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A study to assess the level of coping strategies among elderly people in selected rural and urban areas, Puducherry

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Abstract
A study to assess the level of coping strategies of elderly people and to find out the association between the level of coping strategies of elderly people with demographic variables. The research approach selected for the study was quantitative research approach and descriptive survey design. The study was conducted in selected rural and urban areas at Puducherry. Total 100 samples were selected (50 – rural areas and 50 urban areas) by using convenience sampling technique. The findings of the study revealed people had medium amount of coping strategies (56%) and nearly half of the elderly people had little bit of coping strategies (44%). With respect to the rural area, majority of the elderly people had medium amount of coping strategies (64%) and nearly half of the elderly people had little bit of coping strategies (36%). And also in percentage domain scores of coping strategies revealed that both among the selected urban and rural areas were higher in the area of Humour244 and 240 (70% & 69.2%), other coping mechanisms were active coping 236 and 233 (66% and 65.7%) and denial226 and 242 (61% and 70.2%). The researcher recommends more studies can be conducted in different settings, with different population and different studies can be conducted among the health care professionals who plays important role to disseminate the information to the people.

Keywords: Coping strategies and elderly people

Introduction

"Older age Takes away what we've inherited, and gives us what we've earned."
- Jeanette Winterson"

The term Elderly conveys the images of frustration and pity, sickness and poverty, despair and senility, warmth and responsibility. The aged feel a sense of social isolation because of the disjunction from various bonds *viz*., work relationships, and diminish of relatives and friends, mobility of children to far off places for jobs. The situation of the elderly still worsens when there is physical incapacity and financial stringency. Today in India elderly face the miserable conditions in their life.

"Elderly is an incurable disease". But recently Sir James sterling Ross commented "you do not heal elderly, you protect it, you promote it and you extend it". Aging is a major life change includes physiological & psychological changes. Elderly should be regarded as a normal inevitable biological phenomenon. Elderly persons constitute one of the most vulnerable sections of the society. They are not only physically weak but also lack in economic resources, self esteem and social status. Under the changing socio-economic and demographic conditions family is unable to provide support and care to the elderly and some are also feeling elderly are useless. Thus, elderly put more wrinkle on one's mind than on his face. It cannot be prevented rather it can be protected and promoted. But it is interesting that while the numbers have gone up, quality of life has gone down.

Globally elderly people constitute 11.7% in 2013 and the share of older persons aged >80 was 14%. Presently, about 2/3rd of the world's older persons live in developing countries. In India 7.5% population belong to age group above may projected to rise to 12.4% of population by the year 2026. There is sharp rise in age-specific death rate of 20/1000 persons in the age group of 60- 64 years, 80 among 75- 79 years and 200 for persons aged more than 85years.

An Article in grim reality among elderly people after retirement many people are forced to live a life of humiliation, abuses and isolation restricted social life (20%), abuse / mental torture (13%), denial of basic needs (13%), physical harassment / assault (9%) and other forms of harassment (8%). Kinds of elderly abuses in INDIA like Denial of food, denial of medical attention / medicines, abusing, humiliation, beating, not allowed to meet grand children / outsiders / relatives / neighbours / friends, tied in case of disability, forced to do household chores, emotional blackmailing, ignoring daily needs like clean clothes, proper food, snatching their belongings even savings, useful legal documents (HINDU (October 18, 2016).

In the study conducted in the elderly people were asked to list out from the 24 psychological problems about the presence or absence of the problem. It was found that almost all elderly were having one or the other psychological problems. The major psychological problems reported by elderly was anxiety followed by loneliness (58.5%), isolation (55.3%), stress (52.1%), feeling of guilt (51.1%) and of affection & irritation (50%).

Objectives

- To assess the level of coping strategies among Elderly people in selected Rural and Urban areas.
- To find out the Coping strategies used by the Elderly people in selected Rural and Urban areas.
- To find out association between the level of Coping strategies Elderly people with demographic variables in selected Rural and Urban areas.

Research Methodology

Research Approach: Quantitative Research Approach

Research Design: Descriptive Survey Design

Research Variables: Coping strategies

Study Setting: Selected Rural and Urban areas in Puducherry. The area is easily reachable and 2-10 kilometers away from the researcher's institution.

Population: All the Elderly People residing in Rural and Urban areas at Puducherry.

Sample: Elderly People residing in selected Rural and Urban areas at Puducherry who fulfill inclusion criteria and available during the period of study.

Sample Size: 100 elderly people (50 in rural areas and 50 in urban areas).

Calculation of Sample Size: It is calculated by power analysis. Sample size was calculated using previous study findings percentage (90.5%) and expected to increase by 35%with absolute error10% and power of the study 95%

$$n = \cdot \frac{4pq}{d^2}$$

P _ proportion
q _ [100-p]
d^2 _ absolute error 10%

$$n = \frac{4 \times 90.5 \times 9.5}{81}$$

n = 42 samples
Rural = 42 to 50 samples
Urban = 42 to 50 samples

Sampling Technique: convenience sampling technique.

Validity: The tool was validated by experts in the field of Psychiatric Nursing, Psychologists, psychiatrist, Bio-Statisticians, etc.

