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Perceived stress and coping strategies among senior citizens in selected urban and rural community, Bankura, West Bengal

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Abstract
A descriptive survey was conducted on assessment of Perceived stress and coping strategies among senior citizens living in Bankura block 1 and Bankura municipality ward -20, west Bengal with 104 senior citizens aging 61 years and above selected by simple random sampling technique. The objectives were to assess the level of stress of senior citizens, to find out coping strategies adopted by them, to ascertain relationship between stress and coping strategies, and to determine the association between stress and adopted coping strategies with selected demographic variables. Structured interview schedule was used to collect demographic characteristics. Standardized PSS Scale was used to assess level of stress and standardized brief COPE Scale was used for measuring adopted coping strategies. The study results depicted that majority (71.16%) of senior citizens in urban and most (84.62%) of senior citizens in rural had moderate stress whereas 28.84% in urban, 15.38% in rural senior citizens had severe stress. Majority of senior citizens in urban (61.55%) and rural (63.47%) were having adopted moderate coping strategies, religious coping strategies was use both in urban and rural. Stress was negatively correlated (-0.62) with adopted coping strategies at 0.01 level of significance. Stress and coping strategies were significantly associated with age, occupation, socio-economic status, type of familial support, chronic physical illness. The present study was limited to age up to 80 years of senior citizens. The scope of generalization of findings was limited to present study population. The findings will enable nursing personnel to become more observant in health care services. An experimental study can be done to reduce stress among senior citizens.

Keywords: Stress, adopted coping strategies, senior citizens

Introduction
Ageing is universal natural process endured by creatures in human beings where continuous changing of physical and mental health. The senior population (aged 60 times or over) in India account for7.4 of total population in 2001. For males it was at7.1, while for female it was7.8. From5.6 in 1961, it's projected to rise to12.4 of population by the time 2026. The number of people aged 60 and over as a proportion of the global population will double from 11 in 2006 to 22 by 2050 [1]. Stress of senior citizens occur due to problems of assured and their dependents, ill- health, absence of social security, loss of social part and recognition, social support and the non-availability of openings for creative use of free time.
Coping consists of the individual effort required to get relief from stress to any destabilizing situation. Coping strategies may be adopted by senior citizens from two angles, one as a personality trait and another is a changing life event in relation to present situation of present. Previous experiences also act as a guide to deal with the stressful situation of present. So, it can be stated as multidimensional depending on the present situation, available resource and ability to cope up.

Back ground of the study
Most countries including India are experiencing an unprecedented rise in the number of senior citizens. According to the population census of 2021, there are around 138 million elderly people in India as of 2021, which are expected to increase to 194 million by 2031.The growth in the elderly population is largely due to improved healthcare facilities and reduced mortality rates [2].
Old age, in this stage people need redundant care, love affection and social security so family members should give installations which full filler requirements of the senior people but

some family members suppose these type of work is burden and maintain distance from senior. The aged feels a sense of social isolation because of the disjunction from various bonds, work connections, and diminish of relationship with friends, mobility of children to far out places for jobs [3].

If stress not cope with situation, it can have significant clinical and social implications in the lives of the elderly. The absence of family care and surrounding give rise to loneliness and depression. Coping consists of the individual effort required to get relief from stress or any destabilizing situation. Coping is a multidimensional dynamic process by which raises number of responses and encompasses the individual's interaction with their environment, using mechanisms to manage an impending threat and difficult life situations [4].

Now a day, in the developed country elderly people are growing so first other than people aging below 65 years due to increase life expectancy and effective family planning. stress refers to psychological experience characterized by sadness, loss or anger that interfere with person's daily living for weeks or longer. Depression in advance age frequently with other medical illness and disabilities accompanied by loss of social support system due to the death of a spouse, loneliness, restricted personal autonomy and financial dependency.

Geriatric populations with stress are at a higher risk for chronic diseases like coronary heart disease (CHD), cancer, diabetes mellitus and hypertension, dementia [5]. Overloads of stress hormones have been linked to many health problems, including heart disease, high blood pressure, and weakened immune function [6]. Lazarus and Folkman (1984) suggested two types of coping responses emotion focused and problem focused: Emotion-focused coping involves trying to reduce the negative emotional responses associated with stress whereas problem focused strategies aim to remove or reduce the causes of stressors [7].

