

## Gender Difference in Quality of Life and Stress Coping Behaviours among Graduate Students

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**ABSTRACT:** Quality of life is a holistic view for person's perception of life and it includes physical, mental, social, environmental health of the person. Stress coping has two forms: problem-focused and emotion-focused, which includes two-types of behaviors, i.e., adaptive and maladaptive, and it plays a vital role in mental health. Social environment like peer group and college environment is major determinant of development. The present study examines gender difference in the association of quality of life and stress coping behaviours among graduate students. Sample of 50 students from post-graduation aged between 19-21 years from different educational institutions of Varanasi were randomly selected for the study. They were equally distributed in terms of gender. Two tools had been used for data collections of the present study, first was WHOQOL-BREF drafted by Alison Harper and the second was Stress Coping Technique Scale by Dr. Vijaya Lakshmi & Dr. Shruti Narain. Descriptive and inferential statistics were calculated for this study. The obtained results cleared that females are engaged in more adaptive behaviors and males are engaged in more maladaptive behaviours for stress coping. In case of quality of life, girls have better quality of life than boys. On the basis of this study, we can conclude that, there are significant statistical differences in stress coping behaviors and quality of life among graduate students. And, there is a positive relation between adaptive coping behaviors and quality of life. So, we can say that holistic perception of life is influenced by stress coping behaviours and vice-versa.

**Key words:** Early- adults, Stress coping behaviours, Quality of life, Gender difference, Graduate students.

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### I. INTRODUCTION

Lazarus and Folkman defined 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 (1984a). Basically there are three types of definitions for stress: stimulus based definition, response based definition and interactional definitions. Stimulus based definitions explain environmental causes for exposure to stressful situation. Response based definition was started by Hans Selye and it explain the reaction to the organism for a particular situation and his adaptation. Selye gave the term "stressor" for reasons of stress. Interactional definitions are newer on and it explains the S-R or environmental stimulus and physiological response interaction for the stress.

Stress is of two types: Eustress and distress. Eustress is positive stress and it is necessary for good health. It can help us to reach goals and makes a person feel in control. But, distress is negative stress and it relates to mental illness. It is caused by too much trauma and occurs when someone does not know how to cope with stressors. Any kind of stress have body-mind interaction, which can be seed by emotions, physiological reactions and response behaviours. According to American Psychological Association (APA), there are three different forms of stress: acute stress, episodic acute stress, chronic stress. These can be differentiated by their own characteristics, symptoms, duration and treatment approaches. According to evolutionary perspective on stress, inappropriate physiological response constitutes the link between stress and disease and thereby causes ill health.

Coping paradigm for stress was developed by Lazarus. Stress coping are thoughts and behaviours used to manage the internal and external demands of situations that are appraised as stressful (Folkman & Moskowitz, 2004; Taylor & Stanton, 2007). These can be both, problem focused or emotion focused. Problem focused coping is attempting to do something constructive about the stressful conditions while emotion focused coping regulates emotions experienced due to the stressful events. Coping behaviours are characteristics and often automatic action or set of actions taken in dealing with stressful or the threatening situations (APA, 2015). These can be adaptive (positive) or maladaptive (negative). Using a coping strategy is depend upon the level and type of stressor. Adaptive coping strategies/ behaviours are those which are focused upon positive physical, mental and spiritual health like yoga, meditation, walking, do any work which is a hobby (dancing, singing, painting). But, maladaptive coping strategies/ behaviours are those behaviours which are focused upon negative

health practices like drug addiction, overeating, more sleeping, etc. We mainly perform these to skip the emotional problem by denial of the situation/stressor.

Quality of life is individual's perception of their positions in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (WHO). It is holistic in nature, i.e., it includes physical, mental, social, environmental & spiritual well-being. Quality of life mainly have two types of factors: satisfactory conditions (like group cohesiveness; sharing experiences; helping attitudes) and satisfying conditions (like belongingness; presence of positive attitude; subjective well-being; absence of unhealthy experiences). Due to its holistic nature, it is known as holistic medicine. It is because improving quality of life means improving overall holistic health.

Holistic Development is an approach to learning that emphasises the importance of the physical, emotional and psychological well-being of learner/student. In holistic approach, learning and teaching interaction defined as the social context in which a learner who is seeking to improve the self is taught specific discipline knowledge and improve quality of life of the learner. There is a bilateral relationship between quality of life and holistic development.

Parents, teachers and school environment play important role in holistic health and promoting healthy coping. It becomes a part of moral and social education. But, after schooling, when a child become adult and enter in a college, then healthy lifestyle become neglected by them. A graduate student usually comes in the age-range of early adulthood when emotional tension, social isolation, commitment, dependency, value change occurs. If a student live in a new environment for their college (like in a hostel/ PG), then healthy life style becomes a forgettable thing and adaptation in the new environment/situation become a challenge.

