



Understanding Gender-Based Differences in Coping Mechanisms and Social Support Among Adolescents in Chitral

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Abstract

Background: Adolescence is a critical developmental phase marked by psychological challenges where coping strategies and social support play pivotal roles in managing stress. Gender differences in these domains remain underexplored in rural contexts like Chitral, Pakistan. **Objective:** This study investigates gender-based differences in coping mechanisms and perceived social support among adolescents in Chitral. **Methods:** A cross-sectional survey was conducted with 400 adolescents aged 16-19 year, selected via convenience sampling from six colleges. Coping strategies were assessed using the Brief COPE, while perceived social support was measured through the Multidimensional Scale of Perceived Social Support (MSPSS). Independent t-tests were applied to evaluate gender differences. **Results:** Significant gender differences were observed across coping strategies and social support. Males demonstrated higher use of problem-focused coping ($p < .001$), whereas females reported greater reliance on emotion-focused ($p < .001$) and avoidant coping strategies ($p = .002$). Furthermore, females perceived significantly higher overall social support ($p < .001$), particularly from friends and significant others, while family support differences were marginal ($p = .005$). **Conclusion:** The findings highlight distinct gender patterns in coping and perceived social support among adolescents in Chitral. Females tend to adopt emotion-focused and avoidant coping strategies alongside reporting higher social support levels. These insights underline the need for gender-sensitive mental health interventions aimed at enhancing adaptive coping skills and strengthening support networks within adolescent populations.

Keywords: Gender Differences, Coping Strategies, Perceived Social Support, Adolescents, Chitral, Mental Health



Background

Adolescence is defined as the developmental period spanning from ages 10 to 19, with late adolescence specifically covering the ages 15 to 19 (WHO, 2017). In this study, we refer to adolescents as those in late adolescence. This stage is critical, marked by significant changes in physical, neurological, cognitive, emotional, and behavioral aspects (Griffin et al., 2017). These transformations are largely driven by biological changes associated with sexual maturity. The transition from adolescence to adulthood also entails important sociological milestones, such as starting families, marrying, completing education, and beginning professional careers (Smetana et al., 2006). As individuals navigate these developmental shifts, they may become increasingly vulnerable to psychological distress. Research has showed that coping strategies play a crucial part in moderating the relationship between stress and distress (Prado et al., 2004). Folkman and Lazarus define, coping as the behavior and intellectual strategies individuals employ to accomplish stress, which can be either emotion-focused or problem-focused. They characterize coping as an evolving process aimed at reducing or eliminating stressors (Lazarus et al., 1984). Individuals may engage in "problem-focused coping," which actively alters the interface between themselves and their environment, or "emotion-focused coping," which seeks to change their internal perceptions and emotional responses (Lazarus et al., 1999). Compas et al. (2001) further categorize coping techniques into engagement and disengagement. Engagement strategies target the stressor, emotions, or thoughts, while disengagement strategies aim to divert attention from these elements, often through denial, distraction, or avoidance. Coping mechanisms serve as mediators of stress, influencing effective adaptation during adolescence (Compas et al., 2001). Additionally, it has been observed that inadequate handling of childhood stressors can hinder an individual's ability to cope with stress in adolescence (Cichetti et al., 2002). Studies revealed a connection between withdrawal coping strategies and lower academic performance, in contrast to the relationship between high educational achievement and active coping (Compas et al., 2001). Additionally, active coping has been shown to mediate the relationship between internalization problems and impulsivity (Compas et al., 2004). Wadsworth and Compas (2002) discovered that adolescents experiencing financial hardships typically turned to avoidance, denial, and wishful thinking instead of active coping strategies to deal with stress. Additionally, Mohammad et al. (2015) found that children and adolescents who employed more emotion-focused coping methods were less likely to exhibit symptoms of PTSD, externalizing behaviors and internalizing problems. Recent study conducted in Chitral (Zaman et al., 2025) reveal a significant negative correlation between psychological distress and problem-focused coping ($r = -.196^*$) and significant positive correlation with avoidant coping ($r = .419^{**}$) as well as emotional-focused coping ($r = .409$).

