

**Gender Differences in Coping Strategies Among Muslim Adolescents; An Exploration of
Culture and Religious Influences on Mental Health**

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Abstract

The paper examines the difference in coping styles between male and female Muslim adolescents and how their culture, religion and gender expectations impact on their stress responses. The study analyses coping strategies including emotion-focused, problem-focused, avoidant and religious coping using a mixture of quantitative and qualitative approach. Coping strategies were measured using Brief COPE Inventory that indicated that there is a significant gender difference with the female gender employing emotion- and religious-based coping more than the male gender, who tended to use problem-oriented and avoidant coping. The qualitative interviews gave more information on emotional and spiritual aspects of coping with emphasis on cultural norms regarding masculinity and femininity. The results highlight the need to have gender sensitive and culturally relevant mental health services that will uphold the religious and cultural beliefs of Muslim adolescents. The research can be useful in enhancing the mental health care and coping mechanisms among the Muslim communities.

Keywords: Gender Differences, Coping Strategies, Muslim Adolescents, Religious Coping Mental Health, Islamic Psychology, Cultural Sensitivity, Adolescents' Coping Behaviors, Gender Spiritual Coping, Problem-Focused Coping

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Chapter 1: Introduction

1.1 Background

Adolescence is a critical developmental time that involves significant emotional, psychological, and social change. The stressors during the time typically include identity development, education, family, and relationships with others. Coping strategies are the psychological tools that people use to navigate the difficult period and maintain their psychological health and well-being (Bondarchuk et al., 2023). Coping strategies related to Muslim adolescents are a function of not only the personal factors found in psychology, but also cultural and religious values. There are primarily two forms of coping strategies, problem and emotion focused. Problem-focused coping refers to when the source of the stress is actively dealt with and resolved, whereas emotion-focused coping addresses one's emotional response to the stressors (Hussain & Ishaq, 2022). In addition, there is also an increasing role of religious-coping, particularly in spiritual communities, such as Islam, that includes prayer, patience (sabr), and trust in GOD (tawakkul) to help navigate difficult situations.

There is considerable documentation regarding gender differences in coping styles. Overall research suggests that females are more likely to use emotion-focused coping styles when compared to males. Males use more problem-focused, or avoidant coping, which may be a result of social and cultural pressures to limit the expression of emotions. Gendered coping patterns are further influenced by religious doctrines in Muslim cultures that while socializing expectations regarding emotional responses and mechanisms for coping among men and women (Javaid et al., 2024). The study focuses on the variation in the coping styles of Muslim adolescents according

to their cultural and religious affiliations. Understanding the dynamics is paramount, as it can inform culturally-sound mental health interventions that are sensitive to both gender and religious identity, and promote resilience in Muslim youth.

1.2 Research Problem

The research addressed a gap in information about cultural and religious impacts of gender differences in coping styles among adolescent Muslims. While research is well-developed on coping strategies in general and coping styles and gender, the literature is limited in the area of adolescent Muslims. Traditional gender role, religious expectations, and cultural engagement all have an overwhelming impact on coping in stressful situations for most communities of Muslim countries. Despite it, there is little understanding of how the factors influence each other and childhood coping. The current paper discussed how the gap addressed by carefully examining how gender, religion, and culture affect dealing with adolescent Muslim students by observing similarities and differences across genders. The issue is significant because it could influence mental health service delivery. Mental health professionals could potentially forget important features of coping that exist with adolescents because they are unaware of cultural and religious characteristics, especially in Muslim societies (Alqasir, 2024). The research provides important implications for mental health services in culturally and religiously sensitive ways that strengthen the mental health of Muslim adolescents while protecting the formation of religious and cultural identity.

