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COPING STRATEGIES FOR MANAGING SOCIO-ECONOMIC AND HEALTH-RELATED CHALLENGES AMONG ELDERLY INDIVIDUALS IN KADUNA NORTH AREA OF KADUNA STATE - NIGERIA

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Abstract

This study examined the coping strategies adopted by elderly individuals in managing socio-economic and health-related challenges in Kaduna North Area of Kaduna State, Nigeria. Using both quantitative and qualitative approaches, data were collected from elderly respondents through surveys and in-depth interviews. The findings reveal that the most commonly reported challenges include inadequate food supply, lack of social and emotional support, inability to purchase medication, isolation, and poor housing. In response to these difficulties, the most frequently adopted coping mechanisms include prayer and seeking spiritual comfort, medical treatment, self-control, and social engagement. However, fewer respondents reported engaging in health-promoting behaviors such as maintaining a healthy diet and regular physical activity. Financial challenges were primarily managed through reliance on financial support from children, engaging in economic activities, and, to a lesser extent, depending on pensions or informal employment. The study highlights the critical role of spirituality and family support in the well-being of elderly individuals, while also identifying gaps in self-care practices and financial security. Based on these findings, the study recommends policy interventions to improve access to healthcare, nutritional support programs and economic empowerment initiatives to enhance the quality of life for elderly individuals.

Keywords: Coping strategies; Elderly individuals; Financial challenges; Health care; Healthy diet.

Introduction

The aging population is a global phenomenon, with the number of individuals aged 60 and above projected to double by 2050, reaching over 2.1 billion (United Nations, 2023). This demographic shift poses challenges such as increased dependency ratios, healthcare burdens and social exclusion, necessitating effective coping mechanisms for the elderly. In developed nations, robust pension schemes, accessible healthcare, and structured social support systems are common (WHO, 2022). However, in Africa, where the elderly population is expected to triple by 2050 (African Union, 2022), aging individuals face unique challenges due to weaker institutional frameworks and eroding traditional family support systems (Akinyemi & Isiugo-Abanihe, 2021).

In Nigeria, the elderly confront financial insecurity, inadequate healthcare, and social isolation, exacerbated by urbanization and economic instability (Okoye, 2023). Traditional family-based care is diminishing, forcing many elderly individuals to rely on informal economic activities, religious networks and community support (Adepoju & Oyewole, 2022). In Northern Nigeria, faith-based organizations, traditional healing practices and communal networks, are critical coping mechanisms (Usman & Danjuma, 2023). Kaduna, with its diverse socioeconomic dynamics, provides a unique context to explore these strategies and inform policies for elderly well-being.

Statement of the Problem

Nigeria's aging population is growing, yet the country lacks a comprehensive framework to support the elderly in managing economic, social and health-related challenges (Okoye, 2023). Unlike developed nations, older adults in Nigeria rely on informal mechanisms such as family support, religious networks and self-employment, which are weakening due to urbanization, economic hardship and shifting family structures (Adepoju & Oyewole, 2022). In Kaduna, these issues are compounded by economic instability, inadequate healthcare and rising social disintegration, leaving many elderly individuals vulnerable to neglect, poverty, and psychological distress (Bello & Yusuf, 2022).

Urban migration has further isolated the elderly, limiting access to traditional family support networks and increasing reliance on informal coping strategies. Despite these challenges, limited research has systematically examined the coping mechanisms of the elderly in Kaduna. Existing studies focus on national-level policies, neglecting localized experiences and adaptive strategies (Adebayo & Olawale, 2023). Understanding how the

elderly in Kaduna navigate financial constraints, health issues and social isolation is crucial for developing targeted interventions to improve their well-being

Research Questions

- a. What are the major socio-economic and health-related challenges faced by elderly persons in Kaduna North Local Government Area of Kaduna State?
- b. What coping strategies do elderly persons adopt to manage socio-economic and health-related challenges in Kaduna North Local Government Area of Kaduna State?

Research Objectives

- a. To examine the major socio-economic and health-related challenges faced by elderly persons in Kaduna North Local Government Area of Kaduna State
- b. To identify the coping strategies adopted by elderly persons in managing socio-economic and health-related challenges in the study area.

Stress and Coping Theory

The stress and coping theory, developed by Richard Lazarus and Susan Folkman, focuses on how individuals adapt to stressful situations by regulating emotions. Stress arises when environmental demands exceed an individual's perceived ability to cope, leading to negative emotions. Coping strategies are central to this theory and are categorized into two types: emotion-focused coping (managing emotional distress) and problem-focused coping (directly addressing the stressor). Older adults, for instance, often face significant stressors like chronic illnesses and their ability to cope depends on their appraisal of the situation and available resources. Problem-focused coping is particularly effective in promoting successful aging.