Research conducted by (Zeidner et al., 1995) emphasized the significance of different strategies, like extending study hours and seeking assistance from friends, for exam success, noting the connection between productive coping mechanisms and academic success. Stress is a significant factor that substantially impacts university students' academic careers, with males and females responding differently to stressors (Tam et al., 2011). Research indicates that males incline to employ problem-focused coping mechanisms, while females are more inclined to use emotion-focused strategies (Endler et al., 1990; Matud et al., 2004). Research on coping strategies reveals some contradictions. Although some studies suggest that females are more likely to use active coping techniques



than males (Griffith et al., 2000; Frydenberg et al., 1993; Herman et al., 1995), other studies suggest that male adolescents are more prone to avoidant coping strategies (Roecker et al., 1996; Hampel et al., 2005; Winkler et al., 2002). Interestingly, some findings show that females may also exhibit higher levels of avoidant coping (Frydenberg et al., 1993; Griffith et al., 2000). Additionally, females often employ more aggressive and less distracting recreational methods for emotional regulation, particularly during early adolescence (Hampel et al., 2005). When faced with academic stress, females are more likely to use emotion-focused coping strategies, whereas males typically favor problem-focused approaches (Endler et al., 1990; Matud et al., 2004). Research highlights inconsistencies in coping strategies between genders, with females often using more active and emotion-focused techniques, while males tend to rely on avoidant and problem-focused strategies. Some studies also suggest that females may engage in avoidant coping more than males.

Social support is a crucial element of psychological well-being, important foundations of social support consist of friends, family, and significant other, relationships characterized by affection, concern, attention, and trust (Zimet et al., 1988). These support systems play a vibrant role in both the academic and personal lives of students (Yasin et al., 2011). The impact of social support on the mental health of adolescents is significant (Cohen & McKay et al., 1984) and extends to both physical and mental well-being (Wilks et al., 2008). Furthermore, diverse sources of social support are essential for managing various pressures in daily life (Rees et al., 2009). Enhanced social support positively influences student performance (Trockel et al., 2000) and fosters better outcomes in both academic and public spheres (Awang et al., 2014). In challenging situations, a greater perception of social support can significantly contribute to mental health, academic achievement, and coping with stress. Conversely, students often face a range of psychological, social, and academic challenges due to inadequate perceived social support. Research shows that low perceived social support can severely impact adolescents physical and mental health, often leading to issues like anxiety and depression (Eskin et al., 2003; Pedersen et al., 2009). Similar findings have been observed in Pakistani contexts, including among individuals with chronic illnesses and institutional settings (Ali et al., 2022; Arif et al., 2022; Asghar et al., 2023). Social support is crucial not only as a buffer against stress but also as a cornerstone for happiness within social structures (Cohen et al., 1985; Thoits et al., 1986). For children and adolescents, social support is viewed as a vibrant savings in the health of the community (Ellonen et al., 2008). Furthermore, it was highlighted in research that the key role of social support as a coping strategy for adolescents is facing interpersonal challenges (Murray et al., 2007). In the realm of graduate students, strong social support can help reduce, or at least lessen, feelings of burnout an issue shaped by various factors, including workload, personality traits, and the availability of support (Jacobs et al., 2003). Furthermore, another study conducted in Chitral revealing a strong negative association ($r = -.116^*$) between psychological distress, and perceived social support (Zaman et al., 2025). Collectively, this research emphasizes the critical importance of social support in fostering mental health and well-being across different age groups and contexts.

Research indicates that gender differences play a significant role in how adolescents seek social support during challenging times. Female adolescents have a tendency to report higher levels of social support compared to their male (Ebata et al., 1994; Frydenberg et al., 1993; Hampel et al., 2005; Roecker et al., 1996; Seiffge et al., 2000).



The aim of this study is to explore and understand the difference in coping mechanism and level of social support based on gender among adolescents in Chitral. By identifying how male and female adolescents utilize different coping strategies and their access to social support networks, this research also illuminates the specific challenges faced by each gender, thereby facilitating the development of targeted interventions and support programs that foster mental well-being and resilience within this population. Based on the literature the following hypothesis were established.

Hypothesis

H1: There will also be a gender difference in coping styles among adolescents in Chitral.

H2: There will be a gender difference in perceived social support among adolescents in Chitral.

Methodology

Study Design and Participants

This study employed a cross-sectional survey methodology conducted in Chitral. Participants were convenience sampling chosen from six colleges, from which 412 students agreed to complete the questionnaire. After cleaning the data, 400 cases were retained for analysis using SPSS version 21.