1.3 Rationale and Objectives

The motivation for the research comes from an increasing recognition of the important role that cultural and religious considerations play on coping strategies in adolescents. Different stressors impact Muslim adolescents differently, namely their coping strategies in the course of

the developmental tasks of adolescence and their relation to Islam and Islamic practices. The issues are compounded by socialization norms surrounding gender, with men and women being labeled to cope with stress in different ways. As a result, it is significant to examine the intersectional approaches of gender, culture and religion, as actions to coping and mental health. While there exists a body of literature in the west on coping strategies in an integrative body, little exploration has taken for how coping strategies are, or are not, employed for Muslim adolescents, from a Kuwaiti existence where religion and culture are woven tightly together. The research addressed a significant gap in literature, while serving as an important springboard for the development of mental health interventions that are culturally and religiously appropriate. The objectives of the study are:

1. To examine gender differences in coping strategies among Muslim adolescents.
2. To investigate the role of cultural and religious influences on coping strategies.
3. To provide recommendations for mental health interventions.

Chapter 2: Literature review

2.1 Coping Strategies and Adolescent Mental Health

Adolescents experience a complex developmental transition as the youth encounter several stressors related to identity development, academic pressures, peer dynamics, family relationships, and more. Coping mechanisms are important for adolescents, to overcome stress, maintain emotional stability, and support psychological well-being. Lazarus & Folkman (1984) model of coping identifies problem-focused and emotion-focused coping. Problem-focused coping is the focus on the source of stress, while emotion-focused coping deals with emotional responses to stress. Adolescents often combine both approaches, depending on the source of stress and their individual emotional strength. Compas et al. (2001), note that adolescents rely on adaptive coping mechanisms. In the absence of functional coping skills, adolescents are more vulnerable to the development of anxiety and depression. Behavioural problems and emotional instability can develop from ineffective or inadequate coping styles such as denial or avoidance. Emotion-focused adolescents often turn to peers or family for emotional support, while problem-focused adolescents concentrate on solving the problem regardless of any emotional component of the problem.

It is important to identify strategies for coping; maladaptive strategies may be harmful to mental health while adaptive coping strategies build resilience. According to Hamid (2024) for adolescents, learning more adaptive coping strategies such as seeking help, reframing negative self-talk, and practicing religion or spirituality allows them to more easily cope with the life challenges they face. Coping is important not only for emotional regulation, but they also provide a path to understanding adolescent mental health because they connect directly to both stress management and emotional health. Cultural and religious contextualizes the styles

especially in a Muslim adolescent population. Additionally, Islamic principles offer different strategies for stress management (e.g. *sabr*, *tawakkul*, *dhikr*) that combine to a large extent as a means for Muslim adolescents to manage stress and respond to their surrounding world (Nasrin, 2025). In order to more fully address the mental health needs of the population, understanding the routes to coping within the cultural and religious context of Muslim youth is paramount to developing the strategies.

2.2 Gender Differences in Coping

The issue of gender differences in coping styles has been widely researched, and subsequently, people use different strategies to cope with stress. Tamres et al. (2002) state that women are often characterized by the emotion-focused strategies of coping, such as seeking social supports, expressing their emotions, and feeling guilty. Males, on the contrary, are often foundationally associated with either problem-oriented coping (where the stressor is actively dealt with) or avoidant coping (which consists of withdrawal or avoidance of the stressor). The used sex and gender-related coping strategy is susceptible to biological factors; however, the decision to adopt a coping strategy is also influenced by social norms, specifically expectations of gender and emotional expression in response to stress. From a biological perspective, there are the hormonal and neurological aspects of coping that are gendered. For instance, women exhibit more oxytocin (the bonding hormone), which may give women a greater desire to solicit social support (Schneider et al., 2021). In contrast, men may be inclined toward a greater degree of self-reliance and problem-focused modes of coping due to higher levels of testosterone.

Still, in most situations, cultural factors will play a greater role in how the coping styles play out. Whereas women are encouraged to not only express but also seek help, in most societies, men are socialized to avoid sympathy and rely on themselves to cope (Dwairy, 2006).

The gendered coping styles are also seen in non-Western societies, such as Muslim societies, where the larger family and religious cultural values also contribute to parenting styles. In the societies, men may feel pressure to not express their feelings and emotions, act stoically, and avoid any sign of weakness; however, women are usually not held to the expectations. They are free to express feelings and seek help. The gendered coping style is supported by cultural and religious factors, and Muslim women may be more inclined to developing an emotion focused coping style by accessing prayer, family, or spiritual meditation (Pargament et al., 1998). Men, on the other hand, may use avoidant or problem-solving coping styles, and they can find their fortitude for coping through their Faith, but typically in a more hidden manner.

