Coping Strategies Among Elderly Individuals Living Alone in Rural Areas

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ABSTRACT

Elderly individuals living alone in rural areas increasingly face challenges related to health, social support, and daily living, primarily due to limited access to essential services and evolving family structures. This study aimed to explore the coping strategies employed by elderly individuals living alone in selected rural areas of Zamboanga del Sur, focusing on their lived experiences, challenges, and overall well-being. A qualitative phenomenological research design was utilized, and data were gathered through one-on-one semi-structured interviews with participants aged 60 years and above. The data were analyzed using thematic analysis to identify meaningful themes and patterns. Findings revealed that the participants experienced multiple interconnected challenges, including declining physical functionality, financial insecurity, psychosocial distress, reduced social support systems, and limited access to essential services in geographically isolated settings. Despite these difficulties, they continued to cope through acceptance, spiritual reliance, maintenance of daily routines, and emotional regulation. These coping strategies enabled them to sustain independence and emotional stability, although their effectiveness was often influenced by environmental and structural limitations in rural communities. The study concluded that coping strategies play a crucial role in maintaining the well-being of elderly individuals living alone. It highlights the need to strengthen family, community, and government support systems to address their multidimensional needs. The study recommended the implementation of age-inclusive policies, improved access to rural healthcare services, and community-based interventions to enhance psychosocial well-being and quality of life among elderly populations.

Keywords: elderly individuals, coping strategies, rural areas, psychosocial well-being, age-inclusive policies

INTRODUCTION

Population aging is a growing global demographic trend that continues to reshape societies worldwide. The number of individuals aged 60 years and above is projected to increase from 1 billion in 2019 to 1.4 billion by 2030 and may further double to 2.1 billion by 2050, with many older adults expected to reside in low- and middle-income countries and rural areas where health and social support systems are often limited. Adults aged 80 years and older are also expected to triple between 2020 and 2050, reflecting the growing need to understand ageing-related challenges. As a result, older adults, particularly those living alone, are increasingly vulnerable to social isolation and loneliness, which significantly affect their ability to cope and maintain quality of life. These demographic changes indicate the growing importance of addressing the physical, emotional, and social needs of older adults, especially those residing in communities with limited support and healthcare resources (World Health Organization, 2025; Noto, 2023; Pickering et al., 2023; United Nations, 2022).

In today's fast-moving society, research have shown that older adults experience diverse living arrangements due to changes in family structures, migration of younger generations, and increased life expectancy. Those living alone are more at risk of health problems, psychological distress, and social isolation compared to those living with family or in communal settings. These conditions are further intensified in rural areas where access to healthcare, transportation, and social opportunities is limited, highlighting the need to understand coping strategies among elderly individuals living alone (Pickering et al., 2023; Mehra et al., 2024).

On a similar note, another study further added to the abovementioned factors, and eventually revealed that, rural elderly individuals face additional challenges caused by both social and geographic isolation. Limited transportation, poor accessibility to healthcare facilities, and reduced community services make it difficult for them to maintain social relationships and meet their daily needs. These conditions increase their vulnerability to loneliness and other negative physical and mental health outcomes, reinforcing the importance of understanding coping mechanisms in rural ageing populations (Mehra et al., 2024; Salari et al., 2025).

Rural environments present distinct structural disadvantages that significantly influence older adults' health outcomes. Compared to urban areas, rural communities often experience shortages in healthcare providers, geographic isolation, and limited service accessibility. These disparities place older adults at greater risk for poor health status, including higher mortality rates and worsening chronic conditions. In addition, transportation limitations and community dispersion further intensify emotional isolation and depressive symptoms, particularly among those living alone (Probst et al., 2019; Cosenzo et al., 2025).

Moreover, these structural barriers often require elderly individuals to independently manage transportation, health needs, finances, and daily activities without adequate assistance. Living alone has been associated with self-neglect, reduced functional ability, and diminished well-being, particularly when access to formal support services is limited. These circumstances reinforce the idea that rural residency as a structural determinant of health disparities rather than a simple geographic condition (Yang & Qu, 2025).

