

PERCEIVED STRESS AND COPING STRATEGIES AMONG WOMEN IN MIDDLE ADULTHOOD: A CORRELATIONAL STUDY IN URBAN AREAS

Submitted by

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ABSTRACT

The present study examined the relationship between perceived stress and coping strategies among women during middle adulthood in urban areas. The objectives of the study were to assess the level of perceived stress, identify adaptive and maladaptive coping strategies, and examine the relationship between perceived stress and coping strategies among middle-aged women. A quantitative, non-experimental, cross-sectional correlational research design was adopted. The study was conducted using a convenience sampling technique, and data were collected through an offline survey from 50 women aged 40–60 years residing in urban areas. The Perceived Stress Scale (PSS-10) developed by Cohen et al. (1983) and the Brief COPE Inventory developed by Carver (1997) were used to assess perceived stress and coping strategies. Data were analysed using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (Pearson's Product-Moment Correlation).

The findings revealed that 68% of the participants experienced moderate perceived stress, while 18% reported high stress and 14% reported low stress. Regarding coping, 54% demonstrated moderate adaptive coping, 30% high adaptive coping, and 16% low adaptive coping. For maladaptive coping, 48% showed moderate levels, 38% low levels, and 14% high levels. The mean perceived stress score was 21.45 (SD = 5.82), indicating moderate perceived stress. The mean adaptive coping score was 32.68 (SD = 6.14), reflecting moderate-to-high use of adaptive coping strategies, whereas the mean maladaptive coping score was 17.34 (SD = 4.91), indicating a low-to-moderate level of maladaptive coping. Pearson correlation analysis revealed a significant moderate negative correlation between perceived stress and adaptive coping ($r = -0.42$, $p = .002$) and a significant moderate positive correlation between perceived stress and maladaptive coping ($r = +0.47$, $p < .001$). These findings indicate that greater use of adaptive coping strategies is associated with lower perceived stress, whereas increased reliance on maladaptive coping strategies is associated with higher perceived stress.

The study concludes that promoting adaptive coping strategies and reducing maladaptive coping behaviours may contribute to better stress management among women during middle adulthood. The findings may assist mental health professionals, counsellors, and healthcare practitioners in designing appropriate stress management and psychological intervention programmes for urban middle-aged women.

Keywords: Perceived Stress, Coping Strategies, Adaptive Coping, Maladaptive Coping, Middle Adulthood, Urban Women, Brief COPE, PSS-10, Correlational Study.

CHAPTER 1 INTRODUCTION

INTRODUCTION

1.1 Introduction

Middle adulthood, generally considered the period between 40 and 60 years of age, is a significant stage of human development characterized by numerous physical, psychological, social, and emotional changes. During this period, women often experience multiple life transitions, including increased family responsibilities, career demands, caregiving for ageing parents, financial pressures, health concerns, and menopausal changes. These factors may contribute to elevated levels of perceived stress and influence the coping strategies adopted to manage daily challenges.

Perceived stress refers to an individual's subjective evaluation of how stressful life situations are and whether available resources are sufficient to cope with those demands. It is not merely the presence of stressful events but the individual's perception of those events that determines the level of stress experienced. Prolonged or unmanaged stress may adversely affect both physical and mental health, leading to anxiety, depression, sleep disturbances, hypertension, reduced quality of life, and impaired psychological well-being.

Coping strategies are the cognitive and behavioural efforts individuals use to manage stressful situations. According to Carver's Brief COPE model, coping strategies may be broadly classified into adaptive coping and maladaptive coping. Adaptive coping strategies, such as active coping, planning, positive reframing, acceptance, seeking emotional or instrumental support, humour, and religious or spiritual coping, help individuals manage stress effectively and promote psychological resilience. In contrast, maladaptive coping strategies, including denial, behavioural disengagement, avoidance, and self-blame, may provide temporary relief but often contribute to increased psychological distress over time.

Women in middle adulthood frequently balance multiple roles within the family, workplace, and society. Many belong to the "sandwich generation," simultaneously caring for growing children and ageing parents while managing their own health and occupational responsibilities. Such competing demands increase the likelihood of experiencing chronic stress and make effective coping strategies particularly important.

Urban living may further intensify these challenges because of rapid lifestyle changes, occupational demands, financial commitments, social expectations, traffic congestion, and reduced opportunities for social support. Understanding how middle-aged women perceive stress and the coping strategies they employ is therefore essential for developing appropriate psychological interventions and mental health promotion programmes.

The present study focuses on examining the relationship between perceived stress and coping strategies among women during middle adulthood residing in urban areas. Specifically, the study investigates the levels of perceived stress, adaptive coping, and maladaptive coping and examines the relationship between these variables using standardized psychological instruments. The findings are expected to contribute to the understanding of stress management among middle-aged women and provide useful information for counsellors, psychologists, healthcare professionals, and policymakers in designing effective intervention programmes.

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1.2 Need for the Study

Women in middle adulthood (40–60 years) experience a unique combination of biological, psychological, social, and occupational challenges that can significantly influence their mental well-being. During this stage of life, many women simultaneously manage family responsibilities, career obligations, caregiving for ageing parents, financial commitments, and concerns related to their own physical health. In addition, hormonal changes associated with menopause and age-related transitions may further contribute to increased psychological stress. Stress has become one of the most common mental health concerns among middle-aged

women. Although a certain level of stress is a normal part of life, prolonged or unmanaged stress may negatively affect emotional well-being, physical health, interpersonal relationships, work performance, and overall quality of life. Therefore, understanding how women perceive stress and the coping strategies they employ is essential for promoting psychological well-being.

Coping strategies play an important role in determining how individuals respond to stressful situations. Adaptive coping strategies such as active problem-solving, planning, positive reframing, acceptance, seeking emotional support, and religious or spiritual coping may help individuals manage stress effectively and maintain psychological resilience. In contrast, maladaptive coping strategies such as denial, behavioural disengagement, avoidance, and self

blame may increase psychological distress and reduce overall well-being. Identifying the coping patterns commonly used by middle-aged women can assist mental health professionals in developing effective intervention programmes.

1.3 Statement of the Problem

The present study is entitled: "Perceived Stress and Coping Strategies Among Women During Middle Adulthood: A Correlational Study in Urban Areas" Middle adulthood is a stage of life in which women often experience multiple responsibilities related to family, work, caregiving, and personal health. These responsibilities can increase perceived stress and influence the coping strategies they use. Understanding the relationship between perceived stress and coping strategies among women in urban areas is important for promoting mental well-being and developing appropriate psychological interventions. Therefore, the present study aims to examine the correlation between perceived stress and coping strategies among women during middle adulthood.

1.4 Aim of the Study

The primary aim of the present study was to examine the relationship between perceived stress and coping strategies among women during middle adulthood residing in urban areas.

