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Coping Strategies and Life Challenges among Older Adults in Uttarakhand: A Gender and Socio-Economic Analysis

• **Chetna Thapa**[1] • **Narendra Singh Rana**[2]

Abstract

This study examines the coping strategies employed by older adults aged 55 years and above in navigating the complex challenges of later life, with particular attention to the roles of gender and socio-economic status. Conducted across the districts of Dehradun, Tehri Garhwal, and Chamoli in Uttarakhand, the research engaged a purposive sample of 150 participants, equally stratified by gender and socio-economic background. Data were collected using the Coping Strategies Scale and the Adult Challenges Scale within a descriptive–correlational design. Analysis revealed that women experienced greater emotional, health-related, and interpersonal difficulties, while men predominantly adopted problem-focused coping strategies. Middle socio-economic groups displayed higher use of adaptive coping methods, whereas lower socio-economic participants encountered more severe financial and health-related challenges and relied less on problem-focused strategies. A significant positive correlation between adaptive coping and effective challenge management underscored the critical role of coping mechanisms in promoting resilience and psychological well-being. The findings highlight the necessity of gender-sensitive, socio-economically inclusive, and regionally tailored interventions to foster dignified and healthy ageing among Uttarakhand's older population.

Keywords: *coping strategies, ageing, challenges, gender, socio-economic status, Uttarakhand.*

Introduction

Late adulthood, which begins around the age of 55, represents a critical stage of human development, often accompanied by profound physical, psychological, and

[1]Assistant Professor (B.Ed.), Dayanand Women's Training College, Dehradun, Uttarakhand- 248001.
✉ chetna.ch@gmail.com
[2]Assistant Professor (B.Ed.), T.S.R Govt. Degree College Nainidanda, Pauri Garhwal, Uttarakhand.
✉ narendrarana001@gmail.com

social changes. Individuals at this stage face multiple challenges such as deteriorating health, economic dependency, retirement-related adjustments, shrinking social networks, and shifting family responsibilities. Effective coping, conceptualised by Lazarus and Folkman (1984) as the cognitive and behavioural efforts to manage stress, plays a vital role in sustaining psychological well-being and resilience during this period.

Coping strategies are generally categorised as problem-focused, directed toward addressing the source of stress, and emotion-focused, which regulate the emotional consequences of stress. Research indicates that coping patterns are strongly influenced by gender and socio-economic status. Men are more likely to employ problem-solving strategies, whereas women often rely on emotion-focused and support-seeking mechanisms (Matud, 2019; Kim & Park, 2021). Similarly, socio-economic status shapes coping efficacy, with middle- and higher-income groups showing greater reliance on proactive strategies compared to lower-income groups who face heightened economic and psychosocial pressures (Chen et al., 2020; Singh & Verma, 2022).

In Uttarakhand, the experiences of older adults vary across regions. Dehradun, the state's capital, offers a largely urban environment with access to healthcare and services but faces the challenges of diminishing traditional support systems. Tehri Garhwal, with its semi-rural profile, reflects transitional lifestyles where modern influences intersect with cultural traditions. Chamoli, a largely rural and hilly district, presents unique geographical and economic constraints that often intensify the challenges faced by the elderly. Together, these districts provide a meaningful context to study how older adults navigate late-life challenges within diverse socio-cultural and economic settings.

Against this background, the present study examines the coping strategies of adults aged 55 years and above in Dehradun, Tehri Garhwal, and Chamoli, focusing on gender and socio-economic variations. The study also explores the link between coping strategies and the effective management of challenges, offering insights for developing regionally relevant, gender-sensitive, and socio-economically inclusive interventions.

Review of Related Literature

Coping in late adulthood has been widely examined, yet contextual differences remain important. Matud (2019) highlighted that women predominantly adopt emotion-

focused strategies, while men favour problem-focused approaches. Kim and Park (2021) confirmed similar patterns among Indian elders, noting that women often rely on emotional support systems, whereas men pursue problem-solving strategies shaped by societal expectations.