Apart from these structural constraints, psychosocial challenges further affect older adults living alone in rural areas. Social contraction in later life, most probably due to widowhood, migration of adult children, declining mobility, retirement, or the loss of peers can weaken social relationships that usually provide emotional support and protection against stress. As a result, many older adults experience loneliness, reduced community involvement, and psychological distress. Studies have also shown that older adults living alone are more likely to experience anxiety and depressive symptoms compared to those living with others. These findings consistently demonstrate that social isolation and loneliness are strongly associated with poor mental health outcomes among elderly individuals, particularly those who lack stable support systems and meaningful social connections (McLaren et al., 2025 & Finlay & Kobayashi, 2018).

In addition, loneliness and social isolation are associated with serious health risks among older adults, including depression, anxiety, cognitive decline, cardiovascular disease, and premature mortality. Globally, nearly 28% of older adults experience loneliness, making it a significant public health concern. However, strong social participation and support from family, neighbors, and communities can help reduce loneliness and improve well-being. These findings emphasize the importance of identifying coping strategies among older adults living alone, particularly in rural areas where social opportunities and support systems are often limited (Southerland et al., 2024; Salari et al., 2025; Hussein et al., 2023).

In many parts of the world, particularly in rural regions, elderly populations experience distinct social and health challenges, in comparison to those living in urban areas, most especially if they live alone. Geographic isolation, limited healthcare access, transportation barriers, and poor communication networks contribute to difficulties in managing daily living activities. Some also experience challenges in food preparation, medication management, and healthy routines, which may increase their risk of undernutrition and untreated conditions, further worsening their quality of life (Henning-Smith, 2020; Kaplan, 2025).

Empirical evidence also shows that loneliness among older adults varies depending on living arrangements, with living alone significantly increasing emotional vulnerability. Studies across different regions, including China, South Asia, and the Philippines, show that social isolation and perceived ageism are strongly associated with mental well-being among rural older adults. These findings collectively demonstrate how limited services, poor social networks, and economic limitations interact to worsen the well-being of older adults living alone in rural areas (Wang et al., 2024; Takagi et al., 2022).

Coping, as defined by various scholars, refers to the cognitive and behavioral efforts used by individuals to manage stressful situations and demands that exceed their available resources. Among older adults, coping strategies are important in reducing emotional distress and helping them adapt to challenges associated with

ageing, isolation, and limited support systems. These strategies may be problem-focused, which address the source of stress directly, or emotion-focused, which aim to regulate emotional responses. Adaptive coping strategies such as acceptance, active coping, positive reframing, planning, seeking emotional support, and religious involvement are considered protective factors that help maintain psychological well-being and resilience among elderly individuals (Galiana et al., 2020; Negi & Smitha, 2025; Marsillas & Schoenmakers, 2022).

Within the Philippine context, coping strategies among older adults vary and significantly affect well-being. Rural elderly individuals use both adaptive and maladaptive coping mechanisms, where positive strategies such as active engagement, social participation, and information-seeking improve adjustment, while avoidance and emotional venting lead to poorer outcomes. However, coping is most effective when combined with meaningful social relationships and opportunities for active participation within the community. These findings emphasizing the importance of community and family support in later life (Carandang et al., 2019; Soberano et al., 2021; Palmes et al., 2021).

Although existing literature has widely examined the comparison between rural and urban ageing, loneliness, social support, and coping strategies, several important gaps remain. Most studies focused on general aging issues and used quantitative methods rather than exploring the lived experiences and coping mechanisms of elderly individuals living alone in rural areas, particularly in localized Philippine settings. This gap limits the development of culturally appropriate interventions and support programs for vulnerable older adults.

Hence, this study aims to address this gap by exploring the psychological, social, and behavioral coping strategies of elderly individuals living alone in rural areas, particularly in Zamboanga del Sur. It also examines how these coping strategies influence the holistic well-being of older adults. By focusing on this specific population, the study seeks to provide context-specific evidence that may contribute to nursing practice, geriatric care, and public health interventions. Ultimately, the findings may help develop evidence- based programs and support systems that promote adaptive coping, reduce loneliness and isolation, and improve the quality of life elderly individuals living alone in rural areas.