1.5 Objectives of the Study

The specific objectives of the study are:

- 1.To assess the level of perceived stress among women during middle adulthood residing in urban areas.
- 2.To assess the adaptive and maladaptive coping strategies used by women during middle adulthood.
- 3.To examine the relationship between perceived stress and adaptive coping strategies.
- 4.To examine the relationship between perceived stress and maladaptive coping strategies.
- 5.To describe the demographic characteristics of women during middle adulthood participating in the study.

1.6 Hypotheses

Null Hypotheses (H_0)

H_{01} : There is no statistically significant relationship between perceived stress and adaptive coping strategies among women during middle adulthood.

H_{02} : There is no statistically significant relationship between perceived stress and maladaptive coping strategies among women during middle adulthood.

Alternative Hypotheses (H₁)

H₁₁: There is a statistically significant negative relationship between perceived stress and adaptive coping strategies among women during middle adulthood.

H₁₂: There is a statistically significant positive relationship between perceived stress and maladaptive coping strategies among women during middle adulthood.

1.7 Operational Definitions

Perceived Stress

Perceived stress refers to the degree to which women during middle adulthood appraise situations in their lives as stressful, unpredictable, uncontrollable, or overwhelming. In the present study, perceived stress was measured using the Perceived Stress Scale (PSS-10) developed by Cohen, Kamarck, and Mermelstein (1983).

Coping Strategies

Coping strategies refer to the cognitive and behavioural efforts used by individuals to manage stressful situations. In the present study, coping strategies were assessed using the Brief COPE

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Inventory developed by Carver (1997) and were classified as adaptive coping and maladaptive coping.

Adaptive Coping

Adaptive coping refers to constructive strategies that help individuals effectively manage stress and maintain psychological well-being. These include active coping, planning, positive reframing, acceptance, seeking emotional support, seeking instrumental support, humour, and religious or spiritual coping.

Maladaptive Coping

Maladaptive coping refers to ineffective coping strategies that may temporarily reduce emotional distress but can negatively affect psychological well-being over time. These include denial, behavioural disengagement, avoidance-related coping, and self-blame.

Middle Adulthood

Middle adulthood refers to the age period between 40 and 60 years. In the present study, women aged 40–60 years were considered to be in middle adulthood.

Urban Areas

Urban areas refer to cities and towns characterized by higher population density, developed infrastructure, and greater access to educational, occupational, healthcare, and public services. The present study included women residing in urban areas.

1.8 Scope of the Study

The present study was limited to women aged 40–60 years residing in urban areas. It focused on assessing perceived stress, adaptive coping, and maladaptive coping using standardized psychological instruments. The study examined the relationship between perceived stress and coping strategies through a quantitative, non-

experimental, cross-sectional correlational research design. The findings are intended to contribute to a better understanding of stress and coping among women during middle adulthood and may serve as a reference for future research in psychology and mental health.

1.9 Significance of the Study

The present study is significant because it provides an understanding of perceived stress and coping strategies among women during middle adulthood. Women in this stage of life often experience multiple responsibilities related to family, occupation, health, and caregiving, making them more vulnerable to psychological stress. The findings of the study may help psychologists, counsellors, mental health professionals, and healthcare providers identify stress levels and promote adaptive coping strategies.

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The study may also contribute to the existing body of psychological literature by providing information on stress and coping among urban middle-aged women. Furthermore, the findings may be useful in designing stress management programmes, counselling interventions, and mental health awareness initiatives to improve the psychological well being of women during middle adulthood.

CHAPTER II REVIEW OF LITERATURE

REVIEW OF LITERATURE

2.1 Introduction

A review of literature is an essential component of any research study as it provides a comprehensive understanding of the existing knowledge related to the research problem. It helps the researcher identify theoretical concepts, research findings, and gaps in the existing literature. A systematic review of previous studies also assists in developing the research objectives, selecting appropriate research methods, and interpreting the findings.

The present study focuses on the relationship between perceived stress and coping strategies among women during middle adulthood residing in urban areas.

Therefore, the review of literature has been organized under the following headings:

- Perceived Stress
- Coping Strategies
- Middle Adulthood
- Review of Previous Studies
- Research Gap

2.2 Perceived Stress

Perceived stress refers to an individual's subjective evaluation of how stressful life situations are and whether they have sufficient personal resources to cope with those situations. Unlike objective stress, perceived stress depends on how an individual interprets and responds to daily life events. Two individuals may experience the same event differently because of variations in personality, coping abilities, social support, and previous life experiences.

The concept of perceived stress was introduced by Cohen, Kamarck, and Mermelstein (1983) through the development of the Perceived Stress Scale (PSS). The PSS measures the degree to which individuals perceive

their lives as unpredictable, uncontrollable, and overloaded during the previous month. It is one of the most widely used psychological instruments for assessing perceived stress in both clinical and non-clinical populations.

Women during middle adulthood may experience increased perceived stress because of multiple life responsibilities, including employment, family commitments, caregiving for ageing parents, financial responsibilities, and health-related concerns. Hormonal changes associated with menopause, changing family roles, and social expectations may further contribute to elevated stress levels. If stress remains unmanaged, it may negatively affect psychological well-being, physical health, interpersonal relationships, and overall quality of life.

Research has consistently shown that higher perceived stress is associated with increased symptoms of anxiety, depression, sleep disturbances, emotional exhaustion, and reduced life satisfaction. Therefore, identifying stress levels and understanding the factors that influence

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stress perception are important for developing effective psychological interventions and promoting mental well-being.

2.3 Coping Strategies

Coping strategies refer to the cognitive and behavioural efforts that individuals use to manage stressful situations and reduce their emotional distress. According to Charles S. Carver, coping strategies help individuals respond to internal and external demands that are perceived as stressful. The choice of coping strategy varies depending on an individual's personality, life experiences, available resources, and the nature of the stressful situation.

Coping strategies are broadly classified into adaptive coping and maladaptive coping. Adaptive coping strategies are constructive methods that help individuals manage stress effectively and improve psychological well-being. These include active coping, planning, positive reframing, acceptance, seeking emotional support, seeking instrumental support, humour, and religious or spiritual coping. These strategies enable individuals to deal with stressful situations in a healthy and productive manner.

In contrast, maladaptive coping strategies are less effective methods of dealing with stress and may provide only temporary emotional relief. Such strategies include denial, behavioural disengagement, avoidance, and self-blame. Frequent use of maladaptive coping may increase psychological distress and negatively affect emotional well-being and overall functioning.

The Brief COPE Inventory, developed by Carver (1997), is one of the most widely used instruments for assessing coping strategies. It measures different coping responses and helps researchers understand whether individuals predominantly use adaptive or maladaptive approaches when faced with stressful situations.

Research indicates that individuals who frequently use adaptive coping strategies generally report lower levels of perceived stress, better psychological adjustment, and greater resilience. Conversely, greater reliance on maladaptive coping strategies is often associated with higher stress levels, anxiety, depression, and reduced quality of life.

2.4 Middle Adulthood

Middle adulthood is generally defined as the period between 40 and 60 years of age. It is a stage of life

characterized by significant physical, psychological, emotional, and social changes. During this period, individuals often experience increased responsibilities related to family, career, finances, and caregiving while simultaneously adapting to age-related changes in health and lifestyle.

