



International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Operating Publisher
SciFormat Publishing Inc.
ISNI: 0000 0005 1449 8214

2734 17 Avenue SW,
Calgary, Alberta, T3E0A7,
Canada
+15878858911
editorial-office@sciformat.ca

ARTICLE TITLE GENDER DIFFERENCES IN STRESS: WHY DO MEN AND WOMEN RESPOND TO STRESS DIFFERENTLY?

DOI [https://doi.org/10.31435/ijitss.1\(49\).2026.4830](https://doi.org/10.31435/ijitss.1(49).2026.4830)

RECEIVED 21 January 2026

ACCEPTED 09 March 2026

PUBLISHED 17 March 2026

LICENSE



The article is licensed under a **Creative Commons Attribution 4.0 International License**.

© The author(s) 2026.

This article is published as open access under the Creative Commons Attribution 4.0 International License (CC BY 4.0), allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

GENDER DIFFERENCES IN STRESS: WHY DO MEN AND WOMEN RESPOND TO STRESS DIFFERENTLY?

Shafa Shamil Nasibova (Corresponding Author, Email: shefa.nasibova@gmail.com)
PhD student, Department of Psychology, Baku State University

ABSTRACT

Stress has become a part of common human condition; stress-inducing factors surround us from all sides. The intensity of life has increased dramatically in recent decades, requiring a completely different speed of decision-making and action. Stressful situations place increased demands on a person, causing psychophysical, emotional, psychological, energetic, and intellectual strain. Stress causes physiological and psychological changes in a person and can accumulate and negatively impact their physical and mental health. When considering strategies and behavioral patterns in stressful situations, it is important to consider gender, as men and women react differently to stress. The most common signs of stress-related health problems include headaches, sleep disturbances, difficulty concentrating, irritability, gastrointestinal problems, job dissatisfaction, lack of energy, low morale, depression, and intense anxiety that sometimes manifests as panic attacks. These can develop into psychiatric disorders requiring treatment.

The aim of the study is to learn the stress differences in both of the genders. The next purpose of the paper is to search assessment tools and measurement scales that are effective, valid and reliable in this field.

KEYWORDS

Women, Mental Health, Stress, Coping Skills, Techniques, Assessment Tool

CITATION

Shafa Shamil Nasibova. (2026) Gender Differences in Stress: Why Do Men and Women Respond to Stress Differently? *International Journal of Innovative Technologies in Social Science*. 1(49). doi: 10.31435/ijitss.1(49).2026.4830

COPYRIGHT

© **The author(s) 2026.** This article is published as open access under the **Creative Commons Attribution 4.0 International License (CC BY 4.0)**, allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

Introduction: Researchers mentioned the gender as an important determinant of human health, and there was a clear pattern for the sex-specific prevalence rates of various mental and physical disorders (Holden, 2005; Lundberg, 2005). Majority of the papers highlighted the susceptibility to infectious diseases, hypertension, aggressive behavior, and drug abuse was generally observed to be higher in men. Conditions such as autoimmune diseases, chronic pain, depression, and anxiety disorders are relatively more prevalent among women (Holden, 2005; Lundberg, 2005). The observed gender-specific disease pattern may be partly attributed to effects of sex hormones as some of these gender differences emerge during reproductive years and gradually diminish after menopause (Otte et.al, 2005). Individual differences in stress reactivity have been proposed as a potentially important risk factor for gender-specific health problems in men and women (Goldstein et.al., 2005).

Method: This study was designed to explore gender differences in stress reactions in a broad sample of the studies, as a systematic review. The research questions of the study addressed to search differences in stress between men and women and the differences in coping styles.

Results:

The problem was analyzed nearly 40 years ago, and authors mentioned that gender affects each element in the stress process as much in the input, by determining whether a situation will be perceived as stressful, as in the output, influencing coping responses and the health implications of stress reactions (Barnett et al., 1987). Although the literature examining the relation between gender and stress reveals several conflicting outcomes, numerous authors have determined that women find themselves in stressful circumstances more often than men (e.g., Almeida & Kessler, 1998; McDonough & Walters, 2001). Other authors have suggested that it is

possible that women appraise threatening events as more stressful than men do (Miller & Kirsch, 1987; Ptacek, Smith, & Zanas, 1992). Furthermore, women have been found to have more chronic stress than men (McDonough & Walters, 2001; Turner et al., 1995; Nolen-Hoeksema, Larson, & Grayson, 1999) and are exposed to more daily stress associated with their routine role functioning (Kessler & McLeod, 1984). Women are also more likely to report home and family life events as stressful (Oman & King, 2000) and stress related to gendered caring roles (Lee, 1999, 2001; Walters, 1993). In addition, women experience gender-specific stressors such as gender violence and sexist discrimination, which are associated with women's physical and psychiatric events (Heim et al., 2000; Klonoff, Landrine, & Campbell, 2000; Koss, Koss, & Woodruff, 1991; Landrine, Klonoff, Gibbs, Manning, & Lund, 1995). Women also were more affected by the stress of those around them, as they tend to be more emotionally involved than men in social and family networks (Kessler & McLeod, 1984; Turner et al., 1995).

