problematic behaviors.

Researches on age differences in coping show that there are moderate levels of stability in coping behavior in all age groups but there are inherent stage-related changes in the ways people cope as they age; young adults tend to use more of active coping behaviors than older adults. As one grows older, the likelihood of using an active coping style decreases (Martin, Kliegel, Rott, Poon, & Johnson (2008). Minehan (2000) found that older age predicted stronger coping strategies. Koukouli, Vlachonikolis, and Philalithis (2002) found that older age has significant positive relationship with one's ability to function normally in one's everyday life. Cerwonka et al. (2000) also found that older adults cope better with stress.

It is important to note that these results were obtained in western countries, such as the United States of America, but little researches in coping behavior have been conducted in Nigeria. Yet Nigerians face a lot of stress from the environment, for example, terrorism, unemployment, crowding, road traffic congestions, as well as auto accidents, harassment

by law enforcement agencies, economic hardship, natural disasters such as flooding, fire outbreak, health disability, and so on. Many people cope by adopting one form of destructive life style or the other, for example, drinking, uncontrolled sexual behavior, internet crimes, armed robbery, prostitution, etc. (Mefoh, 2007; Onyeizugbo, 2007). Previous studies focused on different styles of coping behavior, but the present study focused on the effectiveness (adaptive/maladaptive) of the coping behavior generally adopted.

This study focused on investigating whether there will be gender and age differences in coping behavior. Thus, which of the genders cope more effectively with stress than the other, and which of the age groups manage stress more effectively than the other. In light of the past studies, it is expected that there will be significant gender and age differences in coping behavior.

Method

Participants

One thousand and three persons participated in the study. These were 631 men and 372 women; 421 younger adults and 582 older adults. They were drawn from four zones of the Federal Republic of Nigeria, namely: South East, South-South, North Central and North-East. Their age ranges from 18-69 years; mean 35 years. Ages 18-30 constituted the younger adults, whereas 31-69 constituted the older adults.

Instrument

The main instrument used for data collection for the dependent variable – coping behavior – was the coping behavior scale (CBS) developed by Onyeizugbo (2010). It contains 52 positive and negative statements that

relates to how individuals cope with stress. It measures a person's coping ability as to whether it is adaptive (healthy, life-enhancing) or maladaptive (unhealthful, life-diminishing). The CBS is a 5-point Likert-form scale with response options ranging from 'Never' to 'Always'. Statements that indicate adaptive coping are scored positively, while maladaptive statements are scored negatively (reversed). For example, "I do things at the right time" (positive); "I hardly endure an insult" (negative). The CBS has Cronbach's alpha of .85; split-half reliability of .73. The higher a person's score, the more adaptive (effective) the coping behavior one exhibits.

Procedure

The coping behavior scale (CBS) which also contains personal/demographic information such as age, sex, etc., was administered to the respondents individually by four research assistants. Only those who volunteered to fill the questionnaire forms were given the questionnaire forms to fill. It took about fifteen minutes to fill. Immediately they finished filling the forms, they were collected. The collated forms were scored, coded, and analyzed using SPSS version 16.

Design/Statistics

The study adopted a cross-sectional survey design. Two independent variables (gender and age) were involved, and each of them has two levels; dependent variable was coping behavior. Two-Way analysis of variance (ANOVA) was used for data analysis.

RESULT

Table 1: ANOVA Summary of the effects of gender and age on coping behavior

Tests of Between-Subjects Effects

Dependent Variable: Coping Behavior

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	12983.381 ^a	3	4327.794	7.638	.000
Intercept	2.836E7	1	2.836E7	5.004E4	.000
Sex	4258.657	1	4258.657	7.516	.006
Age	6066.312	1	6066.312	10.706	.001
Sex * Age	1555.997	1	1555.997	2.746	.098
Error	566051.837	999	566.618		
Total	3.164E7	1003			
Corrected Total	579035.218	1002			

a. R Squared = .022 (Adjusted R Squared = .019)

Table 1 shows that there was a significant difference between men and women respondents in coping behavior $f(1,999) = 7.52, p < .01$. As Table 2 shows, men's mean score was higher ($M = 177.35; SD = 24.02$) than that of the women ($M = 173.63; SD = 23.91$) in coping behavior.

Table 2: Descriptive statistics showing mean scores of women and men as well as younger and older adults in coping behavior

Dependent Variable: Coping Behavior

Gender	Age	Mean	Std. Deviation	N
Male	Younger adults	181.96	23.01	256
	Older adults	174.21	24.21	375
	Total	177.35	24.02	631
Female	Younger adults	175.04	22.59	165
	Older adults	172.50	24.92	207
	Total	173.63	23.92	372
Total	Younger adults	179.25	23.07	421
	Older adults	173.60	24.46	582
	Total	175.97	24.04	1003

Further, there was a significant age differences in coping behavior $f(1,999) = 10.71, p < .001$ (Table 1). As Table 2 shows,

younger adults' mean score was higher ($M = 179.25$; $SD = 23.07$) than that of the older adults ($M = 173.60$; $SD = 24.46$) in coping behavior.

