

Age and Gender Differences in Coping Strategies Used by Individuals During COVID-19 in India

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ABSTRACT

Objective: The present study examined age and gender differences in the coping strategies used by people falling in the Striver/Global Indian economic class, living in India in urban settings at the time of COVID-19 pandemic. **Method:** The sample consisted of 200 people aged between 15-64 years out of which 57.5% were women and 42.5 % were men, falling in the Strivers/Global Indian Class. The data for the present study was collected using Brief-Cope scale by Charles S. Carver (1997) to measure ways of coping with a stressful life event. These 28 items generate subscales scores on 16 dimensions. **Results:** The results showed that there was no significant difference found in the overall coping strategies on the basis of age and gender. Although significant differences were found in the subscales - on the basis of age, a significant difference was found out between the coping strategies used by youth and working age group in self-distraction, active coping, religion and self-blame; on the basis of gender significant differences were found out between coping strategies used by men and women in Religion and humor subscales.

Keywords: Age, Gender, Coping Strategies, COVID-19

The year 2020 has witnessed some of the most unprecedented developments in the history of mankind ranging from Australian bushfire to a pandemic that is now a very part of daily concerns and has shaken the foundation of the world. Originating as a numerous case of pneumonia without identifiable cause in the Chinese territory of Wuhan and now officially known as Covid-19 has reached to a level that it has been termed as a global pandemic affecting millions of lives across the world. At present, the world is seeing a rapid expansion of COVID-19, a strong infection, life threatening in extreme cases, and no particular antidote for the same. Considering the seriousness of the situation many countries have enforced lockdown measures making people restricted in confined spaces, featuring a tremendous effect on not just the physical health but also on the psychological wellbeing of masses, causing individuals to have varying degrees of emotional issues. It is well known and proven that unpleasant events can have enduring effects on individuals well-being (DeLongis, Folkman, & Lazarus, 1988; Dohrenwend & Dohrenwend, 1974). The outbreak

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of Covid-19 is evidently a stressful situation for individuals across the globe which can be attributed to the loss of loved one due to disease, loss of livelihood, uncertainty about the future, frustration, boredom and chaos in the normal routine etc. Similar trends have been found in previous outbreaks too such as of H1N1 influenza, SARS etc. (Blendon et al., 2004; Braunak-mayer et al., 2013; Cava et al., 2005). Such ambiguous situations present unique challenges to an Individual. Anxiety and fright about the Covid-19 can be overpowering and can cause waves of emotions in children and adults especially when lack of support is available owing to lockdown measures (Anderson, 2020; Cao, 2020). It becomes especially worse for those who are already suffering through an illness as there is lack of available resources and for those who already don't hold cordial relationships with their families or friends and now are under one roof due to forced proximity (Chaterjee , Barikar , & Mukherjee , 2020; Hunte, 2020).

The individuals might be using different ways to deal with the situation, which is generally referred to as coping. Coping is characterized as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus and Folkman, 1984). People may cope in numerous ways. Various attempts have been made to explore and classify various coping strategies used by people to deal with stress (Craver, Scheier, & Weintraub, 1989; McCrae, 1984). Two primary ways of classifying coping are on the basis whether the coping behaviors involve active or approach strategies, (also called as engagement coping style) or avoidant strategies (also called as disengagement) and whether the behaviors involve cognitive or behavioral strategies. Two common types of coping have been listed: Problem-focused coping which involves solving the problem or doing something productive to deal with the situation; and emotion-focused coping that focuses on lessening the emotional stress that is related with the stressful situation (Folkman & Lazarus, 1980). However, the effect of deadly large-scale stressors, such as disease outbreaks, on mental health on the general population is understudied, and very little information is available around how people cope with these sorts of stressors which has a major concern the mental health worker and to the policy makers as we are unaware about the behavioral and cognitive characteristics of individuals in such time rare times. The key concern about coping stems from the fact that use of coping strategies helps the scholars understand how stressful situation, like pandemic in this case can affect Individuals, the findings about same can help in categorizing the best coping strategies or to disseminate information about the coping strategies that people should use to deal with situation.

Much of our understanding about how people cope in times of difficulty comes from events that were not uniformly felt across the globe but have major impact in particular areas of the world and therefore significant along with few recent studies that have been taken by scholars in the time of Covid -19. The study conducted by Joanna, Haja, & Sophie (2018) in Sierra Leone to identify the problems and the challenges confronted by government healthcare workers while managing the EVD outbreak (2013-15) suggested use of coping strategies such as seeking social support, religious coping and a sense of serving their nation and ethnicity. Use of religious coping along with the acceptance was also found to be embraced by people diagnosed with HIV/AIDS in a study led by Deepika Khakha and Bimla Kapoor (2015). The study also revealed a positive association between religious coping and their positive outcomes.