Methodology

The study was conducted in Kaduna North Local Government Area, Nigeria, to explore coping strategies among the elderly facing financial, health and social challenges. Kaduna North, a socio-economically diverse and urbanized area, comprises 12 wards and is home to various ethnic groups, with Islam and Christianity being the predominant religions. Key economic activities include trading, small-scale businesses and agriculture, supported by markets like Kanti Kwari and healthcare facilities such as the Barau Dikko Teaching Hospital.

The study focused on elderly individuals aged 65 and above from diverse ethno-religious and socio-economic backgrounds, including differences in marital status, employment and education levels. Village heads and health workers were also included to provide insights into community-based support systems.

A multi-stage sampling method was used in which five wards were randomly selected from the 12 in Kaduna North. Systematic random sampling was employed to select 275 elderly participants (55 from each ward). Key informant interviews (KII) were conducted with 25 key informants, including village heads, health workers, and elderly individuals, to gather qualitative data.

Data were collected using a structured questionnaire administered to elderly participants, covering demographics, family support, healthcare access, and financial assistance, while KII was conducted with key informants to explore perceptions of social support systems. Questionnaire copies were administered orally for illiterate respondents, while others completed them independently.

Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS) Version 21.0, with descriptive statistics, cross-tabulation, and chi-square tests to examine relationships between and among variables. While qualitative data were transcribed, translated, and thematically analyzed to identify key themes, supported by direct quotations from respondents.

Results

Socio-demographic Characteristics of the Respondents

Table 1: Socio-Demographic Characteristics of Respondents (Part A)

Variables	Age	Frequency	Percent (%)
	65	59	21.8
	66	46	17.0
	67	43	15.9
	68	34	12.5
	69	28	10.3
	70 years and above	61	22.5
Total		271	100.0
Sex			
	Male	138	50.9
	Female	133	49.1
Total		271	100.0

Religion		
Islam	219	80.8
Christianity	52	19.2
Total	271	100.0
Marital Status		
Single	7	2.6
Married	162	59.8
Divorced	17	6.3
Widow	64	23.6
Widower	21	7.7
Total	271	100.0
Educational Status		
No formal education	100	36.9
Primary school	70	25.8
Secondary school	43	15.9
Post-secondary education	58	21.4
Total	271	100.0

Source: Field Survey, 2024.

Out of the 271 respondents surveyed, 50.9% were males while 49.1% were females. Of the total respondents, 21.8% were within 65years of age and 17.0% were within 66years while 15.9% were within 67years. Those who were within 68years and 69years were 12.5% and 10.3% respectively. Those who were 70 years and above were 22.5% of the total respondents involved in the study. The minimum age was 65 years while the maximum age was 81 years. The findings on religious affiliations revealed that 80.8% of the respondents were of the Islamic faith and 19.2% were of the Christian faith. This distribution disparity is largely because the study area is predominantly occupied by Muslims.

Table 2: Socio-Demographic Characteristics of Respondents

Variables	Frequency	Percent (%)
Level of Income		
Below N30,000	73	26.9
N31,000 - N50,000	136	50.2
N51,000 - N70,000	30	11.1
N71,000 - N91,000	26	9.6
Above N91,000	6	2.2
Total	271	100.0
With Whom Do You Reside?		
Spouse only	88	32.5
Children only	40	14.8
Spouse and children/grandchildren	48	17.7
Living alone	25	9.2
Living with grandchildren	19	7.0
Living with other relatives	31	11.4

Living with others	20	7.4
Total	271	100.0
Living Place		
Own house	116	42.8
Self-rented apartment	67	24.7
House built by children	23	8.5
Living with children	6	2.2
House rented by children	57	21.0
Others	2	0.7
Total	271	100.0
Family Type		
Monogamy	135	49.8
Polygyny	136	50.2
Total	271	100.0
Number of Children		
No child	4	1.5
1-4 children	52	19.2
5-10 children	183	67.5
Above 10 children	32	11.8
Total	271	100.0
Current Employment Status		
Retired with pension	54	19.9
Employed in formal sector	20	7.4
Employed in informal sector	50	18.5
Retired without pension	48	17.7
Unemployed	99	36.6
Total	271	100.0

Source: Field Survey 2024.