Depression related to stress in India, among senior citizens (60years or above) constitute 8.6% of the total population according to census report (2011). Stress not only decreases the quality of life but also influences prognosis of other chronic diseases that further aggravate disability. According to WHO, today most people can expect to life above 60 years and more. In 2010, an estimated 524 million people were aged 65 years and above which is about 8% of the world's population. Between 2015 and 2050, the world's population over 60 years with nearly double from 12% to 22%.7 6 There is no exception in West Bengal, India about this phenomenon of population aging in the country where elderly population contains 8.5% of the total population. There were 703 million persons. Every country in the world is experiencing growth of proportion of older population (above 60years of age and residing 68% people in rural areas and 32% in urban areas.) [8].

Coping for Senior citizens is different from coping for younger. Strategies can be adaptive, maladaptive, problem based, emotion based. If active coping strategies are accepted, the level of stress may be reduced. Hence, individual's perception to coping strategies and reaction to life's challenging situation is very much important. Individual who uses emotion- focused coping mechanism they used to take helps from others or forget the issues of causing stress consciously, accept the real situation, sometimes making fun about the situation but looking positive about something happened. They also try to find solace by spiritual belief or through prayer. Some people may adopt dysfunctional coping strategies by doing something which will make think less about the situation or self-criticizing or using substances to feel better.

The current statistics for the elderly might be an induction of geriatric mental, physical, social, economic problem. Thus, depression among senior citizens is likely to be a major health issue in future. Need of the study About 322 million people (4.4%) of the world's population affected with depression with the worldwide prevalence range 10-20% varying with cultural contribution. In West Bengal about 74,90,514 persons belong to age 60 years and above. The proportion of male and female are 51.4:48.6. 68% of total population live in rural area whereas, 32% live in urban area. There are so many older adults (about 33%) reside in West Bengal who belong to Below Poverty. As per report of technical group of 7 population projections, National Commission on population the growth rate of older adults will become 26% in the year 2026 [12].

Problem statement

Perceived stress and coping strategies among senior citizens in selected urban and rural community, Bankura District, West Bangla.

Objectives of the Study

1. To assess the level of stress perceived by the senior citizens
2. To determine the coping strategies adopted by senior citizens
3. To define the co-relation between stress and coping strategies by senior citizens.
4. To compare stress and coping strategies between urban and rural community.
5. To find out the association between stress and coping strategies with their selected demographic variables.

Materials and Method

A descriptive comparative survey design was conducted by using quantitative research approach among senior citizens aging 61years to 80years residing in Bankura block 1, Bankura, West Bengal and they were selected through simple random sampling. A semi structured validated interview schedule was prepared which was contained by 12 items to find out demographic data that includes age in years, gender, educational status, Occupation, family member, type of family, marital status, socio -economic status, family support, addiction, chronic physical illness, mental illness. Level of stress was assessed by using "PSS' scale 5-point stress level Rating scale consisting of 10 items with reliability 0.82 by Cronbach's Alpha formula, "Brief Cope'' scale for Adopted coping strategies consisting of 28 items with reliability 0.87 by Cronbach's Alpha formula Ethical clearance was taken from Institution Ethical Committee, BSMC&H and administrative approval was obtained from the CMOH of Bankura,BMOH 0f Bankura BIock 1.Data were collected from participants using separate code no through home visiting. Interview scheduled was used where self – introduction was given and purpose, nature of the study was explain to all participants. Informed consent was taken from each participant, confidentiality and anonymity were assured.

Results and Discussion

Findings related to perceived stress score of senior citizens from urban and rural community

Table 1: Distribution of senior citizens according to level stress in urban and rural community

Level of stress	Urban		Rural	
Range of scoring	**Frequency (f)**	**Percentage (%)**	**Frequency (f)**	**Percentage (f)**
Low stress (0-13)	0	0	0	0
Moderate stress (14-26)	37	71.16	44	84.62
Severe stress (27-40)	15	28.84	8	15.38

Data presented that table 1 showed that maximum (28.84%) of senior citizens in urban area and 15.38% of senior citizens in rural were having severe stress. Data also that table 1 showed that majority (71.16%) of senior citizens in urban area and most (84.62%) of senior citizens in rural were having moderate stress.

Findings related to coping strategies of senior citizens from urban and rural community

Table 2: Distribution of senior citizens according to the level of coping strategies of urban and rural community. n =104(nu =52, nr= 52)

Level of coping Strategies	Range score of coping		Urban		Rural	
	Urban	**Rural**	**(f)**	**(%)**	**(f)**	**(%)**
Poor coping	Median- 1sd <53.08	Median- 1sd < 58.58	10	19.23	7	13.46
Moderate coping	(Median-1sd) To (Median+1sd) 53.08--75.92	(Median-1sd) to (Median+1sd) 58.8--79.42	6312.55	33	63.47	
Good coping	Median+1sd > 75.92	Median+1sd >79.42	10	19.22	12	23.07

Maximum score: 112, Minimum score: 28

Data presented in table 2 showed that majority (61.55%) of senior citizens in urban area have moderate coping where as in rural area have (63.47%), poor coping 19.23% in urban where as 13.46% in rural area.