Measurement

Demographic Form. The demographic form gathered comprehensive data about the respondents, such as gender, education level, employment status, marital status, family structure, and economic situation.

Multidimensional Perceived Social Support Scale (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) is a self-report questionnaire consisting of 12 items, aimed at evaluating the perceived social support from, family, friends and significant others (Zimet et al., 1988). For this study, an Urdu-translated version was employed. Each item is rated on a 7-point scale, yielding total scores between 12 and 84, where 1 signifies strong agreement and 7 indicates strong disagreement. The scale has demonstrated excellent reliability, evidenced by a Cronbach's alpha of 0.92 (Akhtar et al., 2010).

Brief-COPE Coping Orientation to Problems Experienced Inventory

A revised version of the Brief COPE was used to evaluate coping strategies (Carver et al., 1997), based on the work of (Lazarus and Folkman et al., 1984) on coping. This scale operates on a Likert-type format ranging from 1 to 4, measuring both dysfunctional and adaptive coping reactions through various subscales. Problem-Focused Coping (Items 2, 7, 10, 12, 14, 17, 23, 25) emphasizes proactive strategies, such as seeking informational support, preparation, and constructive reframing. Higher scores indicate coping mechanisms aimed at improving stressful situations. Emotion-Focused Coping (Items 5, 9, 13, 15, 18, 20, 21, 22, 24, 26, 27, 28) encompasses a range of responses, including expressing emotions, seeking emotional support, acceptance, humor, religion, and self-blame. A high score reflects efforts to manage the emotional impact of stress. Avoidant Coping (Items 1, 3, 4, 6, 8, 11, 16, 19) includes strategies such as self-distraction, denial, behavioral disengagement and substance misuse. Higher scores suggest attempts to mentally or physically distance oneself from the stressor, while lower scores typically indicate more effective coping strategies. In this study, a translated and adapted Urdu version of the Brief COPE was utilized, demonstrating acceptable reliability with a Cronbach's alpha of 0.832 (Nisa et al., 2020).



Procedure

Initially, the researcher contacted the college administration to obtain permission and provide a brief overview of the study's purpose. Once permission was granted, participants were approached during college hours. A consent form outlining the study's purpose was provided to each participant. The questionnaires were distributed in a classroom setting, with the researcher present to assist anyone facing difficulties. Participants were acknowledged for their valuable contributions, and appreciation was extended to the college officials and teachers for their cooperation and support.

Ethical Consideration

This study received approval from the Advanced Studies and Research Board at the University of Karachi. Participant confidentiality was maintained, and individuals were free to withdraw from the study at any point without any consequences. It was assured that the data collected would be used exclusively for research purposes. All ethical standards were upheld during the administration of the measures. The order of measure administration and the mode of instruction were consistent across all settings. Any questions from participants during the administration phase were addressed in an objective manner.

Statistical Analysis

All measures were scored according to a scoring manual. After scoring the data were arranged in a spreadsheet using SPSS version 21. The analysis involved descriptive statistics and t-tests.

Results

Table 1: Participant's Demographic Characteristics

	Male(N=197)		Female(N=203)		Total (N=400)	
	N	%	N	%	N	%
Age group						
19	10	5.1	6	3.0	16	4.0
18	66	33.5	68	33.5	138	33.5
17	113	57.4	127	62.6	240	60.0
16	8	4.1	2	1.0	10	2.5
Education						
2ndyear	79	40.1	167	82.3	246	61.5
1styear	118	59.9	36	17.7	154	38.5
College						
private	97	49.2	28	28.6	155	38.8
Government	100	50.8	145	71.4	245	61.2
Marital Status						
Married	5	2.5	7	3.4	12	3.0
Single	192	97.5	196	96.6	388	97.0



Family Status

Joint	92	46.7	55	27.1	147	36.8
Nuclear	105	53.3	148	72.9	253	63.2

The table1 summarizes the demographics of 400 participants, indicating that the majority are 18 years old, with a substantial number in their second year of education. Additionally, it shows that most of the participants are single, and notably, a higher percentage of females come from nuclear families compared to their male counterparts, who more often belong to joint families.

Table 2: Comparison of coping strategies between genders using an independent t-test.