2.3 Cultural Influences on Coping in Muslim Societies

Cultural norms in Muslim societies have a significant influence on the ways in which adolescents cope with stress. Dwairy (2006) states that culture often restricts emotional expression, with males being expected to be stoic and self-regulating. In a majority of Muslim societies, boys are socialized to deny their vulnerability and to demonstrate strength, so they adopt avoidant or problem-focused coping mechanisms. The approaches are designed to help adolescents to manage their problems without appearing to bring about emotional response. Cultural norms, which emphasize restraint of emotional expression, also prevent males from seeking assistance and displaying emotions. Conversely, Abideen & Abbas (2021) argued that the norms for females in Muslim societies have typically encouraged females to find social support systems and to share their emotions at the familial level and with peers. Emotional expressiveness will allow females to utilize more emotion-based coping, such as sharing their difficulties with close friends. Culturally implemented practices surrounding emotions with

females is often acceptable for a variety of cultural and religious reasons, because females who seek support have more autonomy over being vulnerable as part of acceptable social behaviour.

An important aspect of coping in Muslim societies is focusing on honour, modesty, and collectivism, which shape the coping strategies used by adolescents. Such values drive people to live in harmony both in the family and in society, with the cultural expectations usually controlling the expression of emotions. As an example, the desire to receive psychological help can be considered a stigmatized behavior among male adolescents because a person is afraid to be perceived as weak and unable to deal with their personal problems on their own (Aras & Peker, 2024). The stigma may discourage help-seeking behaviour, thereby making it more challenging to obtain the help required by males to be received when they have problems with mental health. Generally, although the expected culture in Muslim society promotes women seeking social support and expressing their feelings, it curtails emotional expressiveness in men (Mobeireek, 2023). The presence of such culturally embedded coping mechanisms affects the way Muslim youths cope with stress and is also the reason why culturally sensitive mental health treatment is necessary that appreciates and honours the gendered cultural practices.

2.4 Religious Coping and Islamic Teachings

Religious coping has a considerable role in stress coping in the lives of Muslim adolescents. According to (Pargament et al., 1998), there are many types of religious coping, among which are prayer, du'a (supplication), dhikr (remembrance of God), and sabr (patience). The practices provide a distinctive guideline for addressing life's challenges by offering spiritual affiliation and emotional reassurance. To most Muslim teens, Faith (tawakkul) and faithfulness are something they can depend on to help them deal with stress. Religious coping is the most advantageous coping strategy, particularly within Muslim culture, as Islamic beliefs reveal how

to cope with difficult emotions. The notions of *sabr* (patience) and *tawakkul* (trust in God) offer Muslim adolescents' assurance to accept difficulty and comfort their minds in the face of adversity. Furthermore, *dua* and *dhikr* serve to assist adolescents emotionally and spiritually in that they allow adolescents to find comfort to pray and remember God (Kibtyah et al., 2024). The practices are found within the daily experience of Muslim adolescents, offering them opportunity to seek comfort and calm emotional responses to challenges and difficulties.

Children exhibited marked distinctions with regards to coping with religion based on gender. Openness to expressing spirituality is also more frequently used by the female adolescents in seeking emotional coping approaches, with prayer and spiritual contemplation being utilized (Kibtyah et al., 2024). They are likely to develop more emotional attachment to their religion by incorporating the religious activities into their coping mechanisms in order to find emotional release and assurance of God. Hayward & Pearce (2021) evaluated that male adolescents, conversely, tend to practice their religion privately and closely. They find strength in Faith and can persevere, but without the emotional flair of female religious coping. Through the gendered religious coping, we can emphasize the importance of cultural expectations in defining the experiences of both male and female adolescents in their religious experiences. Although both genders rely on Islamic teachings as a coping mechanism, females engage more of their spirituality in the expression of emotions. In contrast, males use their religion to control and suppress emotions (S. Ahmad & Jafree, 2023a). Such disparities highlight the necessity of gender-sensitive methods of mental health interventions that incorporate religious practice and are sensitive to cultural gender norms in Muslim communities.