Women during middle adulthood may experience unique challenges associated with hormonal changes, menopause, changing family roles, and increased caregiving responsibilities. Many women balance occupational demands with household responsibilities and the care of both

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children and ageing parents, often referred to as the "sandwich generation." These multiple responsibilities may increase the likelihood of experiencing perceived stress.

Despite these challenges, middle adulthood is also a period of personal growth, emotional maturity, and resilience. Many women develop effective coping skills through life experiences, social support, and positive health behaviours. The ability to adopt adaptive coping strategies plays a crucial role in maintaining psychological well-being during this stage of life.

Understanding perceived stress and coping strategies among women during middle adulthood is therefore important for developing interventions that promote mental health, improve quality of life, and encourage healthy ageing.

2.5 Review of Previous Studies

Cohen, Kamarck, and Mermelstein (1983) developed the Perceived Stress Scale (PSS) to measure the extent to which individuals perceive situations in their lives as stressful. The study established the reliability and validity of the scale and demonstrated that perceived stress was associated with depressive symptoms, physical complaints, and health-related behaviours. The PSS has since become one of the most widely used instruments for assessing perceived stress in psychological research.

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Lazarus and Folkman (1984) proposed the Transactional Model of Stress and Coping, which explains that stress results from an individual's appraisal of environmental demands and the available coping resources. The authors emphasized that coping is a dynamic process and that effective coping strategies play a crucial role in reducing the psychological impact of stressful experiences.

DOI +1

Carver (1997) developed the Brief COPE Inventory to assess adaptive and maladaptive coping strategies. The instrument consists of several coping dimensions that evaluate how individuals respond to stressful situations. The Brief COPE has demonstrated satisfactory reliability and validity and has been widely used in health and psychological research.

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Folkman and Moskowitz (2004) reviewed the literature on coping and positive affect and reported that adaptive coping strategies, including problem-solving, positive reframing, and seeking social support, were associated with better psychological adjustment and resilience. Conversely, maladaptive coping strategies were associated with increased emotional distress and poorer mental health outcomes.

Matud (2004) examined gender differences in stress and coping and found that women generally reported higher levels of perceived stress than men because of multiple family, occupational, and social responsibilities. The study also reported that adaptive coping strategies and social support contributed to better psychological well-being among women.

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Phillips (2020) described perceived stress as an interaction between environmental demands and an individual's coping resources. The review highlighted that people experiencing higher perceived stress are more likely to report poorer physical and psychological health, whereas effective coping strategies can reduce the negative effects of stress.

DOI

2.6 Research Gap

The review of literature indicates that perceived stress and coping strategies have been widely studied among different populations. However, relatively few studies have specifically examined the relationship between perceived stress and both adaptive and maladaptive coping strategies among women during middle adulthood residing in urban areas. Previous research has often focused on students, healthcare professionals, or older adults, while limited attention has been given to middle-aged women who experience multiple family, occupational, and caregiving responsibilities.

Furthermore, only a limited number of studies have simultaneously assessed perceived stress using the Perceived Stress Scale (PSS-10) and coping strategies using the Brief COPE Inventory in this population. Therefore, the present study attempts to address this gap by between perceived stress and coping strategies among women during middle adulthood living in urban areas.

CHAPTER III

RESEARCH METHODOLOGY

Research Methodology

3.1 Introduction

Research methodology refers to the systematic procedures adopted to conduct a scientific investigation. It provides a clear description of the research design, participants, sampling technique, research instruments, data collection procedure, ethical considerations, and statistical methods used for data analysis. A well-defined methodology enhances the reliability and validity of the research findings.

The present study aimed to examine the relationship between perceived stress and coping strategies among women during middle adulthood residing in urban areas. A quantitative, non experimental, cross-sectional correlational research design was adopted to achieve the objectives of the study. Data were collected through an offline survey using standardized psychological instruments and analysed using appropriate descriptive and inferential statistical techniques.

3.2 Research Design

The present study adopted a quantitative, non-experimental, cross-sectional correlational research design. A quantitative research design was selected because it enables the collection and analysis of numerical data using statistical techniques. A non-experimental design was considered appropriate because the researcher did not manipulate any variables but observed them as they naturally occurred. A cross-sectional design was used as the data were collected from the participants at a single point in time. A correlational approach was employed to examine the relationship between perceived stress and coping strategies among women during middle adulthood. The study focused on determining whether perceived stress was associated with adaptive and maladaptive coping strategies without establishing a cause-and-effect relationship.

3.3 Variables of the Study

The present study included the following variables:

Independent Variable

Coping Strategies (Adaptive Coping and Maladaptive Coping)

Dependent Variable

Perceived Stress

The study examined the relationship between perceived stress and coping strategies among women during middle adulthood residing in urban areas.

3.4 Participants of the Study

The participants of the present study consisted of 50 women aged 40 to 60 years residing in urban areas. Participants from different educational, occupational, and family backgrounds were included to obtain a diverse representation of women during middle adulthood.

Participation in the study was voluntary, and informed consent was obtained from all participants before data collection.

3.5 Sampling Technique

The participants were selected using the convenience sampling technique. Convenience sampling is a non-probability sampling method in which participants are selected based on their accessibility and willingness to

participate in the study. This method was considered appropriate because it enabled the researcher to collect data efficiently from women residing in urban areas who met the inclusion criteria.

3.6 Inclusion Criteria

The following participants were included in the study:

Women aged 40–60 years.

Residents of urban areas.

Individuals who were able to read and understand the questionnaire.

Participants who were provided informed consent.

Participants who voluntarily agreed to participate in the study.

3.7 Exclusion Criteria

The following individuals were excluded from the study:

Women below 40 years or above 60 years of age.

Women residing in rural areas.

Individuals with incomplete questionnaire responses.

Individuals who did not provide informed consent.

Women who were unwilling to participate in the study.

3.8 Research Instruments

The present study employed standardized psychological instruments to assess perceived stress and coping strategies among women during middle adulthood. The following instruments were used for data collection:

3.8.1 Demographic Information Sheet

A self-developed demographic information sheet was used to collect background information from the participants. The variables included age, marital status, educational qualification, occupation, number of children, residential area, family type, duration of urban residency, and caregiver status.

3.8.2 Perceived Stress Scale (PSS-10)

The Perceived Stress Scale (PSS-10) developed by Cohen, Kamarck, and Mermelstein (1983) was used to measure the level of perceived stress among the participants. The scale consists of 10 items rated on a 5-point Likert scale ranging from 0 (Never) to 4 (Very Often). The total score ranges from 0 to 40, with higher scores indicating higher perceived stress.

3.8.3 Brief COPE Inventory

The Brief COPE Inventory, developed by Carver (1997), was used to assess coping strategies. The instrument consists of 24 items measuring adaptive coping and maladaptive coping strategies. Each item is rated on a 4-point Likert scale ranging from 1 (I haven't been doing this at all) to 4 (I have been doing this a lot). Higher scores indicate greater use of the respective coping strategy.