COPE.28	Male (N=197)		Female (N=203)		F	T	Cohen'sD Effect	Sig.
	Mean	SD	Mean	SD				
Problem-Focused	23.49	4.034	22.03	4.076	0.023	3.582	0.360	.000
Emotion-Focused	29.45	5.274	31.40	5.503	0.683	0.409	0.361	.000
Avoidant Coping	17.65	3.653	18.86	4.247	3.431	0.065	0.305	.002

Table2 indicates that males are more likely to employ problem-focused and emotion-focused coping strategies compared to females, with both differences being statistically significant with p-value .000. In contrast, the analysis reveals no significant difference p-value .002 in the use of avoidant coping strategies between the two genders.



Figure1: Difference Between Coping Strategies Among Gender

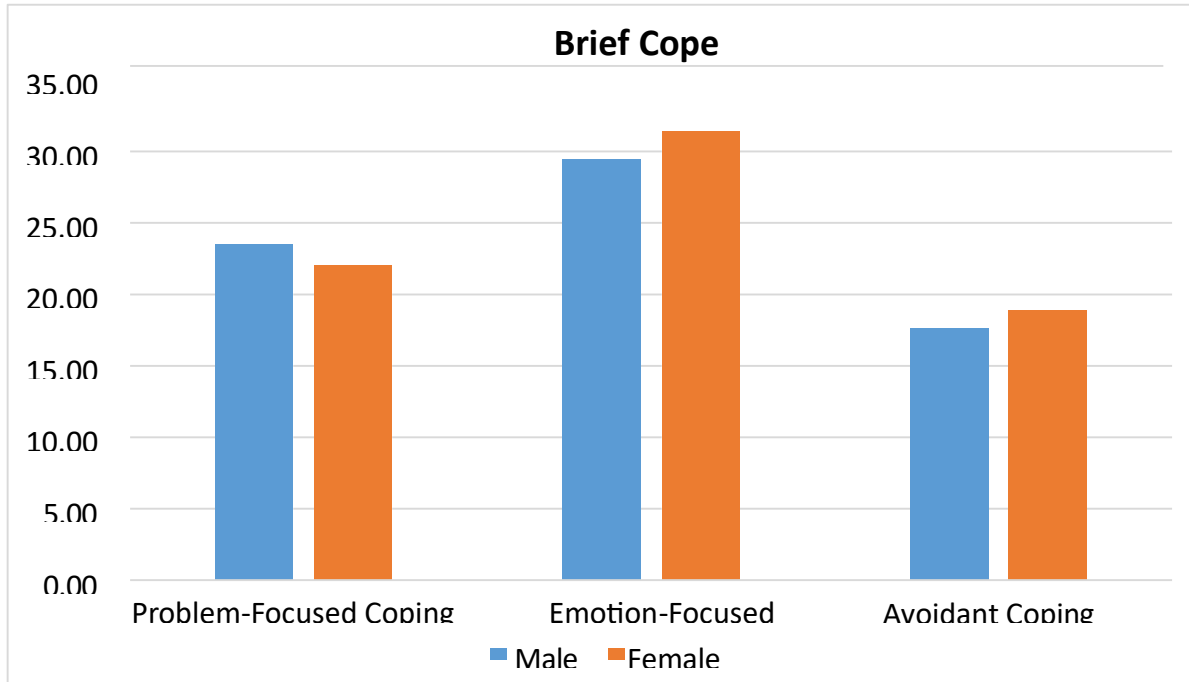


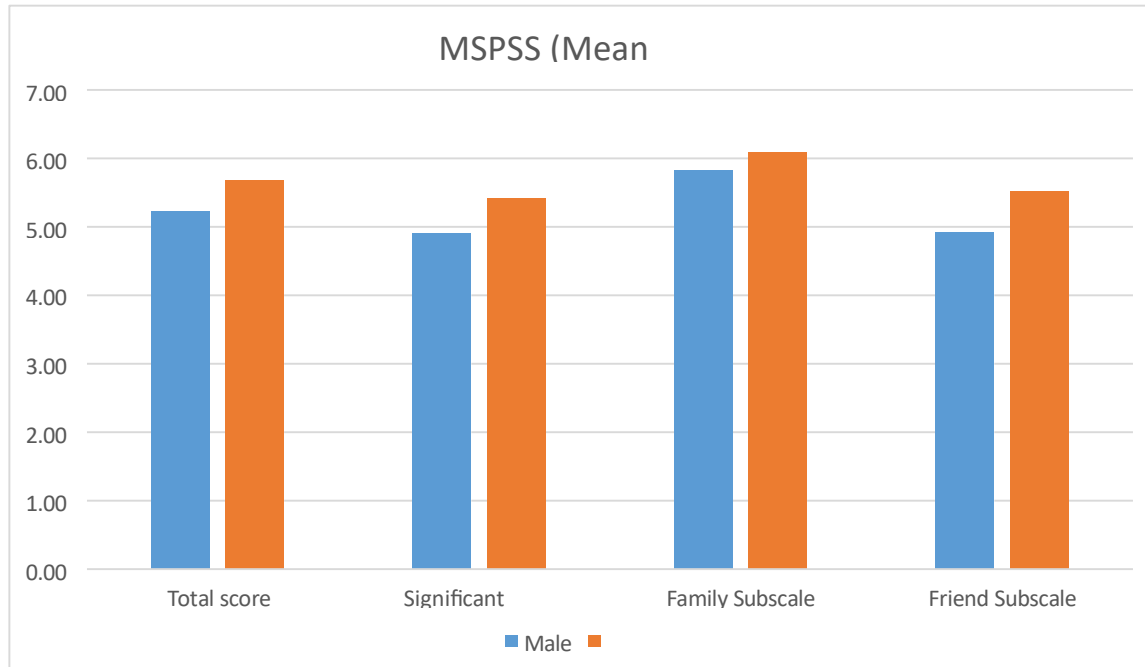
Table 3: The Independent t-Test Indicated a Difference In Perceived Social Support Scores Among Gender

	Male (N=197)		Female (N= 203)		F	T	Cohen's D Effect	Sig.
	Mean	SD	Mean	SD				
Friends	4.92	1.173	5.52	1.303	.1461	-4.812	0.483	.000
Family	5.83	1.004	6.06	0.842	4.235	-2.830	0.280	.005
Significant Other	4.90	1.161	5.41	1.126	.143	-4.406	0.446	.000
Total score	5.22	.832	5.67	.859	.639	-5.375	0.532	.000

This table summarizes the findings of an independent t-test that evaluates the differences in perceived social support scores between males and females. It indicates a statistically significant difference in these scores, accompanied by a medium effect size. This evidence suggests that gender plays a significant role in shaping perceived social support across multiple contexts, including overall scores, "Sig. other," family, and friends.



Figure2: Gender Difference On Perceive Social Support



Discussion

To evaluate differences in coping strategies an independent t-test was conducted to compare the responses of female and male participants, as shown in Table 2. The significance value for Problem-Focused Coping was $p.000$, with female respondents having a mean score of 22.03 compared to 23.49 for males. This indicates that male respondents incline to use problem-focused coping strategies more frequently than female. In terms of Emotion-Focused Coping, the significance level was also $p.000$, with mean scores of 31.40 for females and 29.45 for males. This proposes that female participants employ Emotion-Focused coping strategies more than males. For Avoidant Coping, the $p.002$ which is not significance with mean scores of 18.86 for females and 17.65 for males. Consistent with