There are certain researchers who tried understanding the coping strategies among masses during the time of ongoing pandemic. The results of one such study conducted by Lee and

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Ward (2020) on U.S. nationals falling in the age range of 18 and older has suggested Most respondents reported some form of positive coping, such as making attempts to improve the situation (89%) and peer support (77%). Overall, positive coping skills were endorsed at a higher rate than negative coping skills, such as giving up (33%). Despite the high level of positive coping skills, more than 1 in 4 respondents (28%) have been consuming liquor or other substances such as drugs to feel better.

Another research led by Long Huang, Fuming Xu and Hairong Liu in March 2020 on coping strategies of medical attendants and nursing undergraduates indicated that nurses have stronger emotional responses and are additionally ready to utilize Problem-centered coping when contrasted with undergraduates. The research also suggested a possible pattern wherein the more fear could result in extensive use of problem focused coping and emotions like anger may result in employing more emotion focused coping.

It is also important to note that due to precautionary measures taken by governments across the world to contain the spread of Covid-19, has brought the major economic activities to standstill which directly put the livelihood of people under a direct threat.

In one of the surveys conducted by The Confederation of Indian Industry (CII) in March, 2020 indicated that the major firms anticipate their revenues to fall more than 10 per cent and profits to decline by more than 5 per cent in both the current quarter (Apr-Jun 2020) as well as the preceding quarter (Jan-Mar 2020) and indubitably will have detrimental effect on GDP growth. The report also highlighted that around 52 percent of the organizations anticipate job loss in their particular divisions due to coronavirus outbreak and the resulting lockdown The International labor organization in their recently released report entitled “COVID-19 and the world of work: Impact and policy responses estimates” (2020) suggest a rise in global unemployment of between 5.3 million (“low” scenario) and 24.7 million (“high” scenario) from a base level of 188 million in 2019. While these are the estimates, the reports of people losing their jobs and salary cut out have already started surfacing across the world which again seems to put a detrimental effect on an individual in the form of stress. Pattern cycles show that a monetary downturn is always connected with increased consumption of alcohol, substance abuse to deal with circumstances and often resulting in an increased number of deaths due to substance abuse (Stuckler, 2009; White S., 1996).

Earlier Literature has also suggested age contrasts in coping strategies have illuminated the directing parts of domain specificity and cognitive examination (Blanchard-Fields, Chen, & Norris, 1997). Various studies have recorded the noteworthy use of emotion-focused coping among older individuals and greater use of problem-focused coping among younger individuals (Blanchard-Fields & Irion, 1988; Blanchard-Fields, Jahnke, & Camp, 1995; Charles et al., 2001; Folkman et al., 1987; Watson & Blanchard-Fields, 1998). In a study led by Danni Yuen-Lan Yeung & Helene H. Fung (2007) in Hongkong during the SARS outbreak, in two phases (at peak time and end time of SARS) between three age groups: young, middle and older adults suggested that when compared with middle-aged and older adults, younger adults were found to use emotion-focused coping more frequently at the peak of SARS. However, the age differences in the coping strategies reversed by the end of the outbreak, indicating that the older adults can regulate their emotions really well and are better able to adjust their coping strategies in accordance with the changing requirements of the environment when contrasted with their younger counterparts.

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In present study we are interested in understanding the differences in the coping strategies used by individuals falling in different age groups (Youth and working Age) and gender groups (Men and Women) amid the COVID-19 widespread in India. One possible prediction, based on the literature just reviewed, is that there will be differences in the coping strategies adopted by different age groups. Then again, because in the present situation at least some stressors for individuals could be common, perhaps everyone will report the use of the same coping strategies. Thus, there will be no differences between different age groups in the use of coping strategies. Additionally, we are interested to examine the gender contrasts between men and women in the coping strategies.

METHODOLOGY

Sample

The data for present study was collected during the month of April and May 2020 COVID-19. The 200 participants were drawn using snowball sampling residing in India at the time of pandemic. The sample included participants falling in the Strivers/Global Indian class (>500,000 INR) (Ablett et al., 2007) from urban settings, out of which 98 participants (48%) were aged between 15-24 years (Youth) and 102 participants (51%) were aged between 25-64 years (working age) (UNESCO, 2019). The mean age of the participants was 29.32 and S.D. of 11.63. Out of the total participants, 125 (57.5%) were females and 75 (42.5%) were males.