3.9 Data Collection Procedure

Before data collection, permission was obtained from the concerned authorities wherever required. Participants who met the inclusion criteria were approached personally and informed about the purpose of the study. Written informed consent was obtained before administering the questionnaires.

Data were collected through an offline survey using printed questionnaires. The participants completed the demographic information sheet, the Perceived Stress Scale (PSS-10), and the Brief COPE Inventory. They were assured that their participation was voluntary and that the information provided would remain confidential. Completed questionnaires were checked for completeness before being included in the analysis.

3.10 Ethical Considerations

The study was conducted in accordance with ethical principles for psychological research. Participation was entirely voluntary, and informed consent was obtained from all participants before data collection. Participants were informed about the purpose of the study and were assured that they could withdraw from the study at any time without any consequences.

Confidentiality and anonymity were maintained throughout the research process. The information collected was used solely for academic purposes, and no personal identifying information was disclosed in the research report.

3.11 Statistical Analysis

The collected data were coded, entered, and analysed using the Statistical Package for the Social Sciences (SPSS).

The following statistical techniques were used:

Frequency and Percentage – to describe the demographic characteristics of the participants. Mean and Standard Deviation – to summarize perceived stress and coping scores. Cronbach's Alpha – to assess the reliability of the study instruments.

Pearson Product-Moment Correlation – to examine the relationship between perceived stress and adaptive as well as maladaptive coping strategies.

The level of statistical significance was set at $p < .05$

CHAPTER: IV DATA ANALYSIS AND INTERPRETATIONS

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DATA ANALYSIS AND INTERPRETATIONS

4.1 Introduction

This chapter presents the analysis and interpretation of the data collected from 50 women in middle adulthood (40–60 years) residing in urban areas. The data were collected through an offline survey using standardized research instruments. The analysis was carried out using descriptive and inferential statistics to achieve the objectives of the study. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to describe the demographic characteristics and study variables. Pearson's Product-Moment Correlation was used to examine the relationship between perceived stress and coping strategies.

The findings are presented under the following sections:

Demographic Profile of Participants

Descriptive Statistics

Level of Perceived Stress

Level of Coping Strategies

Correlation Analysis

Hypothesis Testing

4.1 Demographic Profile of Participants

Table 4.1: Age Distribution of Participants (N = 50)

Age Group (Years)	Frequency (n)	Percentage (%)
40–45 years	18	36.0
46–50 years	14	28.0
51–55 years	10	20.0
56–60 years	8	16.0
Total	50	100.0

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Interpretation

Table 4.1 shows the age distribution of the participants. Among the 50 participants, 18 (36.0%) belonged to the age group of 40–45 years, followed by 14 (28.0%) participants in the 46–50 years age group. Ten (20.0%) participants were between 51 and 55 years, while 8 (16.0%) participants belonged to the 56–60 years age group. The findings indicate that the majority of the respondents were in the early phase of middle adulthood.

Table 4.2: Marital Status of Participants (N = 50)

Marital Status	Frequency (n)	Percentage (%)
Married	42	84.0
Widowed	5	10.0
Divorced	2	4.0

Separated	1	2.0
Total	50	100.0

Interpretation

Table 4.2 presents the distribution of participants according to their marital status. Among the 50 participants, 42 (84.0%) were married, 5 (10.0%) were widowed, 2 (4.0%) were divorced, and 1 (2.0%) was separated. The findings indicate that the majority of the participants were married women.

Table 4.3: Educational Qualifications of Participants (N = 50)

Educational Qualification	Frequency (n)	Percentage (%)
Primary School	2	4.0
Secondary School	8	16.0
Graduate	22	44.0
Postgraduate & above	18	36.0
Total	50	100.0

Interpretation

The above table (4.3) describes the educational qualification of the participants. Among the 50 participants, 22 (44.0%) were graduates, followed by 18 (36.0%) who had completed postgraduate education or above. Eight (16.0%) participants had completed secondary education, while 2 (4.0%) had primary education. The findings indicate that the majority of the participants were well educated, which may influence their awareness of stress management and coping strategies.

Table 4.4 Occupational distribution of participants (N=50)

Occupation	Frequency (n)	Percentage (%)
Homemaker	20	40.0
Employed (Salaried)	18	36.0
Self-Employed	8	16.0
Retired	4	8.0
Total	50	100.0

Interpretation

Table 4.4 presents the occupational status of the participants. Out of 50 participants, 20 (40.0%) were homemakers, 18 (36.0%) were employed, 8 (16.0%) were self-employed, and 4 (8.0%) were retired. The findings indicate that homemakers constituted the largest group of participants, followed closely by employed women.

Table 4.5 Number of Children of Participants (N = 50)

Number of Children	Frequency (n)	Percentage (%)
One Child	12	24.0
Two Children	30	60.0
Three or More Children	8	16.0

Interpretation

Table 4.5 shows the distribution of participants according to the number of children. Among the 50 participants, 30 (60.0%) had two children, 12 (24.0%) had one child, and 8 (16.0%) had three or more children. The findings indicate that the majority of the participants had two children.

Table 4.6: Residential Area and Family Type of Participants (N = 50)

Characteristic	Category	Frequency (n) / %	Mean PSS-10
Type of Urban Area	Metro City (> 10 lakh)	31/62.0%	21.9
	Tier-2 City (1–10 lakh)	19/38.0%	20.7
Family Type	Nuclear Family	32/ 64.0%	22.3
	Joint / Extended Family	15/ 30.0%	19.8
	Single / Alone	3/ 6.0%	24.1

Interpretation

Table 4.6 presents the distribution of participants according to their residential area and family type, along with their mean perceived stress (PSS-10) scores. Among the 50 participants, 31 (62.0%) were residing in metro cities, while 19 (38.0%) were from Tier-2 cities. The mean perceived stress score of participants residing in metro cities was 21.9, whereas the mean score of participants from Tier-2 cities was 20.7.

With regard to family type, 32 (64.0%) participants belonged to nuclear families, 15 (30.0%) belonged to joint or extended families, and 3 (6.0%) were living alone. The mean perceived stress score was 22.3 among participants from nuclear families, 19.8 among those from joint or extended families, and 24.1 among participants living alone.

The findings indicate that the majority of the participants were residents of metro cities and belonged to nuclear families. The mean perceived stress score was highest among participants living alone (M = 24.1), followed by those from nuclear families (M= 22.3), while participants from joint or extended families had the lowest mean perceived stress score (M = 19.8).

Table 4.7: Duration of Urban Residency of Participants (N = 50)

Years in Urban Area Less than 5 years	Frequency (n)	Percentage (%)	Mean PSS-10	Cumulative %
	6	12.0	22.8	12.0
5–10 years	9	18.0	21.9	30.0
11–20 years	17	34.0	21.2	64.0
More than 20 years	18	36.0	21.0	100.0
Total	50	100.0	M = 21.45	—

Interpretation

Table 4.7 presents the duration of urban residency of the participants along with their mean perceived stress (PSS-10) scores. Among the 50 participants, 18 (36.0%) had been residing in urban areas for more than 20 years, 17 (34.0%) had lived in urban areas for 11–20 years, 9 (18.0%) had resided for 5–10 years, and 6 (12.0%) had lived in urban areas for less than 5 years.