Table 3: Coping strategies adopted by senior citizen both urban and rural by their area wise mean coping score n=104(nu=52, nr=52)

Domain of Coping strategies	Maximum score	Urban		Rural	
		Mean	**Mean %**	**Mean**	**Mean %**
Self-distraction	8	4.40	58.13	5.32	76
Active coping	8	4.53	64.42	5.13	73.28
Denial	8	4.63	66.14	5.86	81
Substance use	8	4.30	56.77	4.67	66.71
Emotional support	8	4.22	55.25	5.27	65.87
Information support	8	4.57	65.51	4.7	68.28
Behavioral disengagement	8	4.44	63.42	4.63	66.14
Venting	8	4.51	64.28	4.98	71.14
Positive reframing	8	4.30	56.77	4.60	58.87
Lanning	8	4.59	65.57	4.07	63.37
Humor	8	4.38	57.62	4.82	60.25
Acceptance	8	4.35	56.87	4.7	68.85
Religion	8	5.76	72	6.62	82.75
Self-blame	8	4.20	55.20	5.28	75.42

Note: Possible scores for each coping strategies was 2-8

It might be noted from the table 3 that as area wise mean score percentage of adopted coping strategies of senior citizens in urban majority (72%) and rural mostly (82.75%) used religious support where as senior citizens less used self- blame (55.20%) adopted coping strategies in urban whereas positive reframing (58.87%) used as adopted coping strategies in rural by their problem focus, emotion focus and dysfunctional coping strategies in terms of mean percentage.

Findings related to correlation between stress and coping strategies of senior citizens within urban and rural community

- **H01:** There is no significant correlation between stress and coping strategies of senior citizens at 0.01 level of significance.
- **H1:** There is a significant correlation between stress and coping strategies of senior citizens at 0.01 level of significance.

Table 4: Correlation between stress and coping strategies of the senior citizens at urban and rural community n=104(nu=52, nr=52)

Variables	Mean Stress Score	Mean Coping strategies score	df	Correlation Coefficient (r)
Urban	25.5	64.23	50	-0.784478
Rural	23.13	70.78	50	-0.618976

‘r’= 0.765 at df (50); p=0.0.1

The data presented in Table 4 showed that there means stress score of the senior citizens from urban was 25.5 and mean coping strategies was 64.23. The correlation is computed to determine the relationship between score of stress and coping strategies. In urban community between stress and coping strategies the calculated 'r' value was -0.78 which is negatively correlation at 0.01 level of significance. In case of senior citizens of rural was 23.13 and mean coping strategies was 70.78. The correlation is computed to determine the relationship between stress and coping strategies the calculated 'r' value was -0.62 which **is** negative correlation **(-)** at 0.01 level of significance so, null hypothesis was rejected. Hence, it can be concluded that Stress of senior citizens both urban and rural were negatively correlated with their adopted coping strategies at 0.01 level of significance.

Findings difference between of perceived stress and coping strategies selected senior citizens from urban and rural n=104(nu= 52, nr=52)

