

Stress and Gender

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The so called Central-Eastern European health paradox, that is the gender specific morbidity and mortality differences in the transforming Central-Eastern-European societies can be regarded as a special experimental model. Chronic stress is proposed as an integrating theory. Depression and learned helplessness are two central psychological models that have been shown to have major explanatory power in the development of premature mortality. 12,643 people were interviewed in "Hungarostudy 2002" survey, representing the Hungarian population according to sex, age and sub-regions. For ecological analyses, gender-specific mortality rates were calculated for the middle-aged population (45-64 years) in the 150 sub-regions of Hungary. In comparison to men, among women socio-economic factors are nearly four times less important predictors of middle-aged mortality. Competitive attitude and social distrust are more important risk factors for men. Neighborhood cohesion, religious involvement, and reciprocity were not so much influenced by sudden socio-economic changes in the last decades, therefore the protective network of women remained relatively unchanged. There are marked gender differences in relationship between work related stress and health. We found marked gender interactions in the relationships of education, subjective social status, and middle aged mortality rates. The results suggest that improved socioeconomic status of women is protective for male health as well as for female health. The applicability of these results are investigated for further research, clinical and policy implications.