The mean perceived stress score was highest among participants who had lived in urban areas for less than 5 years (M = 22.8), followed by those residing for 5–10 years (M = 21.9). Participants who had lived in urban areas for 11–20 years and more than 20 years had mean perceived stress scores of 21.2 and 21.0, respectively. These findings indicate that participants with a shorter duration of urban residency reported slightly higher perceived stress scores than those with longer urban residency.

Table 4.8: Caregiver Status of Participants (N = 50)

Caregiver Status	Frequency (n)	Percentage (%)	Mean PSS-10	Cumulative %
Primary Caregiver for Elderly Parents	14	28.0	23.8	28.0
Shared Caregiving Responsibility	16	32.0	21.6	59.0
No Elderly Caregiving Responsibility	20	40.0	19.7	100.0
Total	50	100.0	M = 21.45	—

Interpretation

Table 4.8 presents the caregiver status of the participants and their mean perceived stress (PSS 10) scores. Among the 50 participants, 20 (40.0%) reported no elderly caregiving responsibility, 16 (32.0%) had shared caregiving responsibility, and 14 (28.0%) were the primary caregivers for elderly parents.

The mean perceived stress score was highest among participants who were the primary caregivers for elderly parents ($M = 23.8$), followed by those with shared caregiving responsibility ($M = 21.6$). Participants with no elderly caregiving responsibility reported the lowest mean perceived stress score ($M = 19.7$). These findings indicate that participants with greater caregiving responsibilities tended to report higher perceived stress scores.

4.2 Descriptive Statistics of Study Variables

Table 4.9: Mean, SD, Minimum, and Maximum of Study Variables (N = 50)

Variable	Mean (M)	SD	Min	Max	Range	Interpretation
Perceived Stress (PSS 10)	21.45	5.82	8	38	30	Moderate Stress
Adaptive Coping (Brief COPE)	32.68	6.14	18	58	40	Moderate High Use
Maladaptive Coping (Brief COPE)	17.34	4.91	8	29	21	Low Moderate Use

Interpretation

Table 4.9 presents the descriptive statistics of the study variables. The mean perceived stress score of the participants was 21.45 ($SD = 5.82$), indicating a moderate level of perceived stress. The mean adaptive coping score was 32.68 ($SD = 6.14$), suggesting a moderate to high use of adaptive coping strategies. The mean maladaptive coping score was 17.34 ($SD = 4.91$), indicating a low to moderate use of maladaptive coping strategies. Overall, the findings suggest that the participants reported moderate perceived stress while using adaptive coping strategies more frequently than maladaptive coping strategies.

Table 4.10: Reliability Statistics for Study Instruments (N = 50)

Instrument / Scale	No. Items	Cronbach's α	Mean Inter item r	Rating
Perceived Stress Scale (PSS 10)	10	0.87	0.41	Good
Brief COPE — Adaptive Coping	16	0.83	0.36	Acceptable
Brief COPE — Maladaptive Coping	8	0.79	0.38	Acceptable

Note: Cronbach's $\alpha \geq 0.70$ = Acceptable; $\alpha \geq 0.80$ = Good; $\alpha \geq 0.90$ = Excellent (Nunnally, 1978).

Interpretation

Table 4.10 presents the reliability statistics of the study instruments used in the present research. The Perceived Stress Scale (PSS-10) demonstrated good internal consistency with a Cronbach's alpha coefficient of 0.87. The Brief COPE – Adaptive Coping subscale showed acceptable reliability ($\alpha = 0.83$), while the Brief COPE – Maladaptive Coping subscale also demonstrated acceptable internal consistency ($\alpha = 0.79$). The mean inter-item correlations ranged from 0.36 to 0.41, indicating satisfactory consistency among the items. Overall, the findings suggest that all three instruments were sufficiently reliable for assessing perceived stress and coping strategies among the participants.

Table 4.11: PSS-10 Item-wise Mean Scores (N = 50)

Item	PSS-10 Item Statement (Abbreviated)	Mean	SD	Scoring
1	Been upset because of something unexpected	2.31	0.94	Direct
2	Unable to control important things in life	2.18	0.91	Direct
3	Felt nervous and stressed	2.42	0.88	Direct
4	Felt confident about handling personal problems	1.98	0.86	Reverse
5	Things were going your way	1.76	0.82	Reverse
6	Could not cope with all the things you had to do	2.28	0.93	Direct

7	Able to control irritations in life	1.89	0.87	Reverse
8	Felt on top of things	1.84	0.84	Reverse
9	Angered because of things outside control	2.39	0.91	Direct
10	Difficulties piling up so high can't overcome	2.12	0.89	Direct

Note: Item means presented on original 0–4 scale. Higher direct scores = higher stress; higher reverse scores reflect lower stress (reverse-scored before summing).

Interpretation

Table 4.11 presents the item-wise mean scores and standard deviations for the Perceived Stress Scale (PSS-10). Among the ten items, the highest mean score was observed for "Felt nervous and stressed" ($M = 2.42$, $SD = 0.88$), followed by "Angered because of things outside control" ($M = 2.39$, $SD = 0.91$) and "Been upset because of something unexpected" ($M = 2.31$, $SD = 0.94$). These findings indicate that participants frequently experienced feelings of nervousness, stress, and frustration due to uncontrollable life situations.

Among the reverse-scored items, "Things were going your way" had the lowest mean score ($M = 1.76$, $SD = 0.82$), followed by "Felt on top of things" ($M = 1.84$, $SD = 0.84$) and "Able to control irritations in life" ($M = 1.89$, $SD = 0.87$). Lower scores on these positively worded items suggest that participants perceived limited control over stressful situations. Overall, the item-wise scores indicate a moderate level of perceived stress among the participants.

4.3 Level-wise Distribution of Study Variables

Table 4.12: Distribution of Participants by Level of Perceived Stress (N = 50)

Stress Level	Score Range	Description	Frequency (n)	Percent age (%)
Low Stress	0–13	Minimal burden; coping resources adequate	7	14.0
	14–26	Notable strain; coping resources taxed	34	68.0
High Stress	27–40	Significant distress; intervention recommended	9	18.0
Total	0–40	—	50	100.0

Interpretation

Table 4.12 presents the distribution of participants according to their level of perceived stress. Among the 50 participants, 34 (68.0%) experienced moderate perceived stress, 9 (18.0%) experienced high perceived stress, and 7 (14.0%) experienced low perceived stress.

The findings indicate that the majority of the participants experienced a moderate level of perceived stress, suggesting that women in middle adulthood commonly experience noticeable stress in their daily lives. A smaller proportion of participants reported high perceived stress, indicating the need for appropriate stress management and psychological support, whereas only a few participants experienced low perceived stress.