Measure Used and Procedure

For the purpose of study google forms were created containing the questions related to coping. On the first page the necessary information related to study was mentioned, following which the informed consent was attached. The instructions were mentioned on the starting of the questionnaire. The standardized tool used for the study was: -

The Brief - Cope - The Brief-COPE is a 28 items self-reported questionnaire designed by Charles S. Carver (1997) to measure different coping strategies and generate subscales score on 16 dimensions: Self-distraction, Active Coping, Denial, Substance use, Use of emotional support, Use of instrumental support, Behavioral Disengagement, Venting, Positive reframing, Planning, Humor, Acceptance, Religion & Self-blame. Questions were answered on 4 point scales, ranging from 1 for “I haven’t been doing this at all” to 4 for “I’ve been doing this a lot.”

In case of any query, an email address was mentioned at beginning to contact the researchers. Once the participants submitted the responses for each question, the link got closed and thanked the participants for their valuable contribution.

Data Analysis

Individual scores for each subscale were calculated using the scoring key. The compiled data were analyzed using an independent sample t-test which was calculated using SPSSv22. The results were deduced in the form of tables.

RESULT

Table 1.1. Showing Age Difference in the usage of coping strategies.

Dimensions	Age	N	Mean (M)	Standard Deviation (SD)	d.f.	't' - Score
Self-Distraction	Youth	98	5.23	1.39	198	2.29*
	Working Age	102	4.74	1.60		
Active Coping	Youth	98	4.75	1.43	198	2.12*
	Working Age	102	5.20	1.55		
Denial	Youth	98	2.83	1.53	198	0.86
	Working Age	102	3.01	1.44		
Substance	Youth	98	2.32	1.05	198	0.58
	Working Age	102	2.25	0.65		
Use of Emotional Support	Youth	98	4.44	1.73	198	0.13
	Working Age	102	4.48	1.68		
Use of Instrumental Support	Youth	98	3.37	1.64	198	0.27
	Working Age	102	3.31	1.65		
Venting	Youth	98	3.77	1.31	198	0.47
	Working Age	102	3.68	1.37		
Positive Reframing	Youth	98	5.34	1.55	198	0.46
	Working Age	102	5.45	1.58		
Planning	Youth	98	4.79	1.60	198	0.26
	Working Age	102	4.85	1.43		
Acceptance	Youth	98	6.09	1.42	198	0.82
	Working Age	102	6.25	1.39		
Religion	Youth	98	3.88	1.68	198	3.44**
	Working Age	102	4.78	0.86		
Self-Blame	Youth	98	3.23	1.53	198	4.15**
	Working Age	102	2.46	1.09		
Humor	Youth	98	3.06	10.20	198	1.36
	Working Age	102	2.80	10.06		
Brief COPE	Youth	98	57.87	10.20	198	0.25
	Working Age	102	57.51	10.06		

**p<0.05, ** p<0.01*

The results on the Brief COPE shows the mean score of youth (M= 57.87 & S.D.= 10.20) and working age (M=57.51 & S.D. =10.06), hence no major difference has been found in the overall usage of coping strategies between both the groups. The t statistics computed and it has been summarized in above table 1.1, the results indicate no significant difference between the group in the overall usage of coping strategies as t=0.25, p>0.05. However, the differences have been observed between the two groups on the following subscales:

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The mean score of self-distraction for youth ($M = 5.23$ & $S.D.= 1.39$) and for working age ($M= 4.74$ & $S.D. = 1.60$) suggest a difference in the level of use of self-distraction as a coping strategy, with youth using it more as compared to working age. The t statistics computed and it has been summarized in above table 1.1, the results indicate a significant difference between the groups on the dimension of self-distraction as $t=2.29$, $p<0.05$.

The mean score of active coping for youth ($M= 4.75$ & $S.D.= 1.43$) and for working age ($M= 5.20$ & $S.D. = 1.55$) suggest a difference in the level of use of active coping as a coping strategy between youth and working age population, with working age using active coping more. The t statistics summarized in above table 1.1, indicates a significant difference between the groups on the dimension of religion as $t=2.12$, $p<0.05$.

The mean score of Religion for youth ($M= 3.88$ & $S.D.= 1.68$) and for working age ($M= 4.78$ & $S.D. = 0.86$) suggest a difference in the level of use of religion as a coping strategy between youth and working age population, with working age using religion more as compared to youth. The t statistics summarized in above table 1.1, indicates a significant difference between the groups on the dimension of religion as $t=3.44$, $p<0.05$.