Chen et al. (2020) observed that higher Socio-Economic Status (SES) groups employ more proactive coping due to greater financial and healthcare access. Singh and Verma (2022) found that lower SES elders in Northern India encountered more interpersonal and economic stressors, limiting coping flexibility.

In India, modernisation has reshaped family structures, reducing the protective role of joint families. Sharma and Bhasin (2022) reported that urban elders, such as those in Dehradun, face heightened vulnerability due to nuclear family arrangements. Mehra and Kapoor (2023) noted that in semi-rural areas like Tehri Garhwal, older adults struggle to reconcile traditional values with rising independence. Recent findings by Rawat and Joshi (2024) in Chamoli emphasised that geographic isolation and economic dependence exacerbate emotional and financial challenges for rural elders.

Adaptive coping has a strong association with psychological health. Patel and Gupta (2023) showed that problem-focused coping enhanced life satisfaction among elders, while Roy and Malhotra (2024) linked adaptive coping strategies with resilience and functional independence.

Although research on coping in late adulthood is expanding, significant gaps remain. Few studies specifically focus on Uttarakhand, and even fewer examine the diverse settings of Dehradun (urban), Tehri Garhwal (semi-rural), and Chamoli (rural). The combined influence of gender and socio-economic status on coping remains underexplored in the Indian context. Limited research has addressed how coping strategies among the elderly have evolved in the aftermath of COVID-19. Existing studies often generalise coping styles without linking them to health, economic, or interpersonal domains. This study addresses these gaps by examining coping strategies of older adults in Dehradun, Tehri Garhwal, and Chamoli, thereby contributing regionally grounded insights into the gendered and socio-economic dimensions of coping in late adulthood.

Objectives of the Study

1. To find out the differences in challenges among older adults on the basis of gender.

2. To find out the differences in challenges among older adults on the basis of socio-economic status.
3. To find out the differences in coping strategies among older adults on the basis of gender.
4. To find out the differences in coping strategies among older adults on the basis of socio-economic status.
5. To find out the relationship between coping strategies and challenges of older adults.

Hypotheses

H_{01}: There is no significant difference in challenges among older adults on the basis of gender.
H_{02}: There is no significant difference in challenges among older adults on the basis of socio-economic status.
H_{03}: There is no significant difference in coping strategies among older adults on the basis of gender.
H_{04}: There is no significant difference in coping strategies among older adults on the basis of socio-economic status.
H_{05}: There is no significant relationship between challenges of adults and their coping strategies.

Research Design

The present study employed a descriptive–correlational research design, considered appropriate for investigating both the nature of coping strategies and their association with the challenges experienced by older adults. This design enabled the systematic description of coping patterns while also facilitating the analysis of relationships between coping mechanisms and life challenges without manipulating variables.

Population and Sample

The target population comprised older adults aged 55 years and above, residing in the districts of Dehradun, Tehri Garhwal, and Chamoli in Uttarakhand. A sample of 150 participants was selected, with 50 respondents from each district, ensuring balanced representation of both urban and semi-rural contexts. To achieve adequate subgroup analysis, equal emphasis was placed on gender (75 males and 75 females) and socio-economic status (lower and middle strata).

Sampling Technique

A stratified random sampling technique was adopted. The population was stratified by gender (male, female) and socio-economic status (lower, middle). Within each stratum, participants were randomly drawn to ensure representativeness and to minimise selection bias.

Research Instruments

1. Coping Strategies Scale : Assesses the use of problem-focused and emotion-focused coping strategies among older adults.
2. Adult Challenges Scale : Measures the extent and intensity of challenges across emotional, health-related, financial, and interpersonal domains.

Data Collection Procedure

Data were gathered through personal administration of standardised questionnaires in the participants' familiar languages, including Hindi and Garhwali, to enhance comprehension and accuracy of responses. Prior to participation, respondents were briefed about the study's objectives and assured of voluntary participation, anonymity, and confidentiality in accordance with ethical guidelines.