2.5 Gender and Religious Coping Among Muslims

Religious coping can be considered an important process of stress management among Muslim adolescents, and both genders perform such practices as prayer (salah), remembrance of God (dhikr), and Faith in God (tawakkul). Nonetheless, the manner in which they can show their spirituality is usually very different and depends on gender expectations and cultural demands in Muslim societies. According to Mahoney et al. (2008), though both males and females apply religious coping strategies, females tend to be more emotional in their religious activities. Women are taught to express their feelings openly, and the same applies to their spiritual lives, where prayer and contemplation are primarily associated with releasing emotions and gaining spiritual comfort. Conversely, Muslim societies are generally practised by males, even though their manifestation is supposedly less emotional.

Social constructs and the pressures of culture instruct men to be emotionally detached and resilient; thus, their more endurance-strength-oriented (compared to emotionally engaged) religious coping. For instance, even when males may pray and engage in dhikr, they can be perceived as a show of will rather than a means to express fragility and emotional comfort (Pargament et al., 1998). The gendered religious coping may be predicated on the acute realization that males are expected to be stoically masculine, which does not entail expressing emotions. In contrast, women are more liberated to express their emotions, even in their religious practices. The variation in religious coping behavior is important here because it illustrates the influence of gender roles in the construction of the spiritual coping responses of adolescents in a Muslim context (Fischer et al., 2010). It also underscores the importance of mental healthcare that considers the gendered dimensions of religious coping and is mindful of how boys and girls utilize Faith in ways that reflect those emotional and cultural needs.

2.6 Intersectionality: Gender, Religion, and Culture

The concept of intersectionality is particularly relevant in the context of assessing how gender, religion, and culture, together, are relevant in understanding how Muslim adolescents develop coping styles. Intersectionality considers that a person's identity is shaped by the simultaneous presence of a number of factors (e.g., religion, gender, culture) that interplay and shape the way a person behaves and experiences individual factors. The factors do not function independently when it comes to Muslim adolescents; rather, they function in a way that affects what coping mechanisms are used and what it looks like (Bano et al., 2025). For example, the gender roles embedded in the Muslim culture are also linked to religious expectations. While boys and girls may be able to use similar activities to cope religiously (e.g., praying, dua), the emotional coping expression may vary for different genders (S. Ahmad & Jafree, 2023b). Women typically demonstrate higher motivation to express emotions, both in general culture and religiously, and are more likely to seek comfort in their relationship with God and familial support.

Comparatively, biological males are, due to cultural masculinity expectations to demonstrate restricted expressiveness, are typically characterized as more secretive, work more problem oriented/avoidant and tend to be less emotional (Mahoney et al., 2008). The role of religion complicates intersectionality even further. Islamic teachings also encourage both genders to practice patience (sabr), and to trust God (tawakkul) but adolescents' social and cultural contexts shape how the teachings are interpreted and practiced. For females, religious coping may entail finding comfort in praying as a group or discussing difficulties with relatives, while for males, coping may include isolated prayer or tawakkul. Cultural standards of decency and dignity further frame emotional reactions. Girls are socialized within Muslim society to

appreciate collectivism and emotional family support when processing emotional occurrences, while boys are socialized to be individualistic and strong (Hussien, 2023). This produces a complicated tedious intersection of cultural and religious expectations that influences the construction and use of coping strategies for both genders.

2.7 Gaps in Existing Literature

Even though there is an extensive research literature on coping in adolescence, there is a notable gap in research concerning Muslim adolescents' coping responses and how those responses would differ based on gender, as well as the impact of religion and culture. While there has been research on coping approaches in the general adolescent population, limited research has examined the interaction of Islamic values, cultural practices, and social gender roles in formulating coping strategies. The significance of the gap is extreme because the factors can significantly aid in coping with stress, unlike Western methods. The research examining the relationship between Islamic teachings (sabr (patience), tawakkul (trust in God), and du'a (supplication) and gendered coping practices is also lacking. Literature that is already available fails to capture subtle differences in how the religious teachings are translated by both males and females, i.e., diverse cultural contexts.