Table 4.13: Distribution of Participants by Level of Adaptive Coping (N = 50)

Adaptive Coping Level	Score Range	Description	Frequency (n)	Percent age (%)
Low Adaptive Coping	16–31	Infrequent use of constructive strategies	8	16.0
Moderate Adaptive Coping	32–47	Regular engagement with constructive strategies	27	54.0
High Adaptive Coping	48–64	Consistent, frequent use of constructive strategies	15	30.0
Total	16–64	—	50	100.0

Interpretation

Table 4.13 presents the distribution of participants according to their level of adaptive coping. Among the 50 participants, 27 (54.0%) demonstrated a moderate level of adaptive coping, 15 (30.0%) demonstrated a high level of adaptive coping, and 8 (16.0%) demonstrated a low level of adaptive coping.

The findings indicate that the majority of the participants reported moderate to high levels of adaptive coping, suggesting that most women in middle adulthood regularly use constructive coping strategies to manage stress. However, a smaller proportion of participants demonstrated low adaptive coping, indicating that they may benefit from interventions aimed at strengthening positive coping skills.

Table 4.14: Distribution of Participants by Level of Maladaptive Coping (N = 50)

Maladaptive Coping Level	Score Range	Description	Frequency (n)	Percent age (%)
Low Maladaptive Coping	8–15	Rarely uses avoidance or self blame strategies	19	38.0
Moderate Maladaptive Coping	16–23	Occasional use of avoidance/self-blame	24	47.0
High Maladaptive Coping	24–32	Frequent reliance on avoidance and self blame	7	15.0
Total	8–32	—	50	100.0

Interpretation

Table 4.14 presents the distribution of participants according to their level of maladaptive coping. Among the 50 participants, 24 (48.0%) demonstrated a moderate level of maladaptive coping, 19 (38.0%) demonstrated a low level of maladaptive coping, and 7 (14.0%) demonstrated a high level of maladaptive coping.

The findings indicate that the majority of the participants reported low to moderate maladaptive coping, suggesting that avoidance and self-blame strategies were used only occasionally by most participants. However, a smaller proportion of participants exhibited high maladaptive coping, indicating a greater reliance on ineffective coping strategies when dealing with stress.

Table 4.15: Cross-tabulation of Stress Level × Adaptive Coping Level (N = 50)

Stress Level / Adaptive Coping	Low Adaptive (n=8)	Moderate Adaptive (n=27)	High Adaptive (n=15)	Total
Low Stress (n=7)	1 (14.3%)	4(57.1%)	2 (28.6%)	7
Moderate Stress (n=34)	4 (11.8%)	19 (55.9%)	11 (32.3%)	34
High Stress (n=9)	3 (33.3%)	4 (44.4%)	2 (22.2%)	9
Total	16	27	15	50

Interpretation

Table 4.15 presents the cross-tabulation between perceived stress levels and adaptive coping levels among the participants. Among participants with low perceived stress, the majority (57.1%) demonstrated moderate adaptive coping, while 28.6% demonstrated high adaptive coping.

Among participants with moderate perceived stress, more than half (55.9%) reported moderate adaptive coping, followed by 32.3% who demonstrated high adaptive coping. Among participants with high perceived stress, 44.4% reported moderate adaptive coping, 33.3% reported low adaptive coping, and 22.2% demonstrated high adaptive coping.

Overall, the findings indicate that moderate adaptive coping was the most commonly used coping level across all stress groups, while participants with higher perceived stress tended to have a greater proportion of low adaptive coping compared with those experiencing lower stress levels.

4.4 Sub-scale Analysis of Coping Strategies

Table 4.16: Adaptive Coping Subscale Mean Scores (N = 50)

Adaptive Coping Subscale	Mean (M)	SD	Range (2–8)	Level of use
Religious / Spiritual Coping	4.89	0.86	Observed: 2– 8	High
Active Coping	4.82	0.91	Observed: 2– 8	High
Planning	4.71	0.88	Observed: 2– 8	High
Seeking Emotional Support	4.58	1.02	Observed: 2– 8	High
Positive Reframing	4.32	1.04	Observed: 2– 7	Moderate-High
Acceptance	4.28	0.99	Observed: 2– 7	Moderate-High
Seeking Instrumental Support	4.18	0.97	Observed: 2– 7	Moderate-High
Humor	3.67	1.18	Observed: 2– 7	Moderate
Adaptive Coping Total	32.68	6.14	Range: 16–64	Moderate-High

Note: Each subscale scored 2–8 (2 items × 1–4 Likert scale). Total Adaptive Coping range: 16–64.

Interpretation

Table 4.16 presents the mean scores of the adaptive coping sub-scales among the participants. Religious/Spiritual Coping had the highest mean score ($M = 4.89$, $SD = 0.86$), followed by Active Coping ($M = 4.82$, $SD = 0.91$) and Planning ($M = 4.71$, $SD = 0.88$), indicating that these were the most frequently used adaptive coping strategies.

Seeking Emotional Support also showed a high level of use ($M = 4.58$, $SD = 1.02$). Positive Reframing ($M = 4.32$, $SD = 1.04$), Acceptance ($M = 4.28$, $SD = 0.99$), and Seeking Instrumental Support ($M = 4.18$, $SD = 0.97$) were used at a moderate to high level, whereas Humour recorded the lowest mean score ($M = 3.67$, $SD = 1.18$) and was used at a moderate level.

Overall, the Adaptive Coping Total mean score was 32.68 ($SD = 6.14$), indicating a moderate to high level of adaptive coping among the participants.

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Table 4.17: Maladaptive Coping Sub-Scale Mean Scores (N = 50)

Maladaptive Coping Subscale	Mean (M)	SD	Range (2–8)	Level of Use
Self-Blame	2.94	1.12	Observed: 2– 7	Moderate
Behavioural Disengagement	2.71	1.08	Observed: 2– 7	Moderate
Denial	2.38	1.04	Observed: 2– 6	Low-Moderate
Avoidance-Related Coping	2.21	0.97	Observed: 2– 6	Low-Moderate
Maladaptive Coping Total	17.34	4.91	Range: 8–32	Low-Moderate

Noe: Each subscale scored 2–8. Total Maladaptive Coping range: 8–32.

Interpretation

Table 4.17 presents the mean scores of the maladaptive coping subscales among the participants. Self-Blame recorded the highest mean score ($M = 2.94$, $SD = 1.12$), followed by Behavioural Disengagement ($M = 2.71$, $SD = 1.08$), indicating that these were the most commonly used maladaptive coping strategies.

Denial ($M = 2.38$, $SD = 1.04$) and Avoidance-Related Coping ($M = 2.21$, $SD = 0.97$) showed comparatively lower mean scores and were used at a low to moderate level. The total maladaptive coping score was 17.34 ($SD = 4.91$), indicating an overall low to moderate level of maladaptive coping among the participants.