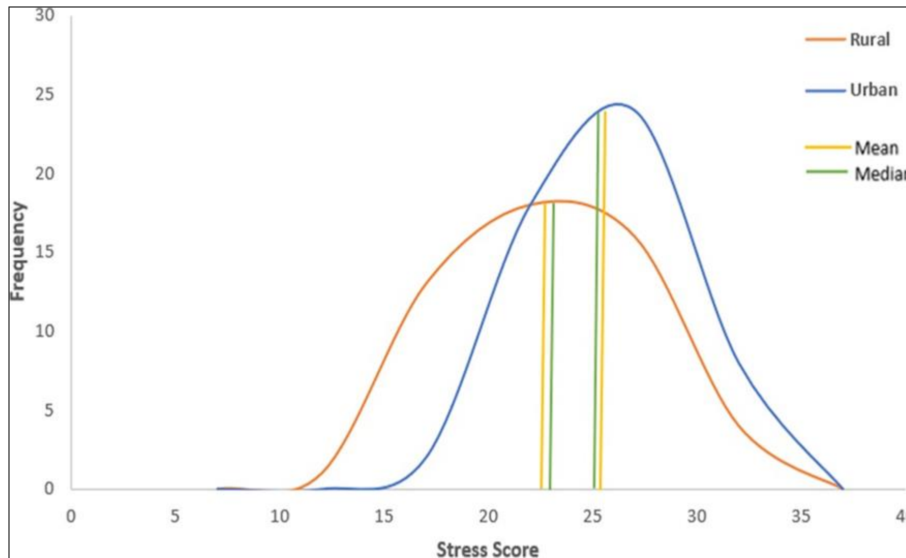

Fig 1: Frequency polygons of stress score of urban and rural area

The frequency polygon in figure 1 showed the distribution of stress scores with depicted mean and median. The stress score of urban senior citizens ranged from 17 to 34 which were normally distributed with a mean of 25.50±4.01 with a median of 25. The skewness coefficient calculated for the curve of stress score of senior citizens (0.18) denoted weakly positive skewness. The stress score of rural senior citizens ranged from 12 to 34 which were normally distributed with a mean of 22.69±4.48 with a median of 23. The skewness coefficient computed for the curve of stress score of senior citizens (0.014) indicates fairly symmetrically distributed. So, stress score of senior citizens were higher in urban senior citizens than in rural senior citizens.

H02: There is no difference between perceived stress score of selected senior citizens in urban and rural community at 0.05 level of significance.

H2: There is a difference between perceived coping score of selected senior citizens in urban and rural community at 0.05 level of significance.

Table 5: Mean, mean difference (MD), median, standard deviation (SD), standard Error (SE) and 't' value of perceived stress score. n=104(nu=52, nr=52)

Area	Mean Stress score	Mean difference	Median	SD	SE	Independent 't' value
Urban	25.50	2.3	25	4.01	0.70	2.79
Rural	23.13		23	4.58		

't'=1.98 at df(102), p=0.05

Data presented in the table 5 shows that the mean stress score of senior citizens in urban area (25.5± 4.01) was higher than mean stress score of senior citizens, in rural (23.13± 4.58) with a mean difference of 2.3 indicates the variation of score. The computed 't' value in the given data, which is found statistically significant at 0.05 level of significance, from the corresponding 't 'value 2.79 indicated that the mean difference (2.3) was a true difference, not by change. Therefore, research hypothesis (H1) accepted and null hypothesis(H01) hypothesis was rejected. So the stress score of senior citizens in urban community was higher than rural community H03: There is no difference between score of coping strategies of selected senior citizens in urban and rural community at 0.05 level of significance.

H3: There is a difference between score of coping strategies of selected senior citizens in urban and rural community at 0.05 level of significance.

Table 6; Mean, mean difference (MD), median, standard deviation (SD), standard Error (SE) and 't' value of coping strategies n=104(nu=52,nr=52)

Area	Mean	MD	Median	SD	SE	Independent 't' value
Urban	64.23	6.55	64.50	11.43	13.25	3.05
Rural	70.78		69	10.42		

't'=1.98 at df(102)**,** p=0.05

Data presented in the table 6 showed that the mean coping score of selected senior citizens in rural area (70.78±10.42) were having higher than mean coping score of selected senior citizens in urban area (64.23±11.43) with a mean difference (6.55) of indicates the variation of score. The computed 't' value in the given data, which was found statistically significant at 0.05 level of significance, from the corresponding 't' value 3.05 indicating that the mean difference (6.55) was true difference, not by chance. Therefore, alternative hypothesis (H3) hypothesis accepted and null hypothesis (H03) hypothesis was rejected. So, the level of coping strategies of senior citizens in rural was higher than level of coping strategies of senior citizens in urban community.

Findings related to association between perceived stress score and coping strategies of selected samples from urban and rural community with selected demographic variables.

There was statistically significant association was computed between the level of stress and their socioeconomic status of senior citizens {χ^2 = 6.04, df(1) p=0.013}, Familial support {χ^2 = 6.25, df(1) p=0.046}, Presence of chronic physical illness {χ^2 = 17.27, df(1) p=0.00002}, Age (in years) of senior citizens in rural community {χ^2 = 6.98, df(1) p=0.0018}. So, it can be concluded that there was association with level of stress with socioeconomic status, Familial support, Presence of chronic physical illness, Age (in years) of senior citizens at 0.05 level of significance

Discussion related to other studies

The present study finding were supported by the following studies:

Discussion related to level of stress and coping strategy

The present study was supported the study conducted by Sarma Krishnakshi1, Bhuyan Hemeswari2, Saikia Kaberi3(on April 21, 2018) The study design was non experimental comparative descriptive design conducted Emotional problems and coping strategies of senior at 4 selected old age homes and 4 villages of Kamrup Metro, Assam. by consecutive sampling technique. Senior citizens in family setting had low level of stress 16.7%, whereas in old age home setting had high level of stress18.3%. Majority of senior citizens from family 25% as well as old age home setting 36.7% had suggestive of mild depression. In family (mean=7.17) as well as old age home (mean=7.33) setting subscale religion has the highest mean [8].