Moreover, the fact that gender, religion, and culture, particularly in non-Western societies, particularly in Muslim societies, intersect has not been effectively addressed. It is found that cultural expectations of masculinity/femininity influence the coping styles of Muslim adolescents. Still, little research has investigated the interplay of the cultural expectations with religious teachings on coping styles. The research filled the gaps by paying attention to gender-based coping behavior among Muslim adolescents in Kuwait, and the extent to which Islamic

teaching and cultural aspect determine their coping behavior. It offers some novel information on how the intersectional variables affect the mental health and wellbeing of Muslim youth.

2.8 Conclusion

In a literature review, it is important to note that gender, religion, and culture are crucial elements in developing coping strategies among adolescents. It highlights the gender disparities in the coping mechanisms of Muslim youth to stress, with girls typically having more emotion-oriented and religious-oriented coping strategies and boys using more problem-focused or avoidant coping strategies. The review highlights the shortcomings of the existing literature, especially the lack of research that includes the intersectionality of gender, religion, and culture in non-Western contexts, including Muslim populations. The findings support the need to investigate intersectional issues to understand formational factors such as Islamic beliefs and cultural expectations, impact on adolescent coping strategies. The paper will help to enter the gap by investigating the effects of religious values and cultural norms on gendered coping strategies among Muslim adolescents in Kuwait. It will also precondition future research on culturally sensitive and religious-sensitive approaches in supporting the mental health of Muslim youth.

Chapter 3: Methodology

3.1 Research Design

The research used a mixed-methods approach, providing opportunities to look at gender differences in coping styles in a sample of Muslim adolescents. The combination of quantitative and qualitative traditions provided elements to inform the understanding of Muslim youth coping styles. The quantitative purpose was to explore how frequently various coping strategies were identified using a survey measure, the Brief COPE Inventory, to gather numerical data on one's coping behavior. The process allowed to analyze strategies that featured an objective and more global assessment of coping styles regarding gender. The qualitative portion included semi-structured interviews with a smaller subset of study participants. The qualitative tradition supported a deeper understanding of the lived experiences of Muslim adolescents as the results encouraged one to examine how gender, religion and culture inform coping strategies. Open-ended questions allowed for descriptions that conveyed the particulars and personal perspectives (Aznar-Mas et al., 2023). The combination of the two approaches produced a stronger portrait of the research subject when both the numerical data and personal narrative were considered.

3.2 Population and Sampling

The sample for the research study was derived from a set of Muslim teens aged 13-18 in Kuwait and came from different cultural groups. Additionally, participants were recruited from Islamic schools, youth organizations, and community centers, in order to ensure cultural and religious diversity in the sample from different cultural groups. The sampling method used for the study was stratified purposive sampling to allocate equal representations of boys and girls, a sample consisting of 100 boys and 100 girls. To further highlight cultural differences, adolescents of other ethnic origins (Arab, South Asian, African, and Southeast Asian) were

included in the study so that the diversity of cultural influences among the Muslim population were captured in the sample.

Stratified purposive sampling was the most appropriate technique for the study because it allowed to focus on the specific groups, considering gender and the diversity of cultural backgrounds that emerged regarding the strategies for coping. The method yielded a responsive representation of boys and girls along with the diversity of cultural backgrounds that provided rich data representing the less gendered and more cultural sensibility of experiences among Muslim adolescents (Fine & Sirin, 2023). Therefore, the sampling technique designated for examining if gender and culture influence the coping strategies used by adolescents in a Muslim context.