According to the literature material women are more likely to seek psychological support and help from their social circle in difficult life situations than men. They experience a heightened need for communication and close emotional relationships. Women are more likely to speak out about their problems than men, asking for help more often, seeking medical attention, and experiencing fears, anxiety, and neuroses. However, men, while less likely to outwardly express their anxiety and neurotic symptoms, experience greater negative effects from stress, which impacts their physical health. Men rarely communicate their problems to others, although they are just as likely to experience difficulties and adversity with great intensity and intensity. Since competitiveness and the desire for superiority (dominance) are generally recognized social characteristics of the male role-playing stereotype, sharing one's problems with others is tantamount to admitting one's weakness and inability, a "loser." It has also been found that women are more likely to resort to escapism than men. In stressful situations, women have communicative and verbal advantages, as well as advantages in verbal memory. However, in real-life work and everyday situations, men have the advantage because they are more proactive in problem-solving, have advantages in speed and coordination, spatial orientation, mathematical and logical problem-solving, and are more composure. All these characteristics contribute to the fact that men assume responsibility for decision-making.

According to researchers, women are more likely than men to use the cognitive strategy of positive reappraisal. This means that women are more likely to look for the positive in current events and to assign new meaning to difficulties, thereby reducing and devaluing the significance of these events.

Matud and colleagues searched this problem based on cross-sectional study (Matud, 2004). The results of this study suggest that women have more stress compared to men, although these differences are small. The differences include more chronic stress and more minor daily stressors. For women, life events and changes seen to be less controllable and more negative. In addition, the women's coping style is more emotion-focused and less problem-centered than that of the men (Matud, 2004). Author explained the reason, because of this, the women suffer more somatic symptoms and psychological distress than the men. The author concluded, therefore, that helping women to achieve a greater sense of control over their circumstances and to engage in problem solving rather than emotionality when dealing with stressors, as well as changing the social circumstances that cause these reactions would be useful (Matud, 2004).

There are some valid and reliable diagnostic tools to assess stress level. The first one is "Life Event Stressful Success Questionnaire (LESSQ)". The assessment tool was designed by Roger and Meadows, the LESSQ is made up of 31 items indicating possible positive and negative life events and changes experienced within the past two years. Answers also are scored according to two criteria:

- the uncontrollability (the possibility of exercising control over the event) and
- the undesirability of the event (how positive, neutral, or negative the event is considered to be).

The uncontrollability score given was "1" when the event was perceived as completely controllable, "2" when it was perceived as partially controllable, and "3" for a completely uncontrollable event. The undesirability score was "1" when the event was considered to be very positive, "2" if it was considered to be neutral, and "3" when it was seen as very negative.

The next assessment questionnaire is "Chronic Stress Questionnaire (Matud, 1998)". The Chronic Stress Questionnaire is an open-response questionnaire in which participants give information about the relatively long-lasting problems, conflicts, and threats that they currently face in their lives, evaluating the importance of each on a 3-point scale from "1" (of little importance) to "3" (very important). The total score is obtained by adding the responses given to each problem or conflict considered.

Minor Daily Stressor Questionnaire (Matud, 1998). This is an open-response questionnaire in which participants give information about the more common everyday demands, irritations and frustrations they

currently were experiencing. Each is ranked on how much bother the situation caused, using a 3-point scale from “1” (of little importance) to “3” (very important). The total score is obtained by adding the responses given to each demand or situation considered.

Work Role Satisfaction Inventory (WRS). This is an open-response inventory in which there are five questions about the extent to which a person is satisfied with his/her current job (or with her role as homemaker, if she does not work outside the home), whether he/she chose this role, whether he/she would like to change it, and to what extent this role produces a sense of fulfillment and self-satisfaction. Factor analysis of the answers scored according to a Likert-type answer scale with a range of 0–3, yielded a monofactorial solution. The coefficient alpha was 0.74 and the factor measures dissatisfaction with the work role (Matud, 1998).