Objectives

This qualitative study aimed to explore the coping strategies employed by elderly individuals living alone, particularly in some areas in Zamboanga del Sur. Although the number of elderly individuals living alone had been increasing, limited qualitative studies had been conducted, indicating the need for a deeper understanding of their lived experiences and coping strategies. Guided by this purpose, the study sought to answer the central question: How do elderly individuals living alone in rural areas cope with the challenges of daily life?

Specifically, it attempts to answer the following questions:

1. What challenges do elderly individuals face living alone in rural areas?

2. What coping strategies do elderly individuals use while living alone in rural areas?

3. How effective are these coping strategies employed by elderly individuals living alone in rural areas?

4. What support systems or resources do elderly individuals rely on to enhance their coping capacity?

METHODOLOGY

This chapter presents the methods cover the research design, research environment, research participants, sampling technique, research instrument, data analysis, data gathering procedure, and ethical considerations in conducting the research.

This study employed a qualitative research design to understand the lived experiences of elderly individuals living alone in rural areas. Qualitative research was appropriate for exploring how individuals perceived and gave meaning to their experiences in a detailed and descriptive way, rather than relying on numerical data

(Creswell & Poth, 2018). This approach allowed the researchers to better understand how older adults experienced and responded to the physical, emotional, social, and environmental challenges associated with living alone.

Specifically, a phenomenological approach was utilized to capture the essence of the participants lived experiences regarding a shared situation. It focused on how elderly individuals described and made sense of their daily struggles and coping strategies. Through their narratives, the researchers identified common meanings and patterns that reflected their lived experiences, providing a clearer understanding of how they managed life's challenges and maintained their well-being in their specific context (Englander & Morley, 2021).

The study was conducted in selected rural barangays of Molave, Zamboanga del Sur, a community characterized by farming activities, dispersed households, and limited access to healthcare facilities. Older adults in this area commonly experienced challenges in transportation, access to medical services, and availability of family or social support due to migration of family members and economic constraints. These conditions made the setting appropriate for exploring how elderly individuals living alone cope with daily life challenges. During data collection, a quiet, safe, and private environment was ensured through mutual agreement between the researchers and participants to promote comfort and confidentiality.

The participants who took part in the study were elderly individuals aged 60 years old and above who lived alone in rural areas. The older adults had to have lived alone for at least three months, be able to talk to others, and be willing to share their stories. It is commonly known that the elderly population is diverse and heterogeneous, so it is important to carefully select participants to make sure they accurately reflect the lived experience being studied (Chen & Feeley, 2014). A total of 9 participants were targeted, which is in line with phenomenological research guidelines that stated smaller samples are better for in-depth analysis (Creswell & Poth, 2018).

Table 1. Participants Demographic Profile.

Participant	Age	Sex	Civil Status	Occupation (Before Retirement)	Years Living Alone	Source of Income
P1	67y.o	Male	Widowed	Farmer	1 ½ yr	Senior Citizens Pension
P2	63y.o	Male	Separated	COOP Manager	10 yrs	Pension and Farming
P3	65y.o	Female	Widowed	Catechist	20 yrs	Senior Citizen Pension and Family Support
P4	72y.o	Female	Widowed	Farmer	19yrs	Senior Citizens Pension and Family Support
P5	70y.o	Male	Widowed	Laborer	7yrs	Senior Citizens Pension
P6	61y.o	Female	Single	Vendor	12yrs	Senior Citizens Pension
P7	68y.o	Female	Widowed	Housewife	5yrs	Senior Citizens Pension

P8	75y.o	Female	Widowed	Farmer	15yrs	Senior Citizens Pension and Family Support
P9	66y.o	Female	Widowed	Housewife	3yrs	Senior Citizens Pension and Family Support

The researchers employed a purposive sampling technique, a method commonly used in qualitative research to intentionally select individuals with direct experiences related to the subject under investigation. This technique ensures that the participants can provide valuable insights into their life experiences. After that, a snowball or chain sampling strategy was used, allowing participants suggest others who could provide more information, which improved the quality of the data collected for the study. In qualitative research, purposive sampling is a widely used method named after the word "purpose." Its goal is to find rich cases of information that are very relevant to the phenomenon being studied. Additionally, snowball sampling employs previously identified participants to recommend or identify other participants capable of sharing their experiences, meanings, and viewpoints (Creswell & Poth, 2018).