3.3 Data Collection Instruments

3.3.1 Quantitative Data

The Brief COPE Inventory was utilized to examine the coping styles of adolescents, namely problem-focused, emotion-focused, avoidant, and religious-based coping. The inventory consists of 28 items and 14 subscales, with each dimension measured based on a 4-point Likert scale (1 = Not at all, 4 = Very often), allowing for straightforward measurement of coping behaviors. The reliability of the Brief COPE Inventory has been established in previous study through the work of Carver (1997), including baseline assessment of the internal-consistency of the scale across multiple population samples. For the purposes of this study, the internal-consistency of the Brief COPE subscales was analyzed using Cronbach's alpha, which showed strong internal-consistency across all subscales. Thus, the measurement of coping strategies using the Brief COPE is consistent and reproducible, and the research findings are reflective of stable and valid

measurements. Enhancing validity, member checking was conducted to confirm findings accurately represented participants' experience.

3.3.2 Qualitative Data

For the qualitative data purposes, semi-structured interviews were conducted with a sample of 20 (10 female and 10 male) participants. The interview mainly centered on the qualitative work of understanding how cultural norms, religious practices, and gender roles influenced coping strategies among adolescents. The individual interviews took place in a private setting, to allow participants to speak without inhibition about a sensitive topic. The interviews were audio-taped and lasted 30-45 minutes with the consent of the participants. The semi-structured interview guide contained open questions that aimed at discussing the following themes:

- How do you typically cope with stress and challenges in your life?
- How do your cultural background and religion influence the way you deal with stress?
- How do gender roles influence your coping strategies? Are there expectations you feel pressured to follow?
- Can you describe any religious practices (such as prayer or reading the Qur'an) that help you cope with stress?

The questions were aimed at prompting participants to contemplate their own experience, as well as giving well-organized information to analyze it. The semi-structured interviews employed in the study enabled flexibility in the answers taken (Ruslin et al., 2022) . However, at the same time, they ensured the research had a clear focus based on the major themes that were pertinent to the research questions.

3.4 Procedure

Parental consent was also secured from all participants before data collection, since it is a requirement of ethical procedures in dealing with adolescents. The ethical board gave ethical clearance to the study and therefore ensured that the study was conducted within ethical principles in research, such as confidentiality and informed consent (Yusof et al., 2022). The surveys were sent via the quantitative survey in schools and community centers, and monitored by the researchers so that privacy and uniformity were secured in the manner in which the survey was filled. The qualitative interviews were carried out in secluded and quiet places where people were at ease with sharing their personal experiences. Recorded (audio recordings) interviews with participant consent were transcribed word-for-word and analyzed.

3.5 Data Analysis

3.5.1 Quantitative Analysis

The analysis of the quantitative data obtained by the Brief COPE Inventory was done with the help of SPSS software. The frequency and distribution of the various coping strategies were analyzed by Descriptive statistics. In order to explore gender differences in coping strategies, independent samples t-tests and MANOVA (Multivariate Analysis of Variance) were conducted. MANOVA made it possible to statistically compare the coping styles between the males and females, especially in such aspects as emotion-oriented coping, problem-oriented coping, avoidant coping, and religious coping. As Dugard et al. (2022) stated that MANOVA permits for testing numerous variables. Internal consistency as a measure of reliability of the scales was quantified with the help of Cronbach's alpha, and it was established that the scales, which were applied in the inventory, were reliable in the study population.

3.5.2 Qualitative Analysis

The qualitative data was analyzed using thematic analysis. The analysis began with identifying and analyzing patterns or themes within the interview transcripts. Initially, primary codes utilized in the data were developed by the research team. The primary codes were then grouped into organized categories that represented the experiences and coping mechanisms of the participants. The categories were used as themes to provide an important lens for exploring the salient intersections of gender, religion and culture within coping behaviors. Member checking was also conducted. As McKim (2023) reported that Member checking mostly perform to assess trustworthiness that involved a sub group of respondents who reviewed their transcripts to confirm their data. They strengthened the trustworthiness of findings.

3.6 Ethical Considerations

During the course of the study, ethical considerations were closely followed. All subjects provided consent, and adolescents under the age of 18 obtained parental consent. The study was anonymous, and interviews were recorded securely. The participants were informed they could withdraw from the study at any time without consequence. There were sensitive topics, including mental health and emotional disclosure that were discussed throughout the research. The participants were provided with printed information on mental health resources related to the dialogue during the interviews should they seek additional support following the interview process.