Reliability: This method was used to assess the reliability of the stress, coping strategies and quality of life assessment tool. The 'r' value is 0.85.

Pilot study: Pilot study was conducted among 10 (5 in urban area and 5 in rural area.) elderly people in Rural and Urban area of Puducherry. The study tool was found to be feasible to proceed for the main study.

Data collection procedure

- Formal permission was obtained from the concerned authority. Data was collected for the period of 4 weeks.
- The researcher introduced herself and explained the purpose of the study and asked their willingness to participate in this study. The study was conducted on 100 elderly people from urban and rural areas based on convenience sampling technique. .
- The Participants were fully informed of the study objectives and informed written consent was obtained.
- The researchers were assured that their data would be treated anonymously and the confidentiality would be guaranteed. The researcher collected the information from the elderly people by survey method (interview schedule and also self administered module was followed).
- Initially the researcher covered 10 areas (5 Rural and 5 Urban) out of which each area consists of 10 subjects who fulfilled the inclusion criteria were selected.
- In a day, an average of 3-4 samples were collected by using standardized tool CARVER Brief cope scale and WHOQOL SCALE to assess Coping strategies and questions to collected the data regarding socio demographical variables were added .
- Each participant took 1 hour and 15 minutes to complete the questionnaire It took 15 days to complete 50 Elderly people in the Rural areas. Similarly same method was followed and it took another 15 days to complete the survey among elderly people in urban areas.
- Elderly people were encouraged to ask questions as needed and it was clarified.

Plan for data analysis: Descriptive and Inferential statistics were used to analyze the demographical data.

Results and Discussion

Section a

Table 1a: Frequency and percentage distribution of demographic variables of Age in Years, Gender, and religion among elderly people in selected Rural and Urban areas:

(N=100)

Demographic Variables	URBAN (n=50)		RURAL(n=50)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Age in years				
60-65 years	13	26	7	14
66-70 years	19	38	17	34
71-75 years	11	22	21	42
>75 years	7	14	5	10
Gender				
Male	19	38	19	38
Female	31	62	31	62
Religion				
Hindu	21	42	18	36
Christian	19	38	22	44
Muslim	10	20	10	20
Others	0	0	0	0

The above table depicts that distribution of demographic variables in selected rural and urban elderly people. With respect to, Out of 50 majorities of the elderly people were in the age group of 60-70 years 19 (38%) in selected urban area, majority of the elderly persons were in the age group of 71-75 years21 (42%) in selected rural area. In relation to the gender, Most of the elderly people were as female31 (62%) in both the areas, whereas minority19 (38%) of the subjects were male. With respect to the religion nearly half of the elderly people were in the Hindu 21 (42%) in urban area, almost 22 (44%) were in the Christian in selected rural area.

Table 1.b: Frequency and percentage distribution of demographic variables of Marital status, Educational status and Previous occupation among elderly people in selected rural and urban areas.

N=100

Demographic Variables	Urban (n=50)		Rural (n=50)	
Marital status	**Frequency (n)**	**Percentage (%)**	**Frequency (n)**	**Percentage (%)**
Married	36	72	39	78
Unmarried	12	24	10	20
Widow	2	4	1	2
Educational status				
Illiterate	8	16	14	28
Primary	8	16	11	22
SSLC	13	26	16	32
Intermediate	12	24	7	14
Graduate	6	12	2	4
Post graduate	3	6	0	0
Previous occupation				
House wife	8	16	11	22
Unemployed	14	28	8	16
Unskilled	12	24	17	34
Professional	3	6	2	4
Services	7	14	7	14
Retired	6	12	5	10

The above table depicts that distribution of demographic variables in selected rural and urban elderly people. With respect to, Majority of the elderly people were in the marital status was married 36 and 39(72%, 78%) in both the areas. With regard to the educational status, most of the elderly people were in the SSLC 13 and 16 (26%, 32%) in both the areas. In relation to the previous occupation, most of the elderly people were in the unemployed14 (28%) in urban areas, unskilled17 (34%) were in the rural areas.

Table 1.c: Frequency and percentage distribution of demographic variables of Monthly Family income, No. of children and Type of Family among elderly people in selected Rural and urban

N=100

Demographic Variables	URBAN (n=50)		RURAL (n=50)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Monthly family income				
1000-4000	18	36	22	44
5000-10000	12	24	11	22
10000-15000	10	20	8	16
>15000	10	20	9	18
No .of children				
No child	7	14	6	12
1	4	8	2	4z
2	8	16	7	14
More than 2	31	62	35	70
Type of family				
Nuclear	15	30	10	20
Joint	35	70	40	80

The above table depicts that distribution of demographic variables in selected rural and urban elderly people. With regard to, Out of 50 elderly people, most of them were in the 1000-4000 rupees 18(36%) in monthly family income in urban areas as same as22 (44%) in rural areas. Majority of the elderly people had more than 2 children 31 and 35(62%, 70%) in both the areas. With regard to the joint family Most of the elderly people were 35 and 40 (70%, 80%) in both the area.