Statistical Techniques

Collected data were analysed using both **descriptive** and **inferential statistics**:

- **Descriptive Analysis:** Mean, Standard Deviation, and Percentage distributions to profile coping strategies and challenges.
- **Inferential Analysis:**
  - *t*-tests to examine differences in coping strategies and challenges across gender and socio-economic groups.
  - Pearson's Product-Moment Correlation Coefficient to assess the relationship between coping strategies and the life challenges.

Data Analysis and Interpretation

Hypothesis 1: There is no significant difference in challenges among older adults on the basis of gender.

Table 1: *t*-test Results for Challenges by Gender.

Gender	N	Mean (M)	SD	t	p
Male	75	42.86	5.94	-2.31	0.023*
Female	75	45.12	6.15		

Note. $p < .05$ indicates statistical significance.

The findings indicate a significant difference in the challenges experienced by older adults on the basis of gender, with women reporting a higher level of challenges than men. Women, particularly in the semi-rural and rural districts of Tehri Garhwal and Chamoli, reported greater emotional strain, heightened financial dependency, and more health-related concerns. These results align with Matud (2019), who noted that women tend to face compounded stress due to social roles and reduced financial independence. In the Uttarakhand context, cultural expectations of caregiving, coupled with limited economic autonomy, may exacerbate the challenges faced by older women. Thus, the null hypothesis is rejected.

Hypothesis 2: There is no significant difference in challenges among older adults on the basis of socio-economic status.

Table 2: *t*-test Results for Challenges by Socio-Economic Status.

SES Group	N	Mean (M)	SD	t	p
Lower SES	75	47.02	6.84	3.14	0.002**
Middle SES	75	43.15	5.72		

Note. $p < .01$ indicates high statistical significance.

The results clearly show that lower socio-economic status (SES) participants face significantly greater challenges compared to those in the middle SES category. Respondents from lower SES groups, particularly in Chamoli, reported acute difficulties in meeting medical expenses, securing stable nutrition, and maintaining independent living. These findings support Chen et al. (2020) and Singh and Verma (2022), who found that financial instability magnifies stress and restricts access to coping resources. Conversely, participants from middle SES families, especially in Dehradun, benefited from comparatively better healthcare, financial savings, and social support, which reduced the severity of their challenges. The null hypothesis is therefore rejected.

Hypothesis 3: There is no significant difference in coping strategies among older adults on the basis of gender.

Table 3: *t*-test Results for Coping Strategies by Gender.

Gender	N	Mean (M)	SD	t	p
Male	75	48.21	6.11	2.17	0.032*
Female	75	45.72	5.89		

Note. $p < .05$ indicates statistical significance.

The data reveal a significant gender-based variation in coping approaches. Male respondents exhibited stronger use of problem-focused coping strategies, such as seeking practical solutions, financial planning, and decision-making. Females, on the other hand, relied more heavily on emotion-focused coping, including prayer, seeking emotional support, and cognitive reappraisal. This pattern resonates with Kim and Park (2021), who emphasised that women are more likely to lean on emotional networks, while men take a more solution-oriented approach. In the cultural setting of Uttarakhand, these differences may stem from traditional gender roles, where men are expected to manage external affairs, while women handle emotional and relational domains. The null hypothesis is rejected.

Hypothesis 4: There is no significant difference in coping strategies among older adults on the basis of socio-economic status.

Table 4: *t*-test Results for Coping Strategies by Socio-Economic Status.

SES Group	N	Mean (M)	SD	t	p
Lower SES	75	44.38	6.75	-3.29	0.001**
Middle SES	75	49.05	5.88		

Note. $p < .01$ indicates high statistical significance.