Many studies found the relationship among quality of life and stress coping/ stress coping behavior in terms of holistic development. Nelson & Buckler (2001) examined the relationship between these coping styles and stress/distress and defined relative health and success of graduate students in clinical psychology. They found the result that more successful students are healthier and report less stress, more social support, and utilization of more positive and less negative coping styles. Also, more successful students were likely to be women and to report increased use of focus on and venting of emotion as a coping style, increased utilization of medical care, and increased stress regarding scholastic coursework. Kumar & Bhukar (2013) found that coping strategy of boys and girls in Physical Education profession was found to be better than that of boys and girls in Engineering profession. It may be due to the reason that Physical Education students participate regularly in various physical activities that could manage their stress. Nur et al. (2017) found that quality of life is likely to be higher among those living in urban areas, non-smokers, those with have adequate amount of pocket money, and those with higher BMI index. Health-promoting strategies should target modifiable risk factors and consider socioeconomic support to improve the quality of life among university students. Nipp, Park & Jackson (2016) found that the use of emotional support and acceptance/ adaptive coping strategies correlated with better quality of life and mood. Deasy & Jourdan (2014) found the positive relationship between elevated psychological distress and escape avoidance behaviours including substance use (alcohol, tobacco and cannabis) and unhealthy diet is of particular concern. It means maladaptive coping strategies enhance stress and negative health. Gnanaprakash (2013) found that students who have scored on spirituality are better able to cope with their stressors, are better able to adapt and have a positive outlook towards their problem situations.

#### **Objectives:**

- 1) To examine gender difference in coping behaviours among graduate students.
- 2) To examine gender difference in quality of life among graduate students.
- 3) To find the relationship between stress coping behaviors and quality of life.

#### **Hypotheses:**

- 1) Females would be higher in adaptive coping behaviours.
- 2) Males would be higher in maladaptive coping behaviours.
- 3) Females have better quality of life than males.
- 4) There would be positive relationship between adaptive coping behaviours and quality of life.

## **II. METHOD**

#### **Sample:**

A group of 50 early-adults were randomly selected from different educational institutions of Varanasi (Uttar Pradesh), India and their age range was 19-21 years. All of them were students of M.A. 1<sup>st</sup> year. They were equally divided in terms of gender. Most of them were live in hostels.

**Tools:**

- Stress Coping Technique Scale –  
Developed by Dr. Vijaya Lakshmi & Dr. Shruti Narain in 2017. It have total 61 items (for adaptive coping techniques and maladaptive coping techniques). Scoring done by 5-point Likert scale (reverse scoring from always to never).
- WHOQOL- BREF–  
Drafted by Alison Harper in 1996. It have total 26-items; Domains including: physical, psychological, social and environmental well-being. It is rated on a 5-point Likert- scale from very poor to very good.

**Procedure:**

At first I randomly selected 50 participants from different colleges of Varanasi. After rapport establishment by general conversation with participants, informed consent had taken and data collection was done in groups with the help of tools. Tools were self-reported scales. So, when they filled it, thanked them and analyzed the result.

**Statistical analysis:**

Mean, Standard Deviation, independent sample t-test and Pearson correlation were calculated.

**III. RESULT AND DISCUSSION**

On the basis of findings from data, the following results are interpreted.

**Table I- mean scores of males and females on WHOQOL-BREF.**

Mean scores on different domains of quality of life					
Groups	Physical health	Psychological health	Social health	Environmental health	Total
Females	24.36	20.28	8.04	24.96	80.2
Males	22.76	18.48	9.52	20.8	71.56

**Table 1.1 – Mean scores of males and females on WHOQOL-BREF.**

From table 1.1, we can see that females scored higher in all domains of quality of life except social health, in which males scored higher. Overall quality of life score shows that males have moderate quality of life and females have higher quality of life.

Table II- mean scores of males and females on adaptive and maladaptive coping behaviours.

Mean scores on different types of coping behaviours		
Groups	Adaptive coping behaviour	Maladaptive coping behavior
Females	122.44	60.28
Males	100.68	77.36

**Table 1.2 – Mean scores of males and females on Stress Coping Techniques Scale.**

Adaptive behaviours are positive in nature and maladaptive are negative in nature. Both are different and opposite aspects for coping strategy. Due to the psychometric properties of the Stress Coping Techniques Scale, we can't add adaptive and maladaptive behaviour's scores. So, we see in table 1.2, that, males moderately perform adaptive coping behavior and females are higher in adaptive coping behaviours. While in case of maladaptive coping behavior, females perform it moderately and males perform it highly.

Table III- mean, SD and t-ratio for gender difference in adaptive coping behaviours.

Groups	Adaptive coping behaviours					Significance
	N	Mean	SD	df	t-test value	
Females	25	122.44	12.27	48	4.77	.001**
Males	25	100.68	14.88			

**Table 2.1: Mean, SD and t-ratio of male and female students for adaptive coping behaviours.**

Although males and females both are in positive range, i.e., they both have not lower score in adaptive coping. But, from table 2.1, we can see that, females are higher in adaptive (positive) coping behaviours and it is highly significant at .001 level.

Table IV- mean, SD and t-ratio for gender difference in maladaptive coping behaviours.