It was also observed that majority of the respondents (59.8%) were married, 2.6% were single and 6.3% were divorced from their spouses. Those who were widows and widowers were 23.6% and 7.7% respectively. In terms of educational attainment, 36.9% of the respondents had no formal education. Those with primary school certificate as their highest qualification were 25.8% and 15.9% had secondary school as their highest educational qualification while 21.4% had post- secondary school qualifications. The distribution implies that although 36.9% had no formal education at all, most of the respondents could be said to have some relatively basic level of education.

Table 2 also revealed that the income levels of the respondents were generally low as majority of them (50.2) earned within N31, 000.00 - N50, 000.00. 26.9% earned below N30, 000 and 11.1% were earning between N51, 000.00 – N70, 000.00. Those who were earning

between N71, 000 - N91, 000 were 9.6% of the total respondents, and only 2.2% of the respondents were earning above N91, 000.00.

Findings on whom respondents resided with showed that majority of the respondents (32.5%) resided with their spouses and 14.8% were living with their children while 17.7% live with their spouses, children and grandchildren. Those who were living alone were 9.2% of the total respondents and 7.0% were living with their grandchildren. Of the total respondents involved in the study, 11.4% were living with their relatives while 7.4% were living with other persons. On the places of abode, 42.8% lived in their own houses, 24.7% lived in self-rented apartments, 8.5% lived in houses built by their children while 2.2% lived with their children and 21.0% lived in houses rented by their children. Only 0.7% of the respondents did not specify their places of abode. This distribution implies that although a significant percentage (42.8%) of the respondents lived in their personal houses, the majority of respondents did not own a house as implied by the distribution of those living in rented apartments, and with children.

Of the total respondents, 49.8% were from monogamous families and 50.2% were from polygamous families. Most (67.5%) of the respondents had between 5 and 10 children. Those with children of between 1 and 4 in number were 19.2% and 11.8% had above 10 children among the respondents. Only 1.5% of the respondents had no child. As for their current employment statuses, majority of the respondents (36.6%) were unemployed, 19.9% were retired with pension and 17.7% were retired without pension. Another 18.5% were employed in informal sector, and only 7.4% were employed in the formal sector.

Table 3: Respondents' Major Socio-Economic and Health Related Challenges

Challenges	Frequency	Percent
None	38	14.0
Inadequate food supply	60	22.1
Poor housing	30	11.1
Inability to access healthcare	13	4.8
Inability to purchase medication	43	15.9
Lack of social/emotional support	44	16.2
Isolation/loneliness	40	14.8
Others	3	1.1
Total	271	100.0

Source: Field Survey, 2024

As shown in table three, only a marginal 14% reported that they were not burdened with any form of challenge. From the overwhelming majority that reported that they faced challenges, 22.1% disclosed that inadequate food supply was the major challenge they faced, 16.2% stated that lack of social and emotional support was their major challenge, 15.9% reported that inability to purchase medication was their major challenge, 14.8% that isolation/loneliness was their major challenge and 11.1% stated that poor housing was the challenge they were confronted with. Only 4.8% identified inability to access health care as a challenge for them.

The findings of the IDIs on the challenges faced by older persons align with the quantitative data in table 3. The elderly persons highlighted various issues which were challenges for them. A male elderly explained that:

“It has been very tough to have enough food to eat these days. Since I retired, my income has reduced significantly, and I can no longer afford to buy the kind of food I used to enjoy. The rising cost of food in the market makes things worse. I now rely on cheaper foods that I don’t really enjoy even though as they don’t provide the nutrients I need”.

Table 4. Coping Strategies Adopted by Respondents for Socio-Economic and Health Challenges

Coping strategies adopted	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Spending leisure time	39	14.4	232	85.6
Problem solving	17	6.3	254	93.7
Making efforts to change the stress inducing situation	33	12.2	238	87.8
Self-control	50	18.5	221	81.5
Distancing	23	8.5	248	91.5
Prayer/seeking spiritual Comfort	132	48.7	139	51.3
Acceptance	47	17.3	224	82.7
Wish to die	15	5.5	256	94.5
Living in the moments	11	4.1	260	95.9
Contact with siblings	16	5.9	255	94.1
Seek medical treatment	122	45.0	149	55.0
Visit prayer house	41	15.1	230	84.9
Visit sorcerers/traditional medicine practitioner	36	13.3	235	86.7
Dependence on relatives for medical care	18	6.6	253	93.4

Healthy diets/physical exercises	26	9.6	245	90.4
Self-medication	28	10.3	243	89.7

Source: Field Survey, 2024

The most adopted coping strategy noted by the respondents as indicated in table 4 were prayers and seeking of spiritual comfort as 48.7% of the respondents adopted this coping strategy while a slightly lower percentage of respondents (45%) indicated seeking medical treatment as their coping strategy. Other strategies adopted by the respondents include: self-control (18.5%), acceptance of the situation (17.3%), visiting prayer houses (15.1%), spending leisure time (14.4%), visit sorcerers/traditional medicine practitioners (13.3%) and making efforts to change the stress inducing situation (12.2%). The least adopted coping strategies were healthy diets and physical exercises reported by 9.6% of the respondents, distancing self from others indicated by 8.5%, dependence on relatives for medical care stated by 6.6% and problem solving noted by only 6.3% of the respondents.