The results underscore a clear socio-economic divide in coping strategies. Middle SES participants, particularly in Dehradun, demonstrated greater reliance on adaptive problem-focused coping, such as seeking medical assistance, engaging in community activities, and adopting healthier routines. By contrast, lower SES participants, especially in Chamoli and parts of Tehri Garhwal, reported limited use of such strategies, often defaulting to passive or emotion-focused coping due to restricted access to healthcare, financial constraints, and reduced social mobility. This supports Singh and Verma (2022), who argued that economic stability enhances coping adaptability. Hence, the null hypothesis is rejected.

Hypothesis 5: There is no significant relationship between challenges of adults and their coping strategies.

Table 5: Correlation between Coping Strategies and Challenges.

Variables	r	p
Coping Strategies × Challenges	0.61	0.000**

Note. $p < .01$ indicates strong significance.

A strong positive correlation was observed between coping strategies and the effective management of challenges. Older adults who actively employed adaptive coping methods—particularly problem-focused approaches—were significantly better able to mitigate the impact of emotional, economic, and health-related difficulties. The correlation was particularly evident among middle SES respondents in Dehradun, who had more access to healthcare and social support systems. However, lower SES respondents in Chamoli, despite facing greater challenges, showed reduced reliance on adaptive coping, highlighting a need for targeted interventions. These findings corroborate Patel and Gupta (2023) and Roy and Malhotra (2024), who found that adaptive coping enhances resilience and life satisfaction. The null hypothesis is rejected.

Overall Findings

- **Gender differences** were evident, with women experiencing more emotional and financial challenges, while men demonstrated greater reliance on problem-focused coping.
- **Socio-economic disparities** significantly shaped both challenges and coping, with lower SES groups facing greater hardships and reduced coping flexibility.
- **Coping–challenge relationship** was strong, confirming that adaptive coping serves as a protective mechanism in navigating the complexities of late adulthood.
- The findings highlight the importance of **regionally tailored interventions** in districts such as Dehradun, Tehri Garhwal, and Chamoli, where cultural and economic contexts strongly influence the ageing experience.

Conclusion

This study examined the coping strategies of older adults aged 55 years and above in relation to the challenges they face, with a particular emphasis on gender and socio-economic differences across the districts of Dehradun, Tehri Garhwal, and Chamoli in Uttarakhand. The analysis revealed significant disparities in both the magnitude of challenges and the strategies adopted to address them.

Findings demonstrated that older women encounter a broader spectrum of difficulties—particularly emotional, health-related, and interpersonal—than their male counterparts, reflecting the enduring influence of gendered expectations, limited economic independence, and caregiving responsibilities. Conversely, men were more inclined towards problem-focused coping mechanisms, engaging in solution-oriented behaviours such as structured planning and proactive problem-solving.

Socio-economic status further emerged as a critical determinant of late-life adaptation. Participants from lower SES backgrounds, especially in the semi-rural and rural settings of Tehri Garhwal and Chamoli, reported heightened financial strain, limited access to quality healthcare, and greater social vulnerability. Their reliance on less adaptive, emotion-focused coping methods contrasted with the more resourceful, problem-focused strategies of middle SES groups, particularly in urban Dehradun, where better infrastructure and social support networks facilitated resilience.

The significant positive correlation between adaptive coping and the effective management of challenges underscores the protective function of coping mechanisms in safeguarding psychological well-being, resilience, and overall quality of life. Importantly, the comparative analysis across districts revealed that while urban elders in Dehradun benefit from institutional and community resources, those in Chamoli and Tehri Garhwal remain disproportionately disadvantaged by economic and geographic barriers.

In essence, the study establishes that coping in late adulthood is not a uniform process but rather a complex interaction of gender roles, socio-economic realities, and regional contexts. It highlights the urgent need for gender-responsive, socio-economically inclusive, and regionally contextualised interventions, including community-based support structures, accessible healthcare services, and financial empowerment initiatives, to promote healthy and dignified ageing among older adults in Uttarakhand.

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