3.7 Trustworthiness and Validity

The combination of the data sources also enhanced the validity of the study: quantitative data gathered by the means of surveys were cross tabulated with qualitative data collected by interviews to achieve a better insight into the coping strategies that adolescents use. Members checking in the qualitative phase presented a second opportunity to enhance the evaluation of the

results, being a true reflection of the participants. Reliability was assessed using Cronbach's alpha and the Brief COPE Inventory demonstrated internal consistency in methods of coping. The qualitative analysis held strict vetting in coding and theme building to ensure the results accurately represented the participant's experience.

Chapter 4: Results

4.1 Quantitative Findings

The SPSS program was applied to quantitative data with an emphasis on the gender-based differences in coping behavior of adolescents. The Brief COPE Inventory was to measure four forms of coping: emotion-focused, problem-focused, avoidant, and religious coping. The analysis sought to determine the commonness of the coping strategies in males and females. The reliability of the inventory was confirmed through Cronbach's alpha, ensuring internal consistency, and Table 1 summarizes the mean of each coping strategy by gender.

Table 1

Mean of Each Coping Strategy by Gender

Coping Strategy	Males (n=100)	Females (n=100)	p-value
Emotion-Focused Coping	2.89	3.45	0.002
Problem-Focused Coping	3.21	3.07	0.273
Avoidant Coping	3.05	2.70	0.034
Religious Coping	3.42	3.80	0.001
<i>Note.</i> Table shows mean scores of coping strategies by gender.			

Based on the table, it is clear that females ($M = 3.45$) and religious coping ($M = 3.80$) were higher, and males' problem-focused ($M = 3.21$) and avoidant ($M = 3.05$) coping were higher. The results are in line with earlier studies, which indicate that females are more likely to use emotion-focused responses, turning to emotional support and expression of feelings, and males are more likely to use problem-focused ones, focusing on problem-solving, or avoidant ones, where they avoid the emotional component of stress (Tamres et al., 2002). Emotion-focused coping ($p =$

0.002) and religious coping ($p = 0.001$) are statistically significant, implying that females deal with the coping strategies more often than males do. A significant difference ($p = 0.034$) was observed with the avoidant coping strategy, with males employing the strategy more than females. Nonetheless, avoidant coping did not reach a statistically significant difference ($p = 0.273$), indicating that there was little difference in the strategy used by the two genders. Overall, the findings do substantiate the notion that gender is a fundamental variable influencing adolescents' coping responses, and even the responses reported could be shaped by the influence of cultural and social contexts.

4.2 Statistical Analysis

4.2.1 Statistical Analysis

Multivariate Analysis of Variance (MANOVA) was employed to explore if gender had a significant impact on preference for different coping styles. The comparisons examined the influence of gender on four different styles of coping: emotion-focused coping, problem-focused coping, avoidant coping, and religious coping. There was a significant multivariate effect related to gender on coping styles, Wilks Lambda = 0.86, $F(4, 195) = 7.98$, $p = 0.001$ showing gender impact was a significant contributor to adolescent coping styles. The validity of MANOVA was demonstrated through the thorough access to quantitative data and strong statistical tests to properly represent the differences in coping behavior separated by gender. The results of the MANOVA for each specific coping strategy are as follows:

Table 2

MANOVA Results

Coping Strategy	F-value	p-value	Gender Effect
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Emotion-Focused Coping	F(1, 198) = 9.87	p < 0.01	Females use emotion-focused coping more frequently than males.
Avoidant Coping	F (1, 198) = 4.56	p < 0.05	Males tend to use avoidant coping more than females.
Religious Coping	F (1, 198) = 11.43	p < 0.01	Females engage in religious coping strategies more frequently than males.
<i>Note.</i> MANOVA results show gender differences in emotion-focused, avoidant, and religious coping.			

The results showed that gender significantly influences coping strategies. Emotion-focused and religious coping were more common among females than males, which is in sync with existing literature that states the female gender is more emotional and needs social support (Juuzková, 2025). On the other hand, males were using avoidant coping more than females, which is indicative of a pattern of suppressing emotions or distancing oneself from emotional pain. The results confirm that coping strategies are gendered and that gender matters when the response is in Muslim adolescents coping with stress.