The main instrument in conducting of the research study was the researchers. The data in this study were collected through one-on-one semi-structured interviews, which enabled the exploration of participants' experiences while ensuring that the primary areas of inquiry were satisfactorily addressed. Semi-structured interviews are frequently advised in qualitative research due to their capacity to facilitate open-ended structure and enable participants to recount their experiences in their own words (Kallio et al., 2016). The guide encompassed inquiries regarding sources of support, emotional and social challenges, daily routines, and coping strategies. The researchers validated the interview guide questions to ensure cultural appropriateness and clarity.

The data analysis method employed in this study was Thematic Analysis based on Braun and Clarke (2006), which provides a systematic approach for identifying, analyzing, and interpreting patterns or themes within qualitative data. This framework was appropriate for phenomenological research as it helps organize participants' narratives into meaningful themes that reflect their lived experiences, particularly in understanding the coping strategies of elderly individuals living alone in rural areas. The method involved 6 steps, these include: Data Familiarization, the first step is understanding the data collected. Researchers repeatedly read the transcripts, reviewed field notes, and immersed themselves in the data to gain a full understanding of participants' responses and initial meanings. Next is Generating Initial Codes, the process by which the researchers identify and label significant words, phrases, or statements from the data that are relevant to the research questions. The third step is Searching for Themes, where researchers group the initial codes into broader categories to identify patterns of meaning across participants' narratives. The fourth step is Reviewing Themes, where researchers examine and refine the themes by checking their consistency with the coded data and the entire dataset to ensure accuracy and relevance. The fifth step is Defining and Naming Themes, where researchers clearly describe each theme, determine its essential meaning, and ensure that each theme accurately represents the participants' experiences. Lastly, Writing and Discussing the Results, where the researchers organized the final themes into a coherent narrative supported by participants' actual statements to clearly present the findings and answer the statement of the problem. Thus, Thematic Analysis provided a structured and reliable approach for interpreting qualitative data in this study (Abdalla et al., 2025).

The data gathering procedure followed a sys3tematic and ethical approach, maintaining credibility and reliability. The researchers initially sought and secured formal authorization from the Office of the Dean of the Nursing Department and the Institution’s Research Committee to initiate the data collection portion of the project. After obtaining permission, the researchers collaborated with the senior citizens’ office and selected community institutions to identify potential participants who met the following criteria: elderly individuals 60 years of age and above living alone in rural regions. The identified participants were then provided with informed consent, ensuring they were fully informed about the study, their rights, and any potential complications that may arise during its execution. This upholds ethical standards, confidentiality, and respect. To ensure precision, participants were then interviewed and audio recorded. After transcription, thematic data

analysis was implemented to analyze the audio. In conclusion, the collected information was presented and discussed in accordance with the generated themes, which were preserved for future reference. The focus of this discussion was the experiences of elderly individuals living alone in rural areas and how they cope in their daily lives. This study adhered to the most stringent research ethics to safeguard the rights, dignity, and welfare of all participants. It was based on the Data Privacy Act of 2012 (RA 10173) and the Philippine National Health Research System Act of 2013 (RA 10532). These regulations guarantee the privacy, honesty, and ethical behavior of research that involves individuals, whether they are healthy or sick.

Privacy and Anonymity. All of the answers and personal information were kept fully secret and solely used for academic and research purposes. The names of the people who took part were kept hidden, and the data was kept safe from anybody who shouldn't have access to it. This meant that all data privacy rules were observed.

Autonomy. Participants' rights to choose to take part in the study or leave it were fully protected. No one forced or pressured them to change their minds, and their opinions, perspectives, and decisions were respected.

Informed Consent. Each participant received comprehensive information regarding the study's aims, methodologies, potential dangers, and advantages. We got formal, structured consent from the participants, making sure they were fully aware and willing. Respect and being sensitive to other cultures.