Table 1.d: Frequency and percentage distribution of demographic variables of Source of income, Place of Residence and Health status among elderly people in selected rural and urban areas.

N=100

Demographic Variables	Urban (n=50)		Rural (n=50)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Source of income				
Services	8	16	3	6
Business	14	28	2	4
Agriculture	0	0	21	42
Pension	28	56	24	48
Place of residence				
Urban	50	100	0	0
Rural	0	0	50	100
Health status				
Diabetes mellitus	10	20	11	22
Hypertension	5	10	8	16
Coronary artery disease	11	22	10	20
Any previous surgery	24	48	21	42

The above table depicts that distribution of demographic variables in selected rural and urban elderly people . With regard to the 50 elderly people , nearly half of them depends pension money28 and 24 (56%, 48%) is source of income in both the areas. In relation to the health status majority of the elderly people were in the previous surgery 24 and 21(48%, 42%) in both the areas.

Table 1.e: Frequency and percentage distribution of demographic variables of Perceived family support, and Type of family support among elderly people in selected rural and urban areas.

N=100

Demographic Variables	Urban (n=50)		Rural (n=50)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Perceived family support				
Yes	38	76	41	82
No	12	24	9	18
Types of family support				
Psychological and emotional	18	36	14	28
Sharing household activities	20	40	30	60
Taking care of children's others	12	24	6	12

The above table depicts that distribution of demographic variables in selected rural and urban elderly people. In relation to, Most of the elderly persons had perceived family support 38 and 41 (76%, 82%) in both the groups. Almost nearly half of the elderly people in both areas had sharing household activities 20 and 30 (40%, 60%) in family support.

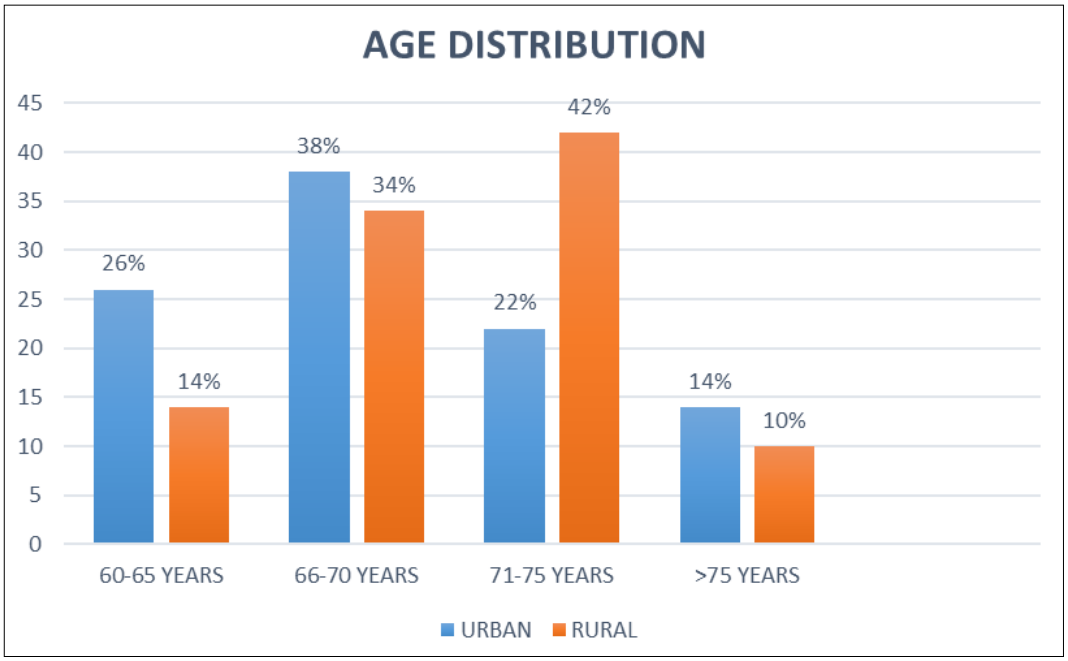

Fig 1: Percentage distribution of age among elderly people in selected rural and urban areas.