Groups	Maladaptive coping behaviours					
	N	Mean	SD	df	t-test value	significance
Females	25	60.28	11.82	48	4.88	.001**
Males	25	77.36	12.89			

**Table 2.2: Mean, SD and t-ratio of male and female students for maladaptive coping behaviours.**

Table 2.2 shows that, females are lower in maladaptive coping behavior and males perform it more. The result is highly significant at .001 level.

Table V- mean, SD and t-ratio for gender difference in quality of life.

Groups	Quality of life					
	N	Mean	SD	df	t-test value	significance
Females	25	80.2	7.09	48	3.02	.01**
Males	25	71.56	7.1			

**Table 2.3: Mean, SD and t-ratio of male and female students for quality of life.**

Although males and females both scored higher than the lowest level in WHOQOL-BREF, but from table 2.3, we can see that, females are higher in quality of life and it is significant at .01 level.

Table VI- Correlation between stress coping behaviours and quality of life.

	Maladaptive behaviour	Adaptive behavior	Quality of Life
Maladaptive behavior	1		
Adaptive behavior	-.27*	1	
Quality of Life	-.43**	-.74**	1

**Table 3.1: Pearson Correlation between coping behaviours and quality of life.**

Table 3.1 shows the Pearson Correlation between coping behaviours and quality of life. Adaptive and maladaptive coping behavior are opposite behaviours. Our main focus is to find the relationship between coping strategies and quality of life. We got moderately negative relationship between maladaptive coping behavior and quality of life. It means, quality of life decreases with increasing maladaptive coping behavior. Also, lower quality of life or lower well-being react to more negative coping behavior. While, we got strongly positive relationship between adaptive coping behavior and quality of life. It means, adaptive coping strategies help to promote overall holistic well-being. Also, higher quality of life results to performing more adaptive or positive coping behavior.

This study was conducted to find the gender difference in stress coping behaviors and to find the relationship between coping behaviours and quality of life among graduate students. If we define coping strategy in terms of gender and age, we found that it is based upon social situations and personality. We found that peer group influence more for the selection of maladaptive coping. The study was conducted on students of M.A. 1<sup>st</sup> year. Most of them were live in hostels. Participants told me about some reasons for stress in college going students. These are from different sources- Interpersonal sources: relationship conflicts, roommate conflicts, change in social activities; Intrapersonal sources: change in sleeping habits, change in eating habits, trouble with parents; Academic sources: lower grade, problems in understanding; Environmental sources: noisy

surroundings while trying to study, change in living environment, unfamiliar situations. Actually, the diversity in people, cultures, and experiences can sometimes be an overload for a student coming from a different background, state or country. They find themselves physically cut-off from their support systems and comfort zones, and in a new environment with its own norms due to normative social influence.

We found that, males are higher in maladaptive coping strategies and females are higher in adaptive coping strategies. Also, females have higher quality of life. Correlational results show that there is a moderately negative relationship between quality of life and highly positive relationship between quality of life and adaptive coping strategies. So, all null hypotheses were rejected.

The study tries to emphasize upon holistic development and holistic health through habits, skills and values. Positive coping strategies are basically hobbies, skills and those activities/ thoughts/ actions which enhance/ promote internal motivation of a person. The study shows that promoting skills and adaptive coping behaviours helps to improve overall holistic well-being of the learner.

#### IV. CONCLUSION

The present study examines gender difference in the association of quality of life and stress coping behaviours among graduate students. We can conclude from the study, that Females are engaged in more adaptive behaviors for stress coping while males are engaged in more maladaptive behaviors for stress coping. In overall quality of life, girls have better quality of life than boys. There is an inverse relation between maladaptive coping behavior and quality of life while there is a positive relation between adaptive coping and quality of life. So, holistic perception of life is influenced by stress coping behaviours and vice-versa. Positive behaviours plays an important role in holistic development of students. The study emphasized the importance of adaptive coping behaviours in education. Its direct impact is that, students will be more focused on study or learning either using values or skills. Its indirect impact is on holistic health and holistic development of the learner for his life. Indirectly, its major impact is on learning holistic health practice and economic development, social development, moral development, educational development of the country. Internal motivation promoted by adaptive coping behaviour. India will be the oldest populated country by 2050, so it will be necessary to cope with economic and social problems of old age. And, positive coping behaviour helps to promote them by using skills and values. So, it is necessary for Parents and teacher to promote holistic learning for learner's overall well-being. Distress is common, but its coping have greater impact on mental health. Clinical psychology, counselling, gender studies, etc. are major areas of this study. It should be major focus to treat those students who are engaged in maladaptive coping behaviours. Although girls suffer more from stress disorders due to the social pressure on them. But, they also have higher quality of life and perform more adaptive coping behaviours. In India, educational neglect is more common in females. But, the study shows that if they got the chance, they can perform better. We have to treat students as a part of nation, in which he/she can make development by his ideas and skills. Skills development used as adaptive coping behavior, so it must be promoted by parents and teachers. Now, it is necessary to promote skill and value based education as it was in ancient Indian Gurukul culture in which values and positive behaviours with skills were more important than lessons and texts.

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