DISCUSSION

The findings of this study show that there was a very significant gender differences in coping behavior whereby men coped better (more adaptively) than women. This finding is concurrent with those of Matud (2004) and Sullivan (2002) who found that women were more emotion-focused, and tend to use defense-oriented or passive coping strategies than men who tend to use more of problem-focused than women. Doyle and Biaggio (1981) found that men express their anger unlike women who tend to suppress their anger. It is obvious that men and women differ in their biological and psychological functioning. The apparent physical disparities between the sexes lead one to expect other differences as well (Weiten & Lloyd 2003). Women and men are powerful, resourceful, sensitive, intuitive, and analytical, yet, they exhibit those abilities in different circumstances (Hales, 1999). The reason for this might be the effect of stereotypes based on sex. Research indicates that that there is a great deal of consensus in society on supposed behavioral differences between men and women (Broverman et al., 1970; Onyeizugbo, 2003; Smith & Midlarsky, 1985). Generally, women are expected to be more emotional than men; also, whereas men are expected to be vocal about issues that affect them, and to take charge, women are usually taken charge of – they submit to men in instances where there is divergent views on things, hence they may adopt a

passive/passive-aggressive approach to handling issues, and avoidance all of which amount to ineffective coping.

Equally, there is a very highly significant age differences in coping behavior. Younger persons coped more adaptively than the older group. This finding is supported by Martin et al. (2008) who observed that younger adults tend to be more problem focused than the older adults. However, this finding is contrary to those of Minehan (2000), Koukouli, Vlachonikolis, and Philalithis (2002). Younger adults are at a stage in their lives where they have to perform in their career, families, and society at large, therefore, it makes sense for them to be more problem/task oriented which really is the content of adaptive coping. Unlike the older adults who have stabilized in their pursuit of success, power, and social applause, at this stage, they may tend to be more feeling/emotion-oriented or avoidant/passive as younger people take over control of major issues in their lives. No doubt cognitive depreciation could also play a role in their less effective coping behavior.

The findings of the present study may have far-reaching implications. It is interesting that women were found to be less effective in their coping behavior. Generally, women are the bedrock and backbone of many families as they bear and nurture children, care for the family, and their communities. This observed tendency for them to use less effective coping skills is problematic. The ineffective coping skills as listed in the coping behavior scale (CBS) include, low self esteem, giving up under pressure, negative thinking, poor time management and so on. If the 'rock' of the family and society is not rocky, then there is danger of the family edifice falling apart. It becomes necessary for

society to look into some of the socio-cultural norms and practices that hinder women from believing in their abilities to make a difference, and taking control of their lives and destinies, and work toward dismantling them. Health insurance could cover psychotherapy for vulnerable women. This will give them social support that will enable them cope with the challenges of life.

Dashora, Erdem, & Slesnick (2011) found that youths with higher task-oriented coping tend to have less delinquent behaviors whereas those with higher emotion-oriented coping reported higher levels of anxiety/depression, and other problem behaviors, leading to high-risk sexual behaviors which could predispose to sexually transmitted diseases, drinking problems, and the like. On the other hand, older adults can be said to be at risk of early death and other ailments that could be caused by the use of coping behavior that are not effective. This calls for awareness campaign through the mass media, or in specialized groups where adults will be educated on the dangers of different coping methods as well as the need to acquire the habit of healthy lifestyles and adopt more effective coping such as forgiveness, humor, exercise, assertiveness, using less alcohol, etc. as opposed to bearing drudges, bottling up feelings, abusing alcohol and other drugs, etc. The Ministry of Health/relevant agencies could collaborate with mental health professionals, professionals in allied disciplines, non-governmental organizations, and so on to put up effective education programs that will achieve the desired behavior change – effective coping and healthful lifestyle.

The study focused on adults – younger and older – but not on adolescents. Furthermore, coping behavior may involve interaction of demographic factors with personality and environmental factors. Consequently, it is recommended that future studies sample adolescents, as well as include personality and other factors for possible interaction effect.

Conclusion

This study investigated gender, and age differences in coping behavior in a nation-wide adult sample. Coping behavior was seen as an effort by an individual to manage stress in one's daily life. In this study, coping was conceptualized and measured in terms of its effectiveness. The study was anchored on the Cognitive-relational theory that defines stress and coping in terms of person-environment interaction. It was found that men and younger participants tended to cope more effectively with stress compared with women, and older population. Given the dangers inherent in maladaptive coping/lifestyle, it was recommended that public enlightenment campaign be instituted by the Ministry of Health in collaboration with mental health and allied professionals to educate the public on effective coping behavior.