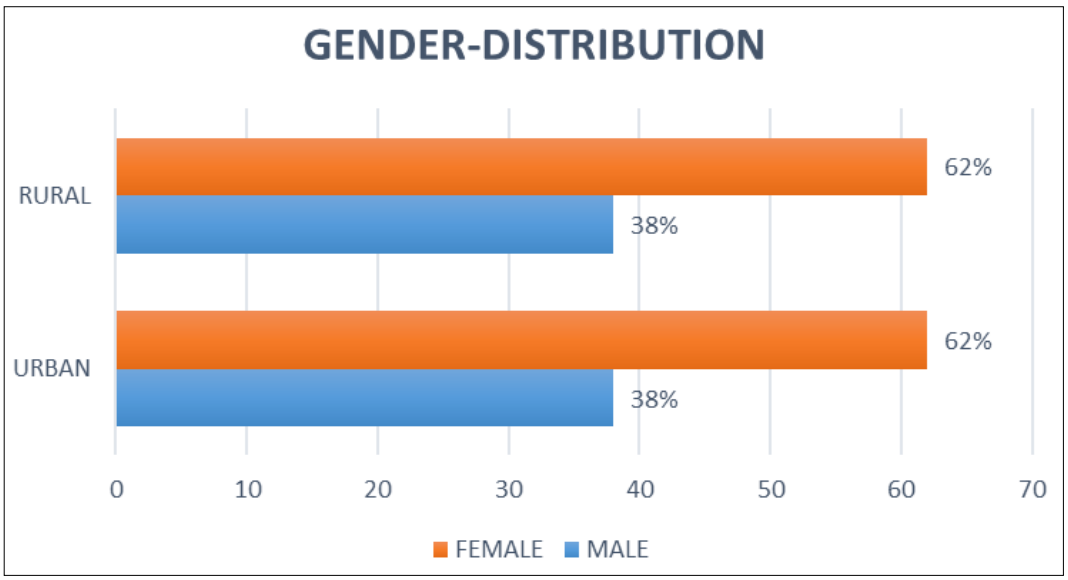

Fig 2: Percentage distribution of Gender among elderly people in selected rural and urban areas

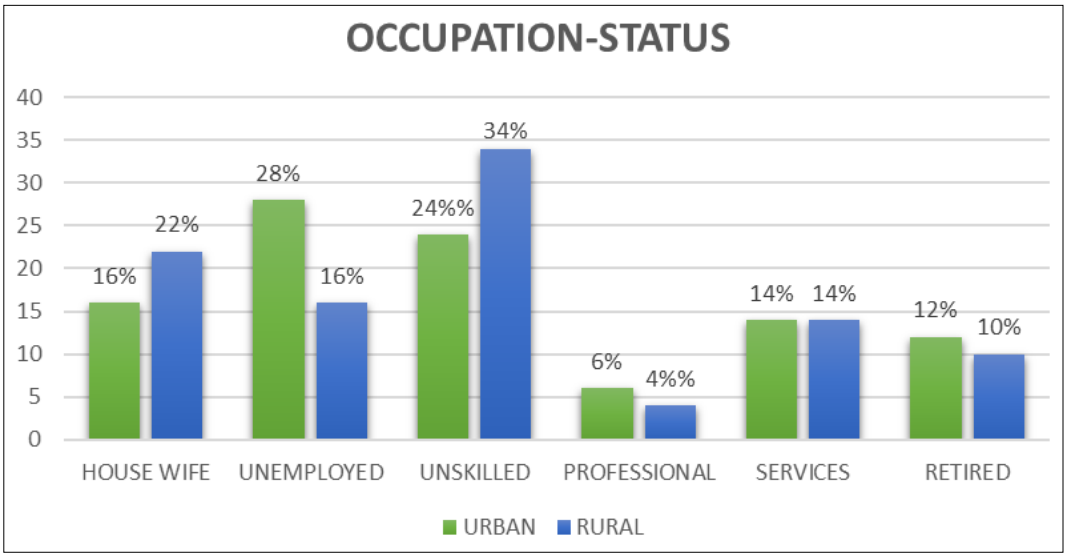

Fig 3: Percentage distribution of Occupation Status among elderly people in selected rural and urban areas

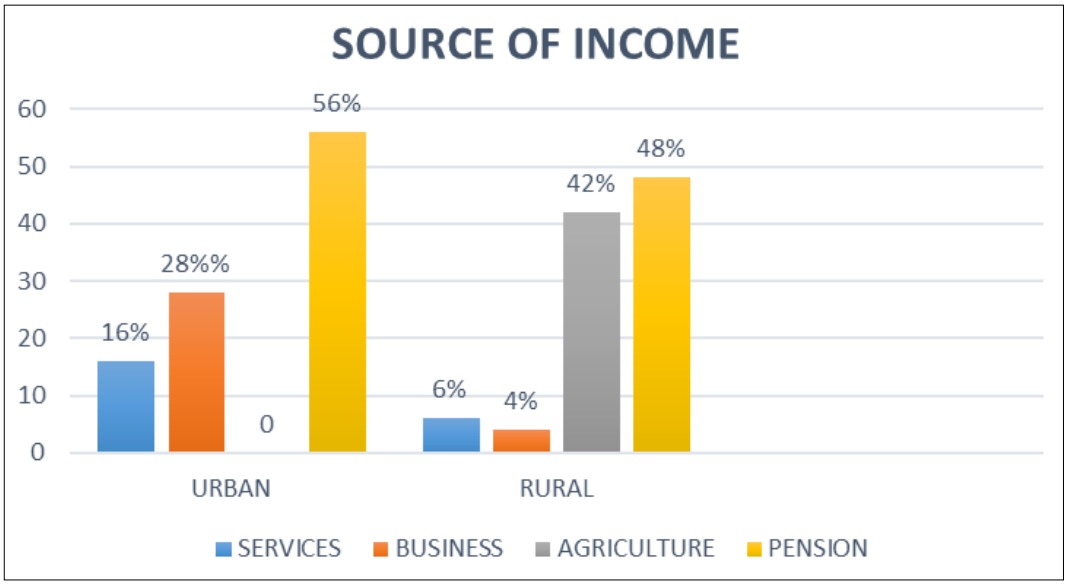

Fig 4: Percentage distribution of Source of Income among elderly people in selected rural and urban areas