The findings of the IDIs on coping mechanisms among older persons are consistent with the quantitative data on Table 4. The interviewees reported various strategies they use to manage their various challenges. A male informant shared that:

“I try to maintain self-control when dealing with issues. I know I am no longer as strong as I used to be, so I focus on what I can change. When I experience any health issues that feel serious, I don’t hesitate to seek medical help. I go to the hospital to see a doctor instead of waiting and worrying”.

A female respondent also explained:

“When things get too much for me, I pray. Talking to God about my worries helps me feel better and gives me strength to keep going. I also visit prayer houses to pray with others. When I go there, the pastors give me advice and pray for me, and their words give me so much comfort and hope”.

The study further investigated the coping strategies employed by the respondents to specifically to manage financial challenges.

Discussion of Findings

This study explored the coping strategies employed by elderly individuals in managing their socio-economic and health-related challenges. The findings align with Lazarus and Folkman’s (1984) Stress and Coping Theory, which posits that individuals

employ various coping mechanisms both emotion-focused and problem-focused to manage stressors.

Coping Strategies for Health-Related Challenges

The study found that elderly individuals predominantly relied on emotion-focused coping strategies to manage health-related difficulties. The most commonly adopted mechanism was prayer and seeking spiritual solace, demonstrating a reliance on faith-based approaches to cope with physical and psychological stressors. This aligns with Adedeji et al. (2023), who also found that spirituality, including prayer and scripture reading, was a major coping strategy among elderly populations. The strong reliance on spiritual coping suggests that many elderly individuals perceive their health conditions as beyond their direct control and thus turn to faith as a source of emotional strength and resilience.

In addition to spirituality, some participants adopted problem-focused coping strategies, such as seeking medical treatment, exercising self-control, and engaging in leisure activities. These approaches indicate an attempt to actively manage health-related stressors through direct intervention. However, the study also found that less commonly used strategies included maintaining a healthy diet and engaging in physical exercise. This finding contrasts with Adedeji et al. (2023), who reported higher engagement in health-promoting behaviors such as diet regulation and physical activity. The limited adoption of these strategies in this study suggests potential barriers, including financial constraints, lack of awareness, or cultural attitudes toward aging and health maintenance.

An alarming coping mechanism identified in extreme cases was the expression of a wish to die. This reflects maladaptive emotion-focused coping, where individuals feel overwhelmed by their health conditions and perceive little hope for improvement. This finding underscores the need for psychological and social support systems to prevent feelings of despair among elderly individuals facing chronic health challenges.

These findings support Lazarus and Folkman's (1984) assertion that coping strategies are dynamic and context-dependent. Elderly individuals adapt their coping mechanisms based on available resources and perceived stress levels, demonstrating a balance between emotion-focused (spirituality, reliance on family) and problem-focused (economic activities, seeking medical care) coping strategies

Conclusion

This study explored the coping strategies used by elderly individuals to manage socio-economic and health-related challenges. Findings revealed that spiritual coping mechanisms, such as prayer and seeking spiritual solace, were the primary strategies for addressing health-related difficulties. Other notable strategies included seeking medical treatment and practicing self-control. However, engagement in proactive health-promoting behaviors, such as maintaining a healthy diet and regular physical exercise, was minimal. These findings underscore the importance of spirituality as a key coping mechanism while highlighting gaps in proactive health management among the elderly.

Recommendations

To enhance the well-being of elderly individuals, it is essential to promote health-enhancing behaviors through awareness campaigns, balanced diets, and regular physical activity. Expanding access to affordable healthcare via mobile clinics, home-based medical services, and subsidized programs can ensure timely medical care. Mental health interventions, including counseling and support groups, should be prioritized to address psychological distress. Family education programs focusing on intergenerational relationships, financial planning, and caregiving can strengthen family support systems. Additionally, religious institutions should provide faith-based counseling and social outreach initiatives to offer both spiritual and practical support.

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