The mean score of self-blame for youth ($M= 3.23$ & $S.D.= 1.66$) and for working age ($M= 2.46$ & $S.D. = 0.86$) suggest a difference in the level of use of self-blame as a coping strategy between youth and working age population, with youth using self-blame more as compared to working age. The t statistics summarized in above table 1.1, indicates a significant difference between the groups on the dimension of religion as $t= 4.15$, $p<0.05$.

Table 1.2 Showing Gender Difference in the usage of coping strategies.

Dimensions	Gender	N	Mean (M)	Standard Deviation (SD)	d.f.	't' - Score
Self-Distraction	Men	75	5.16	1.55	198	1.26
	Women	125	4.88	1.49		
Active Coping	Men	75	4.81	1.49	198	1.24
	Women	125	5.08	1.51		
Denial	Men	75	3.09	1.74	198	1.20
	Women	125	2.83	1.31		
Substance	Men	75	2.38	1.06	198	1.21
	Women	125	2.23	0.73		
Use of Emotional Support	Men	75	4.41	1.77	198	0.33
	Women	125	4.49	1.63		
Use of Instrumental Support	Men	75	3.46	1.67	198	0.81
	Women	125	3.27	1.62		
Venting	Men	75	3.65	1.33	198	0.62
	Women	125	3.77	1.34		
Positive Reframing	Men	75	5.52	1.60	198	0.83
	Women	125	5.32	1.54		
Planning	Men	75	4.86	1.57	198	0.30
	Women	125	4.80	1.48		
Acceptance	Men	75	6.14	1.43	198	0.22
	Women	125	6.19	1.39		

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Religion	Men	75	3.73	1.64	198	3.65**
	Women	125	4.71	1.93		
Self-Blame	Men	75	3.02	1.55	198	1.49
	Women	125	2.72	1.23		
Humor	Men	75	3.16	1.62	198	1.90*
	Women	125	2.79	1.10		
Brief COPE	Men	75	57.88	10.84	198	0.26
	Women	125	57.58	9.68		

* $p < 0.05$, ** $p < 0.01$

The results about the difference between gender on the overall usage of coping strategies on the Brief COPE shows the mean score of men ($M = 57.88$ & $S.D. = 10.84$) and women ($M = 57.58$ & $S.D. = 9.68$), hence no major gender difference has been found in the overall usage of coping strategies between both the groups. The t statistics computed and it has been summarized in above table 1.2, the results indicate no difference between both the gender groups in the overall usage of coping strategies as $t = 0.26$, $p > 0.05$. However, the differences have been observed between the two groups on the following subscales:

The mean score of religion for men ($M = 3.73$ & $S.D. = 1.64$) and for women ($M = 4.71$ & $S.D. = 1.93$) suggest a difference in the level of use of religion as a coping strategy, with women using it more as compared to men. The t statistics computed and it has been summarized in above table 1.2, the results indicate a significant difference between the groups on the dimension of religion as $t = 3.65$, $p < 0.05$.

The mean score of Humor for men ($M = 3.16$ & $S.D. = 1.62$) and for women ($M = 2.79$ & $S.D. = 1.10$) suggest a difference in the level of use of humor as a coping strategy, with men using humor more to cope as compared to women. The t statistics it has been summarized in above table 1.2, the results indicate a significant difference between the groups on the dimension of humor as $t = 1.90$, $p < 0.05$

DISCUSSION

While the health care division and government authorities from everywhere throughout the world are concentrating on containing the pandemic and embracing different preventive techniques, there is diminutive consideration given to the psychological wellbeing of the confined, froze and house-caught people. Due to absence of customary social exercises and remaining at home for a longer duration have a serious consequence for the emotional well-being of people. The present study in the light of these problems tended to explore the age and gender contrasts in the coping strategies used by individuals during COVID-19 in India. We expected the results would replicate the previous research done in the similar field under similar conditions, but our predictions regarding these differences in age and gender came out to be different.

The sample in the following study consisted of 200 individuals from urban settings belonging to Strivers-Global Indian class ($>5000,000$ INR) were drawn using snowball sampling residing in India at the time of pandemic. The sample included participants falling in the strivers/global economic class ($>500,000$ INR), out of which 98 participants (48%) were aged between 15-24 years (Youth) and 102 participants (51%) were aged between 25-

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644 years (working age). Out of the total participants, 125 (57.5%) were females and 75 (42.5%) were males. The mean age of the participants was 29.32 and S.D. of 11.63.