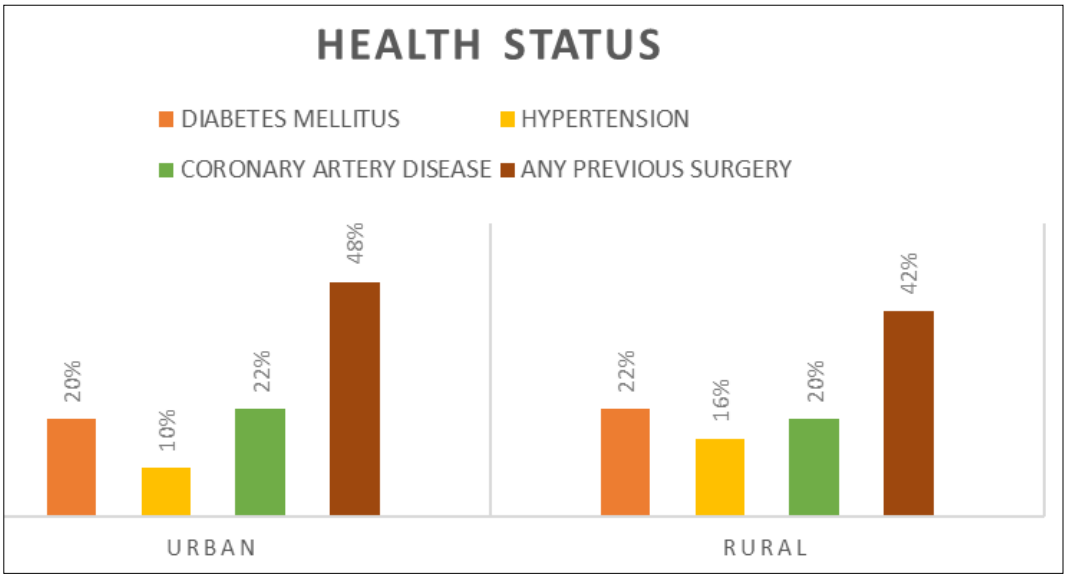

Fig 5: Percentage distribution of Health Status among elderly people in selected rural and urban areas

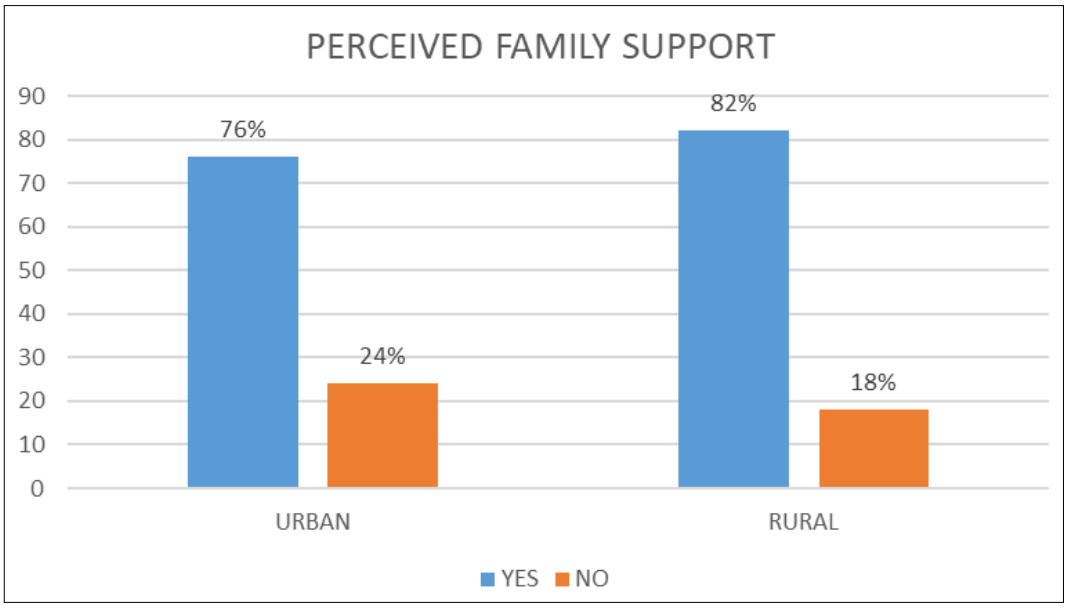

Fig 6: Percentage distribution of Gender among elderly people in selected rural and urban areas