References

- Broverman, I.K., Broverman, D.M., & Clarkson, F.E. (1970). Sex-role stereotypes and clinical judgments of mental health. *Journal of Consulting and Clinical Psychology, 34*(1), 1-7.
- Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies. A theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267-283.

Cerwonka, E. R., Isbell, T. R., & Hansen, C. E. (2000). Psychosocial factors as predictor of unsafe sexual practices among young adults. Department of psychology, Long Island University. www.ncbi.nlm.nih.gov/pubmed/10833039

Dashora, P., Erdem, G. & Slesnick, N. (2011). Better to bend than to break: coping strategies utilized by substance-abusing homeless youth. *Journal of Health Psychology, 16(1)*, 158-168.

Dollard, J., Doob, L.W., Miller, N.E., Mowrer, O.H., & Sears, R.R. (1939). *Frustration and aggression*. New Haven, CT: Yale University Press.

Doyle, M.A., & Biaggio, M.K. (1981). Expression of anger as a function of assertiveness and sex. *Journal of Clinical Psychology, 37*, 154-157.

Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. *Journal of Personality and Social Psychology, 46(4)*, 839-852.

Folkman, S., Lazarus, R.S., Gruen, R.J., & Delongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Educational Psychology, 73*, 393 -403.

Hales, D. (1999). *Just like a woman: How gender science is redefining what makes us female*. New York: Bantam Books.

Hilsman, R., & Garber, J. (1995). A test of the cognitive diathesis-stress model of depression in children: Academic stressors, attributional style, perceived competence, and control. *Journal of Personality and Social Psychology, 69*, 370-380.

Koukoulis, S., Vlachonikolis, L. G. and Philalithis, A. (2002). *Socio-demographic factors and self-reported functional status: The significance of social support*. Health planning division, Department of Social Medicine, Faculty of Medicine, University of Crete, Greece.

- James, N.B., Susan, M., & Jill, M.H. (2011). *Abnormal Psychology: Core concepts*. Boston: Allyn and Bacon.
- Lazarus, R.S., (1982). The psychology of stress and coping with particular reference to Israel. In C.D. Spielberger, I.G. Sarason, & N.A. Milgram (Eds.), *Psychology and health: The master lecturer series*. Washington, DC: American Psychological Association.
- Lefton, L.A. (2001). *Interactive Psychology online*. Needham Heights: Allyn and Bacon.
- McCrae, R.R. (1984). Situational Determinants of coping responses: Loss, threat and challenge. *Journal of Personality and Social Psychology*, 46, 919-928.
- Marcus-Newhall, A., Pedersen, W.C., Carlson, M., & Miller, N. (2000). Displaced aggression is alive and well: A meta-analytic review. *Journal of Personality and Social Psychology*, 78(4), 670-689.
- Martin, P., Kliegel, M., Rott, C., Poon, L.W. & Johnson, M.A. (2008). Age differences and change of coping behavior in three age groups: Findings from the Georgia Centenarian study. *International Journal of Aging Human Development*, 66(2), 97 -114.
- Matud, M.P. (2004). Gender differences in stress and coping styles. *Journal of Personality and Individual Differences*, 37(7), 1401-1415.
- Mefoh, P.C. (2007). *Technostress: The sign of the time*. Nsukka: Deepspring.
- Minehan, A. Newcomb, M. D. , Galaif, E.R. (2000). Predictors of adolescent drug use: Cognitive abilities, coping strategies and purpose in life. *Journal of child and adolescent substance abuse*, 10 (2) 33-52.
- Onyeizugbo, E.U. (2003). Effects of gender, age, and education on assertiveness in a Nigerian sample. *Psychology of Women Quarterly*, 27, 12 – 16.

Onyeizugbo, E.U. (2007). Perceived causes and consequences of youth unemployment in Nigeria. *Nigerian Clinical Psychologist*, 2, 44 –50.

Onyeizugbo, E.U. (2010). Coping behavior scale: Development and validation. *Nigerian Clinical Psychologist*, 5, 1-6.

Smith, P.A., & Midlarsky, E. (1985). Empirically derived conceptions of femaleness and maleness: A current view. *Sex Roles*, 12, 313-328.

Sullivan, A. (2002). Gender differences in coping strategies of parents of children with Down Syndrome. *Down Syndrome Research and Practice*, 8(2), 67-73).

Weiten, W. & Lloyd, M.A. (1994). *Psychology applied to modern life: Adjustment in the 90s*. California: Brooks/Cole Publishing Company.

Weiten, W. & Lloyd, M.A. (2003). *Psychology applied to modern life: Adjustment in the 21st century (7th edition)*. Belmont, CA: Thomson & Wadsworth.

Wiebe, D.J. (1991). Hardiness and stress no direction: A test of proposed mechanisms. *Journal of Personality and Social Psychology*, 60, 89-99.