Coping Styles Questionnaire (CSQ) (Roger, Jarvis, & Najarian, 1993). This scale, comprised of 48 items rated on a 4-point Likert scale ranging from “never” to “always”, measures four factors labelled: Rational Coping, Detached Coping, Emotional Coping, and Avoidance Coping. In the questionnaire validation with a Spanish sample, separate analysis for the male and females subsamples resulted in comparable factor structures. The first factor was Rational Coping, comprising 14 items with a coefficient alpha of 0.83. The second was Emotional Coping, which consisted of 13 items and also had a coefficient alpha of 0.83. The third factor was Detached Coping, which included 13 items and had a coefficient alpha of 0.75. Avoidance Coping was the fourth factor; it included 6 items with a coefficient alpha of 0.63.

Emotion Control Questionnaire (ECQ) (Roger & Najarian, 1989; Roger & Nesshoever, 1987). For this questionnaire, emotional control was defined as the tendency to inhibit the expression of emotional responses (Roger & Nesshoever, 1987). The scale was developed in the context of research on the role of personality as a moderator variable in the relationship between stress and illness. It contains 56 items, in which a factor-analytic study of cross-cultural differences found that a two-factor model, comprising emotional inhibition and emotional rumination, offered the best fit for the data across all samples (Roger, Garcia de la Banda, Lee, & Olason, 2001).

General Health Checklist (GHC) (Meadows, 1989). We used the the General Health Checklist to assess general health, as had Rector and Roger (1996). This scale consists of 25 items that measure common physical complaints frequently made to general practitioners and also more serious illnesses such as asthma or hypertension. It also includes three items measuring anxiety, depression and insomnia. The scale is scored as follows: 1 “Better”, 2 “Unchanged”, 3 “Worse”, and 4 “Dont have/suffer from”.

According to APA men and women experience different reactions to stress, both physically and mentally. They attempt to manage stress in very different ways and also perceive their ability to do so — and the things that stand in their way — in markedly different ways. Findings suggest that while women are more likely to report physical symptoms associated with stress, they are doing a better job connecting with others in their lives and, at times, these connections are important to their stress management strategies (APA, 2001).

Acknowledgements- The author thank to the academic advisor, and Faculty staff for their support and care.

Conflict of Interest- None.

Funding - The Author received no funding for this research.

REFERENCES

1. American Psychological Association. (2010). *Stress and gender*. <https://www.apa.org/news/press/releases/stress/2010/gender-stress.pdf>
2. Cleary, P. D. (1987). Gender differences in stress-related disorders. In *Gender and stress* (pp. 39–72).
3. Dennerstein, L., Astbury, J., Morse, C., & World Health Organization. (1993). *Psychosocial and mental health aspects of women's health* (WHO/FHE/MNH/93.1). World Health Organization.
4. Lennon, M. C., & Rosenfield, S. (1992). Women and mental health: The interaction of job and family conditions. *Journal of Health and Social Behavior*, 33(4), 316–327.
5. Lee, C. (1999). Health, stress and coping among women caregivers: A review. *Journal of Health Psychology*, 4(1), 27–40.
6. Matud, M. P. (2004). Gender differences in stress and coping styles. *Personality and Individual Differences*, 37(7), 1401–1415.
7. Rao, K. (2009). Recent research in stress, coping and women's health. *Current Opinion in Psychiatry*, 22(2), 188–193.
8. Russo, N. F., & Tartaro, J. (2008). *Women and mental health*. Praeger Publishers/Greenwood Publishing Group.
9. World Health Organization. (2000). *Women's mental health: An evidence based review*. World Health Organization.
10. Verma, R., Balhara, Y. P. S., & Gupta, C. S. (2011). Gender differences in stress response: Role of developmental and biological determinants. *Industrial Psychiatry Journal*, 20(1), 4–10. https://journals.lww.com/inpj/fulltext/2011/20010/gender_differences_in_stress_response_role_of.2.aspx
11. Zender, R., & Olshansky, E. (2009). Women's mental health: Depression and anxiety. *Nursing Clinics*, 44(3), 355–364.
12. Ромашева, Ж. Ж. (2016). Гендерные особенности поведения в стрессовых ситуациях. *Научные исследования*, 4(5), 84–85.
13. Russell, A. (2023, October 19). *Why do men and women respond to stress differently? New research suggests answer is found in puberty*. University of California. <https://www.universityofcalifornia.edu/news/why-do-men-and-women-respond-stress-differently-new-research-suggests-answer-found-puberty>
14. Graves, B. S., Hall, M. E., Dias-Karch, C., Haischer, M. H., & Apter, C. (2021). Gender differences in perceived stress and coping among college students. *PLOS ONE*, 16(8), Article e0255634. <https://doi.org/10.1371/journal.pone.0255634>
15. Méndez-Chacón, E. (2022). Gender differences in perceived stress and its relationship to telomere length in Costa Rican adults. *Frontiers in Psychology*, 13, Article 712660. <https://doi.org/10.3389/fpsyg.2022.712660>