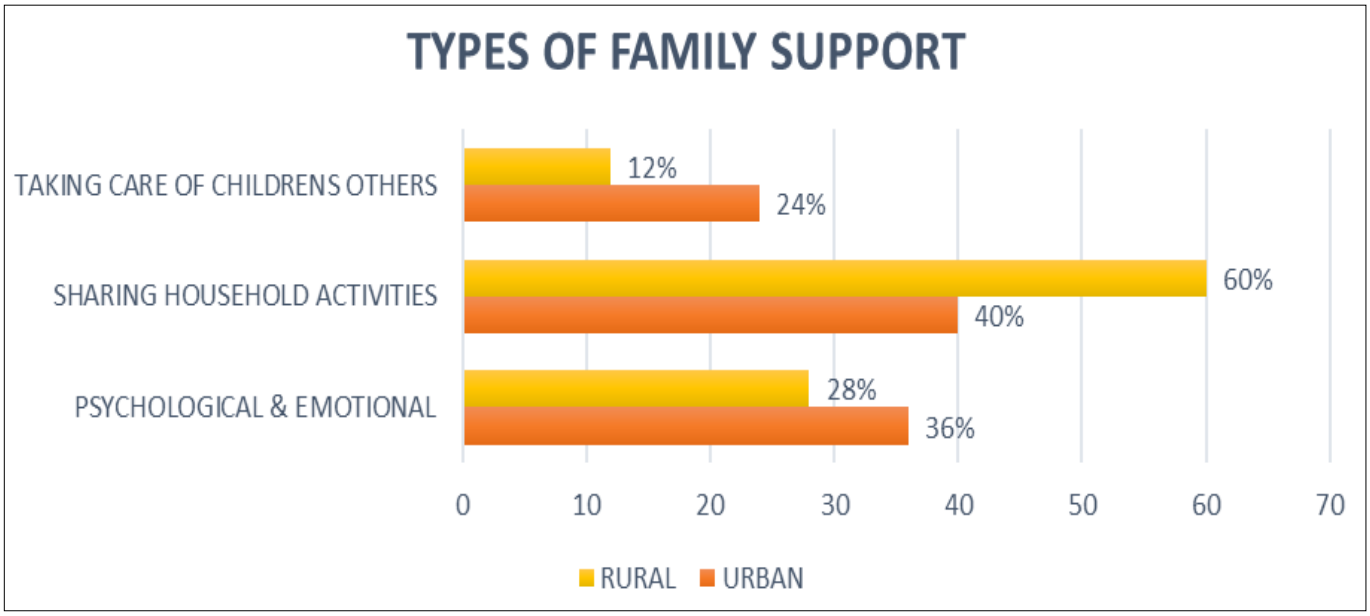

Fig 7: Percentage distribution of Type of family support among elderly people in selected rural and urban areas.

Section B

Table 2 a: Frequency and percentage distribution of the coping strategies among the elderly people in selected rural and urban area

N= 100

Coping Strategies	Urban (n=50)		Mean	Rural (n=50)		Mean
	Frequency (n)	Percentage (%)		Frequency (n)	Percentage (%)	
I haven't been doing this at all	0	0	2.560	0	0	2.640
I 've been doing this a little bit	22	44		18	36	
I 've been doing this a medium Amount	28	56		32	64	
I 've been doing this a lot	0	0	Standard deviation	0	0	Standard deviation
Total	50	100		50	100	
			0.501			0.484

The above table revealed frequency and percentage distribution of the coping strategies among the elderly people in selected rural and urban area. With respect to the urban area, majority of the participants had medium amount of coping strategies (56%) and nearly half of the participants had little bit of coping strategies (44%). With respect to the rural area, majority of the participants had medium amount of coping strategies (64%) and nearly half of the participants had little bit of coping strategies (36%).