4.2.2 Qualitative Findings

The qualitative data will be collected through semi-structured interviews with 20 adolescents (10 boys and 10 girls). The intention of the interview was to explore how young people understand and use a coping strategy with a particular attention to how culture and religion influence the coping strategy.

4.2.3 Thematic Analysis

The researchers conducted thematic analysis on the qualitative data. Thematic analysis engaged in a systematic process of identifying patterns that arose in the responses and arranged those patterns into larger overall themes and sub-themes (Braun & Clarke, 2006). To ensure the findings were valid and credible, the research group used a systematic coding process.

4.2.3.1 Main Themes and Sub-Themes

Table 3

Thematic Analysis

Main Theme	Sub-theme	Description	Example Quote
1. Religion as a Coping Mechanism	Sub-theme 1: Females' Emotional Connection to Prayer	Females expressed a deep emotional connection to prayer (ṣalāh) and dhikr (remembrance of God), using them as means to release emotional stress and seek divine support.	"When I feel overwhelmed, I turn to prayer and talk to God. It helps me calm down."
	Sub-theme 2: Males' Strength in Faith	Males practiced religious coping but viewed it more as a way to strengthen their resolve. Their religious practices were generally private and stoic, focusing on endurance rather than emotional expression.	"I pray because it gives me the strength to keep going. It doesn't make me emotional, but it helps me stay strong."
2. Gender Expectations	Sub-theme 1: Cultural	Males reported societal pressure to suppress emotions and	"In my culture, boys aren't supposed to cry."

and Emotional Expression	Pressure on Males	maintain a strong exterior. They were discouraged from discussing their emotions, which led to avoidance and self-reliance.	We have to handle things on our own."
	Sub-theme 2: Freedom for Females to Seek Support	Women had more agency in expressing their feelings and reaching out to family and friends for social support. The was helpful in alleviating stress in a supportive environment.	"I talk to my mother or my friends when I feel stressed. It helps me feel better."
3. The Role of Family Support	Sub-theme 1: Females' Close Family Bonds	Women often cited their family, most especially mothers, as a source of emotional support. They considered family a safe place for expressing feelings.	"Whenever I am stressed, my mom is always there to listen and give advice."
	Sub-theme 2: Males' Reluctance to Seek Family Support	Men were less likely to seek emotional support from family out of concern regarding cultural expectations of emotional restraint. They did not feel comfortable disclosing	"I don't talk about my feelings with my family. They expect me to be strong and deal with it by myself."

their feelings, or "opening up,"

to family members.

Note. Table shows main themes and sub-themes on gendered coping mechanisms.

Ratio of Respondents

- 60% of females (n=6) indicated religious coping mechanisms as their primary tool for managing stress, which typically involved some emotional and spiritual expression.
- 40% of males (n=4) indicated religious coping as part of the individual faith, yet their description surrounded the notion of being strong and persevering through rather than expressing any emotional state.

The findings indicated that females expressed their feelings more regarding religion while males seemingly viewed their faith as a source of strength while not displaying emotions. It aligns with more global gender norms in Muslim cultures that allow for females to express vulnerability while males are constrained from the presence of feelings.

4.3 Summary of Key Findings

Both the quantitative and qualitative findings from the study support that gender, culture, and religion strongly shape Muslim adolescents' coping mechanisms and emotional reaction. The quantitative analysis provided evidence of gender differences in coping style as females reporting greater utilization of emotion focused and religious coping strategies; while males indicated greater utilization of problem focused and avoidant coping. The qualitative interviews provided depth of understanding about how gender norms and religiosity shape emotional reaction in adolescents. For females it appeared they were more emotionally expressive in their coping, relying on family support and prayer or religious rituals to cope with their emotions. For

the males, they indicated feeling societal pressure to not express emotions, while also being private, maladaptive and stoically religious. Taken as a whole, the study calls for further understanding of the intersection of gender and religion with coping in Muslim youth.

(The later part of the thesis has been intentionally omitted to protect data privacy)

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