our findings, other studies have shown that female students often utilize emotional coping mechanisms, particularly seeking emotional support, to manage stress compared to male students (Amin et al., 2019; Madhyastha et al., 2014). These gendered coping patterns are also reflected in other Pakistani studies addressing stress, social roles, and psychological distress (Zahid et al., 2025; Arif et al., 2025). In challenging situations, such as those faced by college students, individuals may tend to attribute blame either internally or externally. While Emotion-Focused coping can provide short-term stress relief, it often fails to address the underlying issues or resolve the stressor. This type of coping support is generally more relied upon by college female student than male (Weckwerth et al., 2006). To effectively manage stress and maintain relationships, both genders can benefit from learning how to connect with and regulate their emotions.

Previous research has indicated that male students tend to employ more problem-focused coping strategies in stressful situations compared to females, aligning with our findings (Leong et al., 1997). Studies also show that while males often rely on problem-focused coping mechanisms, females are more inclined to use emotional coping strategies to address psychological distress (Endler et al., 1990; Matud et al., 2004). Additionally, it has been observed that females generally utilize more coping strategies aimed at minimizing



emotional distress, engage in greater behavioral avoidance of stressors, and rely less on active or instrumental methods designed to confront problems directly (Matud et al., 2004). Some of the gender differences in coping strategies may be understood within specific contexts, suggesting that social changes related to gender roles could lead to a reduction in these disparities (Emslie et al., 2002). In Chitral, it appears that female is less likely to address their problems directly and instead focus on the emotions associated with those issues. This tendency leads them to seek help from others, and at times, they may avoid confronting the situation altogether. Such avoidance can exacerbate their difficulties, making it harder to manage their circumstances. Therefore, there is a pressing need to enhance the coping skills of these students, particularly by encouraging a focus on problem-solving, so they can better navigate the challenges they face in their daily lives.