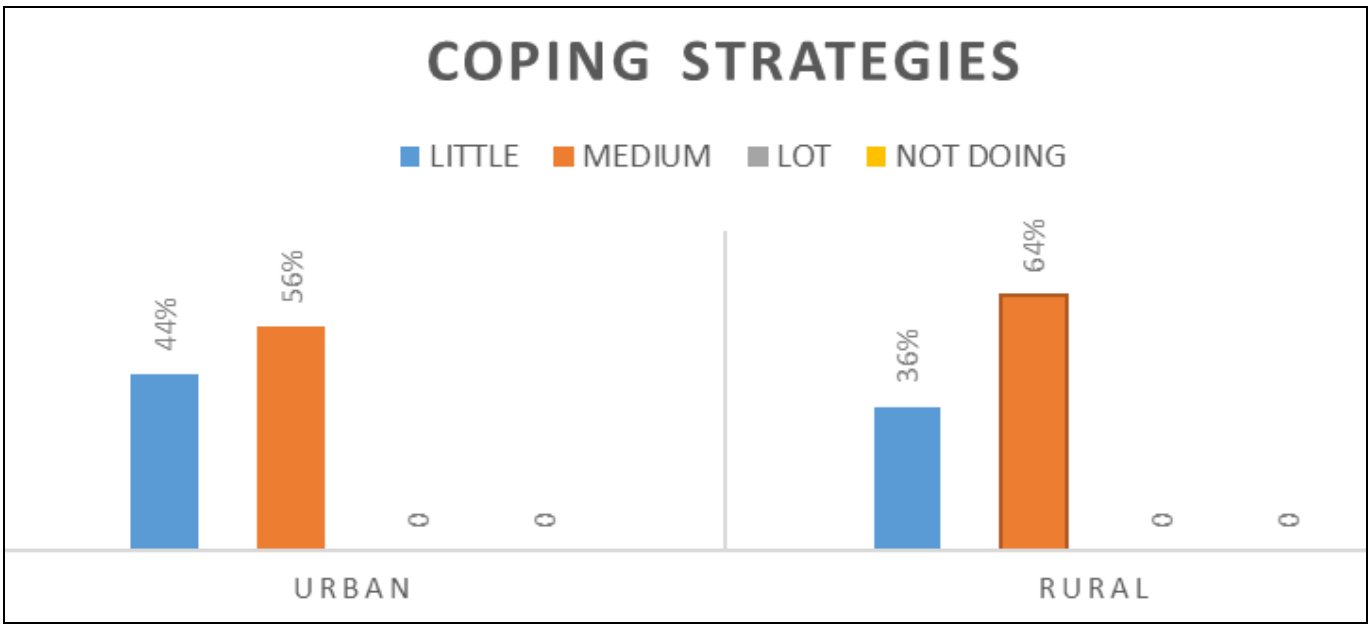

Fig 2a: Percentage distribution of coping strategies among elderly people in selected Rural and Urban areas.

Table 2.b: Percentage scores of coping strategies used by the elderly people in selected Rural and Urban areas

N=100

Coping Strategies	Urban (n=50)			Rural (n=50)		
	Obtained Score	% age	Mean & s.d	Obtained Score	% Age	Mean & s.d
Self –distraction	223	59.5	4.46 1.05	226	62.2	4.52 1.09
Active coping	236	66	4.72 1.22	233	65.7	4.6 1.22
Denial	226	61	4.52 1.16	242	70.2	4.84 1.20
Substance use	212	54	4.24 1.39	212	55.2	4.24 1.09
Use of emotional support	209	52.5	4.18 .800	222	60.2	4.44 .786
Use of instrumental support	208	52	4.16 1.09	223	60.7	4.46 .930
Behavioural disengagement	219	57.5	4.38 .987	215	56.7	4.30 .863
Venting	208	52	4.16 1.37	239	68.7	4.78 1.07
Positive reframing	184	41.4	3.68 .913	176	37.2	3.52 .973
Planning	183	41.2	3.66 1.06	196	47.2	3.92 1.15
Humor	244	70	4.88 1.25	240	69.2	4.80 1.24
Acceptance	223	59.5	4.46 1.50	226	62.2	4.52 1.56
Religion	195	44.7	3.90 1.01	213	55.7	4.26 .964
Self-blame	200	50	4.00 1.62	217	57.7	4.34 1.67

Maximum score -600

The above table revealed that both among the urban and rural areas percentage scores were higher in the area of Humour244 and 240 (70% & 69.2%), other coping mechanisms were active coping 236 and 233 (66% and 65.7%) and denial 226 and 242 (61% and 70.2%)

Table 3: Association between the Coping strategies with demographic variables among elderly people in selected urban areas.

N=50

Demographic Variables	Urban AREA(n=50)				χ^2	Df	P-Value
	Little BIT		Medium Amount				
	N	%	N	%			
Age in years							
60-65 years	7	53.8	6	46.2	5.61	3	0.006
66-70 years	7	36.8	12	63.2			
71-75 years	4	36.4	7	63.6			
>75 years	4	57.1	3	42.9			
Gender							
Male	10	52.6	9	47.4	.927	1	0.252
Female	12	38.7	19	61.3			
Religion							
Hindu	10	47.6	11	52.4	.204	2	0.903
Christian	8	42.1	11	57.9			
Muslim	4	40	6	60			
Others	0	0	0	0			
Marital status							
Married	14	38.9	22	61.1	3.10	2	0.212
Unmarried	6	50	6	50			
Widow	2	100	0	0			
Educational status							
Illiterate	6	75	2	25	11.0	5	0.005
Primary	6	75	2	25			
SSLC	4	30.8	9	69.2			
Intermediate	2	16.7	10	83.3			
Graduate	3	50	3	50			
Post graduate	1	33.3	2	66.7			

Previous occupation							
House wife	2	25	6	75			
Unemployed	9	64.3	5	35.7			
Unskilled	6	50	6	50	9.80	5	0.011
Professional	0	0	3	100			
Services	1	14.3	6	85.7			
Retired	4	66.7	2	33.3			
Monthly family income							
1000-4000	9	50	9	50			
5000-10000	4	33.3	8	66.7	2.65	3	0.449
10000-15000	3	30	7	70			
>15000	6	60	4	40			
No. of children							
No child	3	42.9	4	57.1			
1	1	25	3	75	1.75	3	0.625
2	5	62.5	3	37.5			
More than 2	13	41.9	18	58.1			
Type of family							
Nuclear	6	40	9	60	.139	1	0.477
Joint	16	45.7	19	54.3			
Source of income							
Services	4	50	4	50			
Business	7	50	7	50	.574	2	0.751
Agriculture	11	39.3	17	60.7			
Pension	22	44	28	56.574			
Place of residence							
Urban	22	44	28	56	-	-	-
Rural	0	0	0	0			
Health status							
Diabetes mellitus	7	70	3	30			
Hypertension	2	40	3	60	4.07	3	0.051
Coronary artery disease	3	27.3	8	72.7			
Any previous surgery	10	41.7	14	58.3			
Perceived family support							
Yes	15	39.5	23	60.5	11.3	5	0.003
No	7	58.3	5	41.7			
Types of family support							
Psychological and emotional	9	50	9	50			
Sharing household activities	8	40	12	60	.419	2	0.811
Taking care of children's others	5	41.7	7	58.3			

p<0.05, significant and **-*p*<0.001, highly significant

The above table represents Association between the coping strategies among elderly people with demographic variables in selected urban area. It was statistically found that the age, educational status, previous occupation, health status, source of income and perceived family support, had significant association at the level of *p*<0.05.