The present study is partially support by descriptive correlational study on level of depression among elderly people with stress and coping method adopted by them in a selected community of West Bengal by Banerjee Aratrika in 2012 to identify the level of depression among the elderly people and the coping strategies by using purposive sampling technique data were collected through interview method. The study results divulged that majority (56.2%) of the elderly had moderate stress and majority (62.5%) of the elderly had partially effective coping, 13.75% sample had effective coping. So, it was comprehensible fact that more than half of the population of the community had depression [13]

The present study is partially support by cross-sectional study of assess the correlates of stress and coping related to demographical variables among 100 retirees of district Srinagar, using a semi-structured questionnaire was conducted by Temheeda Rahmanto (2015). Nearly 40% of cases had moderate level, 03% had severe level, 04% had extremely severe level, and around 35% had no stress. Majority of senior citizens on community 85% either used average level, or used good level of coping with a minority 10% using low level of coping [15].

In the present study maximum (71.16%) of senior citizens in urban areas and most (84.62%) in rural area have moderate stress in urban. The mean score of stress in urban area is 25.5±4.01, median 25 the mean score of stress in rural area is 23.13±4.58 median 23, maximum (19.23%) of senior citizens in urban area have poor coping, whereas, in rural area 13.46% have poor coping. the mean score of coping strategies in urban area was 64.23±11.43 median 64.50 and mean score of coping strategies in rural area was 70.78±10.42 median 69. Most of senior citizens use religious support domain.

Discussion related to the correlates of stress and coping

The present study was supported by the study of assess the correlates of stress and coping related to demographical variables among 100 retirees of district Srinagar, conducted by Ifshana, Diluwar Tabasum, Rahaman Temheeda (2015) According to study, there was statistically no significance between coping with demographic variables but need for organized family and social support to improve the physical and psychological health of elderly but stress and coping was negative correlation (r = -0.78) [15].

The present study was partially supported by Anita (Samanta) Paul (2013) to identification of perceived stress and stressors along with coping strategies adopted by elderly find out negative co-relation between stress and coping (r= - 0.261) and "t" value was 2.64. [16].

In present study finding was The co-relation between stress mean score (25) with copping mean score (64.5) in urban negative correlation (r= -0.7844) whereas between stress mean score (23.13) with copping mean score (70.78) in rural negative correlation (r= -0.6189) at 0.01 level of significance.

Discussion related to difference stress score and coping score in urban and rural community

In the present study was supported with by a comparative study done by. Dr. Reena Barai, Dr. Hemant Sharma (published in 2021) to Assess the Level of Stress and Coping Skills among Senior Citizens Living with Family V/S Old Age Home, Raipur Chhattisgarh, among Senior Citizens Living with Family mean (20.36), SD (4.19), and df value 98 and t value was 2.80 at 0.05 level of significance [14].

In present study, mean stress score of senior citizens in urban area (25.50±4.01.) was higher than mean stress score in rural area (23.13±4.58) with a mean difference of 2.37 indicates the variation of score "t" value 2.79 indicated that true difference, not by change at 0.05 level of significance.
The mean coping score of senior citizens in urban area (70.78±10.42.) had higher than mean coping score in rural area (64.23±11.43) with a mean difference of 6.55 indicates the variation of score "t" value 3.79 indicated that true difference not by change at 0.05 level of significance.

Discussion of findings related to association between stress with selected demographic variables
The present study was supported by the study (published in 2018) by Manisha Sharma conducted in Himachal Pradesh, Senior citizens as any person who was a citizen of India and has attained the age of "60 years and above" level of stress was having significant association with sex and occupation at 0.01 level of significance [17].
In the present study finding was found statically significant association coping and family support[χ2df(2)(6.25),p=0.05],Physical illness [χ2df(2)(17.27),p=0.05] and stress with socio economic status[χ2df(1) (6.04),p=0.05] in urban whereas age [χ2df(1)(6.98),p=0.05] with stress associated in rural at 0.05 level of significance.

Conclusion
The aim of the study was to assess the level of stress and coping strategies adopted by senior citizens. The following conclusion were draw from the study finding that more than 71.16% in urban and 84.24% in rural of seniors had moderate stress, majority of senior citizens were adopting average coping strategies. There was negative correlation between stress and coping strategies both urban, rural at 0.01 level of significance. For the community health nursing this finding will be helpful to arrange mentally healthy screening camp to diagnose depression, dementia, personality disorganization and counseling to be done for develop coping ability of senior citizens. Along with this finding also implication in nursing education, research.

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