Perceived Social Support And Gender

An independent t-test was conducted to evaluate gender differences in perceived social support to compare male and female students, as shown in table 3. For overall social support the significance value was p.000, indicating a notable difference in perceived social support levels, with female respondents reporting a mean score of 5.67 compared to 5.22 for males. This suggests that, on average, female participants perceive higher levels of social support than their male counterparts. Examining the subscales, the p-value for support from Significant Others was also p.000. Female respondents had a mean score of 5.41, while males had a mean of 4.90, indicating that females receive significantly more support from important individuals in their lives. For family support, p-value is .005 which is not statistically significant with females reporting a mean score of 6.09 compared to 5.83 for males. Moreover, the support from friends was found to be significant as well, with a p-value of .000. Females reported a mean score of 5.52, while males had a mean of 4.92, highlighting that females perceive more support from their friends than males do. The findings of this research align with previous studies (Bukhari et al., 2017; Rueger et al., 2008;) indicating that various factors contribute to females receiving more social support from significant others, friends, and family compared to males. For instance, female adolescents have a tendency to spend more time with their families during this age than male adolescents, allowing them to express their emotions more freely, which often leads to their problems being addressed by family members (Moore et al., 2002; Hess et al., 2000). Physiological differences and genetic predisposition may also play a role to make the difference (Boardman et al., 2001).

In many cultures, including our own, females are perceived as more vulnerable and dependent on males, which can enhance their perceived social support. Additionally, female is often more adept at receiving social support, giving them a distinct advantage over males in this regard. In a broader social context, female college students likely spend more time with their family members, while male students often engage in outdoor activities with friends or family, which may limit their familial connections. This increased time spent with family allows females to develop stronger emotional ties, share personal struggles, and access more support. As Chitral is male dominant culture where females are often viewed as weaker and less independent, which can paradoxically result in greater social support from parents and family members. Furthermore, because females tend to spend more time with their families and are generally better at expressing their emotions, they often receive sympathy from family, friends, and parents. Lastly, cultural expectations often compel females to compromise and suppress their own wishes and emotions to



maintain harmonious relationships within the family, further contributing to the social support they received.

Conclusion

This study provides valuable insights into gender differences in coping strategies and perceived social support among adolescents in Chitral. The results reveal that females are more inclined to adopt emotion-focused and avoidant coping strategies, while males tend to excel in problem-focused coping. Furthermore, females report significantly higher levels of perceived social support from family, friends, and significant others. These findings highlight the importance of recognizing how gender influences coping mechanisms and support systems, which can inform the development of more effective interventions in mental health and educational settings.

Implications

The implications of this research are multifaceted and significant. First, mental health professionals and educators should adopt gender-specific strategies when designing interventions aimed at enhancing coping skills among adolescents. For instance, programs could be tailored to promote problem-focused coping in females, while simultaneously encouraging emotion-focused strategies in males. Additionally, fostering supportive environments that cater to the unique needs of both genders can significantly enhance perceived social support, ultimately leading to improved psychological outcomes. Policymakers should also take these findings into account when developing youth programs, ensuring they are inclusive and effectively address the distinct challenges faced by adolescents in Chitral. By customizing support systems and coping strategies to align with gender differences, we can promote healthier adolescent development and resilience in the face of psychological distress.

Limitation and recommendation

The study has limitations because it cannot show how different factors are related due to its cross-sectional design. This highlights the need for longer-term studies to better understand social support and coping strategies. Furthermore, the lack of qualitative feedback from students, teachers, and parents hinders a more in-depth examination of adolescent issues. Other factors, such as financial challenges and bullying, which could also influence psychological distress, were not considered in this research. Additionally, the possibility of social desirability bias in group settings may impact the honesty of participants, suggesting that future studies should provide a more private setting for responses. Lastly, the generalizability of the findings is restricted, as the study focused solely on first and second-year college students from seven colleges in Chitral, highlighting the need for a wider and more diverse sample.

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