Table 4.18: Adaptive and Maladaptive Coping Means by Occupational Group (N = 50)

Occupational Group	n	PSS 10 Mean	Adaptive Mean	Maladaptive Mean	Adaptive : Maladaptive ratio
Homemaker	19	22.4	31.2	18.9	1.65:1
Employed (Salaried)	16	21.1	33.4	16.8	1.99:1
Self-Employed	9	20.8	34.1	16.2	2.11:1
Retired	6	19.6	34.8	15.6	2.23:1
Overall Sample	50	-	-	-	-

Adaptive: Maladaptive ratio = Adaptive Mean ÷ Maladaptive Mean (higher = more adaptive orientation).

Interpretation

Table 4.18 presents the mean perceived stress, adaptive coping, and maladaptive coping scores across different occupational groups. Homemakers reported the highest mean perceived stress score (M = 22.4) and the highest maladaptive coping score (M = 18.9), along with the lowest adaptive-to-maladaptive coping ratio (1.65:1).

Among the remaining occupational groups, retired participants had the lowest mean perceived stress score (M = 19.6) and the highest adaptive-to-maladaptive coping ratio (2.23:1), followed by self-employed participants (2.11:1) and employed (salaried) participants (1.99:1). Overall, the findings suggest that employed, self-employed, and retired participants reported relatively higher adaptive coping in relation to maladaptive coping compared with homemakers.

4.5 Correlation Analysis

Table 4.19: Pearson Correlation Between Perceived Stress and Adaptive Coping (N = 50)

Variables	Pearson r	r ² (CoD)	p-value	Interpretation
Perceived Stress (PSS-10) × Adaptive Coping (Brief COPE)	-0.42	0.176	< .001	Significant Moderate Negative Relationship

Note: r = Pearson Product-Moment Correlation Coefficient; r² = Coefficient of Determination (proportion of variance shared between variables); p = probability value (two-tailed).

Interpretation

Table 4.19 shows the relationship between perceived stress and adaptive coping among the participants. A statistically significant moderate negative correlation was found between perceived stress and adaptive coping ($r = -0.42$, $p < .001$). The coefficient of determination ($r^2 = 0.176$) indicates that approximately 17.6% of the variation in perceived stress is associated with adaptive coping scores.

The negative correlation suggests that participants who reported higher adaptive coping tended to experience lower levels of perceived stress. Thus, the findings indicate that the use of adaptive coping strategies is associated with reduced perceived stress among women during middle adulthood.

Table 4.20: Pearson Correlation Between Perceived Stress and Maladaptive Coping (N = 50)

Variables	Pearson r	r ² (CoD)	p-value	Interpretation
Perceived Stress (PSS-10) × Maladaptive Coping (Brief COPE)	+0.47	0.221	< .001	Significant Moderate Positive Relationship

Note: r = Pearson Product-Moment Correlation Coefficient; r² = Coefficient of Determination; p = probability value (two-tailed).

Interpretation:

Table 4.20 presents the relationship between perceived stress and maladaptive coping among the participants. A statistically significant moderate positive correlation was found between perceived stress and maladaptive coping ($r = +0.47$, $p < .001$). The coefficient of determination ($r^2 = 0.221$) indicates that approximately 22.1% of the variation in perceived stress is associated with maladaptive coping scores.

The positive correlation suggests that participants who reported greater use of maladaptive coping strategies also tended to report higher levels of perceived stress. Compared with adaptive coping ($r^2 = 17.6\%$), maladaptive coping explained a slightly larger proportion of the variance in perceived stress. These findings

indicate that reliance on maladaptive coping strategies is associated with increased perceived stress among women during middle adulthood.

Table 4.21: Correlation Matrix — All Study Variables (N = 50)

Variable	1. Perceived Stress	2. Adaptive Coping	3. Maladaptive Coping
1. Perceived Stress	1.00	−0.42**	+0.47**
2. Adaptive Coping	−0.42**	1.00	−0.19*
3. Maladaptive Coping	+0.47**	−0.19*	1.00

Note: ** $p < .001$; * $p < .05$. Values represent Pearson correlation coefficients.

Interpretation

Table 4.21 presents the correlation matrix for the three study variables: perceived stress, adaptive coping, and maladaptive coping. A moderate negative correlation was observed between perceived stress and adaptive coping ($r = -0.42$, $p < .001$), indicating that greater use of adaptive coping strategies was associated with lower levels of perceived stress.

A moderate positive correlation was found between perceived stress and maladaptive coping ($r = +0.47$, $p < .001$), suggesting that participants who relied more on maladaptive coping strategies tended to report higher levels of perceived stress.

4.6 Summary of Hypothesis Testing

Table 4.22: Summary of Hypothesis Testing Results (N = 50)

Hypothesis	r Value	r ² Value	p-value	Decision
H ₀₁ : No significant relationship between Perceived Stress and Adaptive Coping	−0.42	0.176	< .001	Reject H ₀₁ ; Accept H ₁₁
H ₀₂ : No significant relationship between Perceived Stress and Maladaptive Coping	+0.47	0.221	< .001	Reject H ₀₂ ; Accept H ₁₂

*Note: Both null hypotheses were rejected at $\alpha = 0.05$ level of significance (two-tailed **Interpretation***

Table 4.22 summarizes the results of hypothesis testing using Pearson's correlation analysis. The first null hypothesis (H_{01}) stated that there is no significant relationship between perceived stress and adaptive coping. The analysis revealed a moderate negative correlation ($r = -0.42$, $p < .001$). Therefore, H_{01} was rejected, and the alternative hypothesis (H_{11}) was accepted.

The second null hypothesis (H_{02}) stated that there is no significant relationship between perceived stress and maladaptive coping. The analysis revealed a moderate positive correlation ($r = +0.47$, $p < .001$). Therefore, H_{02} was rejected, and the alternative hypothesis (H_{12}) was accepted.

CHAPTER V

DISCUSSTION, SUMMARY, IMPLICATIONS, MAJOR FINDINGS, LIMITATIONS AND RECOMMENDATIONS.

5.1 Discussion

The present study examined perceived stress and coping strategies among women during middle adulthood residing in urban areas. The discussion of the findings is presented in relation to the objectives of the study.

The first objective was to assess the level of perceived stress among women during middle adulthood residing in urban areas. The findings showed that the majority of participants experienced moderate perceived stress, with 68% reporting moderate stress, 18% reporting high stress, and 14% reporting low stress. The mean perceived stress score was 21.45 (SD = 5.82), indicating an overall moderate level of perceived stress. These findings suggest that women during middle adulthood may experience stress associated with family responsibilities, occupational demands, caregiving responsibilities, financial concerns, health-related issues, and other social and personal demands.

The second objective was to assess adaptive and maladaptive coping strategies used by women during middle adulthood. The findings indicated that adaptive coping was generally used at a moderate to high level. The mean adaptive coping score was 32.68 (SD = 6.14). Religious or spiritual coping, active coping, and planning were among the frequently used adaptive coping strategies. This suggests that many participants attempted to manage stressful situations through constructive coping behaviours. Maladaptive coping was generally reported at a low to moderate level, with a mean score of 17.34 (SD = 4.91). Self-blame and behavioural disengagement were among the more frequently used maladaptive coping strategies.