In terms of the age related contrasts in the coping strategies, in which two groups were studied i.e. youth (15-24 years) and working age group (25-64 years), no difference was found on the Brief-Cope scale between both the groups, although significant differences in the coping strategies used by youth and working age group were observed in 4 subscales i.e., self-distraction, active coping, religion and self-blame. In subscale of self-distraction, it was found out that youth uses it more often than the working age group as a way of coping with the stress. This results are in line with a research done by Skinner & Zimmer-Gembeck in 2007, it was appeared in the past examinations that distraction is regularly used to enhance other coping strategies, and the capacity to shift between strategies, for instance, using both problem-solving and distraction to full benefit, turns out to be further developed all through the youth phase.

Whereas on the subscales of active coping and religion, the working age group was found to be using them more often as coping styles. These results are in accordance with the previous researches which suggest that as people grow out older, religion might become highly significant as they approach near to their death (Barna, 2002; Blazer & Palmore, 1976; Davie & Vincent, 1998; Moberg, 1999). Religious involvement is attempted not only in light of illness in the quest for physical recuperation, but also to seek solace and strength. Religious groups can provide older adults with both spiritual and emotional support. Meanwhile, as individuals continue through late life, religion is by all accounts a noteworthy asset for individuals to cope with stresses such as in terms of suffering and death (E. L. Idler, McLaughlin, & Kasl, 2009; H. G. Koenig, 2003). The motivation behind youth utilizing greater amounts of self-distraction to cope during the time of COVID-19 might be because of adjusting to new ways of learning and working, or also being away from schools, friends and relatives. Being in the age where your focus is education, and when that focus and goals are blurred because of the situation, youth tries to distract themselves and engage in other activities to avoid getting anxious by thinking about the future.

When it comes to gender group difference in the overall coping strategies on Brief-COPE, no significant differences have been found between both the groups but significant differences have been observed between both the gender groups on the Religion and humor subscales. Women were found to utilize religious coping more when contrasted with men. The result is in accordance with previous research where it has been discovered that ladies are much more religious and more likely to use religion as a coping technique when contrasted with men (Cotten et al. 2006; Lee & Mason, 2014; Pargament 1997; Gallup & Lindsay, 1999; Francis, 1997).

The results about gender difference in the usage of coping strategies during Covid-19 also suggested that men use humor more than women to cope. One explanation could be the cultural significance. In Indian culture men generally tend to have higher social status as compared to women and thus society allows men to use more humorous strategies and display of such behavior while dealing with stress, such as Covid-19 in this case. Another explanation for such difference between the two genders could be attributed to the fact that men generally score higher on creation of humor whereas women score higher in appreciation of humor (Nevo et al., 2001).

CONCLUSION

COVID-19 is an incessant wellspring of pressure and has proved to be taxing for all individuals. Various people or groups may encounter varying degrees of mental health crisis, and thus implement different coping strategies to adapt with the circumstances. The results of this study suggest no significant age & gender contrasts in the overall coping strategies of participants during pandemic (Covid-19). Nonetheless, noteworthy contrasts were found in the subscales. For example, such as in the case of age, significant differences were found between the coping strategies used by youth and working age groups in self-distraction, active coping, religion and self-blame; on the basis of gender significant differences were observed between coping strategies used by men and women in Religion and humor subscales.

Limitations and Future Implications

Our study is expected to approach with caution as our study involves certain limitations. The studied sample was small and the participants were only from striver/global Indian economic class, therefore the generalization of the results is limited. Another impediment to the study is that the collected data is self-reported that restricts us to determine the genuineness of the responses made by participants, avoiding social desirability.

Despite the limitations, this study contributes to available limited literature related to global pandemic. This study strives to explore different coping strategies employed by individuals belonging to different age and gender groups during the time of unprecedented developments and thus, help to determine the degree to which this global pandemic has impacted ordinary lives. The present study provides valuable information about the cognitive and behavioral patterns of ordinary people that can equip the government/organizations to formulate certain target specific policies in order to ensure the welfare of their people in case of future global emergency. Though this study has a number of interesting findings, further research is definitely needed. Future research should also examine additional variables such as perceived level of stress, attitudes towards pandemics, personality traits and professions. Qualitative methods can also be used in order to gain better insight about the contextual use of different coping strategies.

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Conflict of Interest

The author(s) declared no conflict of interest.

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