Table 3b: Association between the Coping strategies with demographic variables among elderly people in selected rural areas.

N=50

Demographic Variables	Rural Area (n=50)				χ^2	Df	P-Value
	Little bit		Medium amount				
	N	%	N	%			
Age in years							
60-65 years	2	28.6	5	71.4			
66-70 years	5	29.4	12	70.6	1.77	3	0.620
71-75 years	8	38.1	13	61.9			
>75 years	3	60	2	40			
Gender							
Male	4	21.1	15	78.9	3.97	1	0.006
Female	14	45.2	17	54.8			
Religion							
Hindu	5	27.8	13	72.2			
Christian	9	40.9	13	59.1	.828	2	0.661
Muslim	4	40	6	60			
Others	0	0	0	0			
Marital status							
Married	14	35.9	25	64.1	.632	2	0.729
Unmarried	4	40	6	60			

Widow	0	0	1	100			
Educational status							
Illiterate	8	57.1	6	42.9	8.65	4	0.003
Primary	3	27.3	8	72.7			
SSLC	7	43.8	9	56.2			
Intermediate	0	0	7	100			
Graduate	0	0	2	100			
Previous occupation							
House wife	5	45.5	6	54.5	4.35	5	0.051
Unemployed	2	25	6	75			
Unskilled	8	47.1	9	52.9			
Professional	0	0	2	100			
Services	1	14.3	6	85.7			
Retired	2	40	3	60			
Monthly family income							
1000-4000	6	27.3	16	72.7	5.78	3	0.023
5000-10000	6	54.5	5	45.5			
10000-15000	1	12.5	7	87.5			
>15000	5	55.6	4	44.4			
No. of children							
No child	2	33.3	4	66.7	5.02	3	0.031
1	2	100	0	0			
2	1	14.3	6	85.7			
More than 2	13	37.1	22	62.9			
Type of family							
Nuclear	3	30	7	70	.195	1	0.479
Joint	15	37.5	25	62.5			
Source of income							
Services	0	0	3	100	3.18	3	0.364
Business	0	0	2	100			
Agriculture	8	38.1	13	61.9			
Pension	10	41.7	14	58.3			
Place of residence							
Urban	0	0	0	0	-	-	-
Rural	18	36	32	64			
Health status							
Diabetes mellitus	3	27.3	8	72.7	1.24	3	0.743
Hypertension	4	50	4	50			
Coronary artery disease	3	30	7	70			
Any previous surgery	8	38.1	13	61.9			
Perceived family support							
Yes	14	31.1	27	65.9	.340	1	0.413
No	4	44.4	5	55.6			
Types of family support							
Psychological and emotional	5	35.7	9	64.3	2.91	2	0.232
Sharing household activities	9	30	21	70			
Taking care of children's others	4	66.7	2	33.3			

p<0.05, significant and **-*p*<0.001, highly significant

The above table represents Association between the coping strategies among elderly people with demographic variables in selected rural area. It was statistically found that the gender, educational status, previous occupation, monthly family income and number of children, had significant association at the level of *p*<0.05.

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Not available

Author's Contribution
Not available

Conflict of Interest
Not available

Financial Support
Not available

Conclusions

The result revealed in the level of Coping strategies In coping strategies, the frequency and percentage distribution of the elderly people in selected rural and urban area revealed that , With respect to the urban area, majority of the elderly people had medium amount of coping strategies (56%) and nearly half of the elderly people had little bit of coping strategies (44%). With respect to the rural area, majority of the elderly people had medium amount of coping strategies (64%) and nearly half of the elderly people had little bit of coping strategies (36%). And also in percentage domain scores of coping strategies revealed that both among the selected urban and rural areas were higher in the area of Humour244 and 240 (70%&69.2%), other coping mechanisms were active coping236 and 233 (66% and 65.7%) and denial226 and 242 (61% and 70.2%). Association between the coping strategies among elderlypeople with demographic variables in selected urban area, It was statistically found that the age, educational

status, previous occupation, health status, source of income and perceived family support, had significant association at the level of $p<0.05$. Association between the coping strategies among elderly people with demographic variables in selected rural area, It was statistically found that the gender, educational status, previous occupation, monthly family income and number of children, had significant association at the level of $p<0.05$. The study concluded that effective coping strategies should be developed at all the levels in order to fight with the growing problems of the elderly. The researcher recommends more studies can be conducted in different settings, with different population. The different studies can be conducted among the health care professionals who plays important role to disseminate the information to the people.

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