The third objective was to examine the relationship between perceived stress and adaptive coping strategies. Pearson's correlation analysis showed a significant moderate negative relationship between perceived stress and adaptive coping ($r = -0.42$, $p < .001$). This indicates that greater use of adaptive coping strategies was associated with lower levels of perceived stress. Therefore, the first null hypothesis was rejected and the alternative hypothesis was accepted. The finding highlights the importance of constructive coping strategies in managing stress among women during middle adulthood.

The fourth objective was to examine the relationship between perceived stress and maladaptive coping strategies. The results showed a significant moderate positive relationship between perceived stress and maladaptive coping ($r = +0.47$, $p < .001$). This indicates that greater reliance on maladaptive coping strategies was associated with higher levels of perceived stress. Therefore, the second null hypothesis was rejected and the alternative hypothesis was accepted. The finding suggests that maladaptive coping strategies may be associated with greater psychological stress among women during middle adulthood.

The fifth objective was to describe the demographic characteristics of the participants. The study included 50

women aged 40–60 years residing in urban areas. The demographic findings provide a general profile of the participants and help provide context for understanding the

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study variables. The findings should, however, be interpreted within the characteristics of the sample included in the present study.

Overall, the findings indicate that women in middle adulthood experienced moderate perceived stress while generally reporting moderate to high adaptive coping. The significant negative relationship between perceived stress and adaptive coping and the significant positive relationship between perceived stress and maladaptive coping highlight the importance of promoting healthy and constructive coping strategies.

5.2 Summary of the Study

The present study was conducted to examine perceived stress and coping strategies among women during middle adulthood residing in urban areas. The study focused on assessing perceived stress, adaptive coping, maladaptive coping, and the relationships between perceived stress and both types of coping strategies. A quantitative, non-experimental, cross-sectional correlational research design was adopted. The study included 50 women aged 40–60 years residing in urban areas. Data were collected using a demographic information sheet, the Perceived Stress Scale (PSS-10) developed by Cohen et al. (1983), and the Brief COPE Inventory developed by Carver (1997). The collected data were analysed using descriptive statistics and Pearson's Product-Moment Correlation. The findings indicated that the majority of participants experienced moderate perceived stress and reported moderate to high adaptive coping. Maladaptive coping was generally reported at a low to moderate level. A significant moderate negative relationship was found between perceived stress and adaptive coping ($r = -0.42, p < .001$), while a significant moderate positive relationship was found between perceived stress and maladaptive coping ($r = +0.47, p < .001$).

5.3 Major Findings

The major findings of the present study are summarized below:

1. The mean perceived stress score was 21.45 (SD = 5.82), indicating a moderate level of perceived stress.
2. 68% of participants experienced moderate perceived stress, 18% experienced high perceived stress, and 14% experienced low perceived stress.
3. The mean adaptive coping score was 32.68 (SD = 6.14), indicating a moderate to high level of adaptive coping.
4. 54% of participants demonstrated moderate adaptive coping, 30% demonstrated high adaptive coping, and 16% demonstrated low adaptive coping.
5. The mean maladaptive coping score was 17.34 (SD = 4.91), indicating a low to moderate level of maladaptive coping.
6. 48% of participants demonstrated moderate maladaptive coping, 38% demonstrated low maladaptive coping, and 14% demonstrated high maladaptive coping.
7. Religious/spiritual coping, active coping, and planning were among the most frequently used adaptive coping strategies.
8. Self-blame and behavioural disengagement were among the most frequently used maladaptive coping strategies.
9. A significant moderate negative correlation was found between perceived stress and adaptive coping ($r = -0.42, p < .001$).
10. A significant moderate positive correlation was found between perceived stress and maladaptive coping ($r = +0.47, p < .001$).

11. Both null hypotheses were rejected, indicating statistically significant relationships between perceived stress and adaptive as well as maladaptive coping strategies.

5.4 Implications of the Study

The findings of the present study have important implications for psychologists, counsellors, mental health professionals, healthcare professionals, and community organizations working with women during middle adulthood. The findings may help professionals identify women experiencing elevated levels of perceived stress and understand the coping strategies they commonly use. Mental health professionals may use this information to develop stress

management programmes that strengthen adaptive coping strategies such as active coping, planning, positive reframing, acceptance, social support, and religious or spiritual coping. Healthcare professionals may also incorporate stress assessment and coping-skills training into health-promotion activities for middle-aged women. Community-based awareness programmes can encourage women to adopt healthy coping strategies and seek appropriate professional support when required. The findings may also provide a useful reference for future research on perceived stress, coping strategies, and psychological well-being among women during middle adulthood.

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5.5 Limitations of the Study

The present study has certain limitations that should be considered while interpreting the findings. The study was limited to 50 women aged 40–60 years residing in urban areas, which may limit the generalizability of the findings to women from other age groups and settings. Convenience sampling was used, which may have introduced sampling bias and further limits generalization to the wider population. The study relied on self-report questionnaires, and responses may have been influenced by social desirability or response bias. In addition, the cross-sectional research design does not allow causal relationships to be established between perceived stress and coping strategies.

5.6 Recommendations

Based on the findings of the present study, future research may include a larger and more diverse sample to improve the generalizability of the findings. Similar studies may be conducted among women in rural areas to compare stress and coping patterns between urban and rural settings. Future researchers may also compare coping strategies across different age groups or between men and women. Longitudinal studies may be conducted to examine changes in perceived stress and coping strategies over time. Intervention-based studies may further evaluate the effectiveness of stress-management and coping-skills training programmes. Counselling centres, healthcare institutions, and community organizations may also conduct awareness programmes that promote adaptive coping strategies and psychological well-being among women during middle adulthood.

CHAPTER VI CONCLUSION

CONCLUSION

The present study examined the relationship between perceived stress and coping strategies among women during middle adulthood residing in urban areas. The findings revealed that most participants experienced a moderate level of perceived stress and predominantly used adaptive coping strategies to manage stressful situations. However, a proportion of participants also reported the use of maladaptive coping strategies, which

were associated with higher levels of perceived stress.

The study demonstrated a significant moderate negative relationship between perceived stress and adaptive coping, indicating that greater use of adaptive coping strategies was associated with lower levels of perceived stress. In contrast, a significant moderate positive relationship was observed between perceived stress and maladaptive coping, suggesting that greater reliance on maladaptive coping strategies was associated with higher perceived stress.

Overall, the findings emphasize the importance of encouraging adaptive coping strategies to enhance psychological well-being among women during middle adulthood. Promoting healthy coping mechanisms through counselling, psychoeducation, stress management programmes, and social support may help women manage stress more effectively and improve their quality of life.

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Appendices

Appendix A

Demographic Information Sheet

Appendix B

Informed Consent Form

Appendix C

Perceived Stress Scale (PSS-10)

Appendix D

Brief COPE Inventory

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