Respect and Cultural Sensitivity. The study honored the cultural, religious, and personal values of its participants. Their experiences and points of view were honored, and their input was actively recognized throughout the study process.

Non-maleficence. The researcher promised that taking part would not hurt anyone physically, emotionally, or mentally. The research methods and questions were deliberately planned to make people feel less uncomfortable, especially when talking about sensitive or intimate topics.

Integrity and Avoidance of Bias. The study stayed objective by not giving any hints and instead asking neutral, open-ended questions. There were no financial or personal ties that could have affected the answers, which made sure that the results were reliable and trustworthy.

Following these ethical standards made sure that the study was done in a responsible way, respected the rights and well-being of the participants, and upheld the integrity of the research process.

RESULTS AND DISCUSSION

This chapter presents the study's qualitative findings, which were analyzed and interpreted using the data gathered from the participants. Through Thematic Analysis, significant patterns and themes were identified to better understand how elderly individuals living alone in rural areas cope with the daily challenges they experience.

Multifaceted Challenges in Independent Aging and Living

The experiences of elderly individuals living alone in rural areas reveal a complex and multifaceted network of challenges that affect their physical health, emotional well-being, economic stability, and even their access to various essential services. The following themes emerged: declining physical functionality, financial insecurity, limited access to essential services, and psychosocial distress. Based on the participants' narratives, as they grow older, they feel like they face functional limitations, declining health, emotionally distressed, and financially limited, which influence their daily and independent living. It was also identified that due to their geographical locations, these challenges are intensified, forcing them to continue to adapt to their respective circumstances while sustaining independence. The participants' experiences support Lazarus and Folkman's Model of Stress and Coping (1984), which explains that people first recognize stressful situations and then find ways to deal with them. Despite facing many challenges, the elderly adapted by using available resources and coping strategies.

Declining Physical Functionality. One of the prominent challenges that has been expressed by the participants is an affirmation of their declining physical functionality with respect to their aging. They have reported to be suffering from chronic illnesses like asthma, arthritis, diabetes, and hypertension, which limit their ability to perform daily tasks. These conditions make their daily routines increasingly exhausting.

For example, P1 described how asthma has severely restricted physical activity:

"Dili pa gyud ko baskog…dali rako kapuyon maong dili pa gyud kaayo ko ka lihok-lihok sa mga buhatonon…dili ko ka alsa ug bug-at dayon dali rako hangakon tungod sa akong hubak." [I'm still not strong…I get tired easily, so I can't do much around the house…I can't lift heavy things, and I get short of breath easily because of my asthma.]

Similarly, P4 explained how living alone and with diabetes affect daily mobility and safety by quoting:

"Lisod gyud ang mag-inusara diri sa among lugar labi na kay diabetic ko. Tungod diri dali ra ko kapoyon, usahay maglisod ko sa pagtrabaho sa uma o pag-atiman sa akong tanom. Kinahanglan nako maghinay-hinay ug magpahulay pirmi aron dili ko dali magsakit." [Living alone here is really difficult especially since I'm diabetic. Because of it I get tired easily. I sometimes have difficulty doing farm work or taking care of my plants. I must go slowly and rest often so I don't get sick quickly.]

Additionally, P5 mentioned that due to musculoskeletal pain, his ability to perform routine tasks has somehow become limited, as he quoted:

"Lisod gyud ang pang adlaw-adlaw kay tungod sa akong arthritis, dali ra kaayo ko kapoyon bisan sa yano nga buluhaton sa balay sama sa paglaba o paglimpyo. Lisud gyud sa panglawas...Maglisod ko ug lihok, ug usahay sakit kaayo akong mga tuhod ug likud." [Daily life is really difficult because of my arthritis, since I get tired very easily even with simple household tasks like washing clothes or cleaning. It's difficult for my health…I have trouble moving, and sometimes my knees and back hurt a lot.]

As evidently presented, the narratives are clear illustrations of the effects of physical deterioration and decline that comes with aging, on the mobility and autonomy of elderly individuals in accomplishing simple daily activities and routines. These in general have made their independent living more challenging.

Aging is usually accompanied by illnesses, making them even more susceptible to physical issues and challenges, like joint pain and chronic diseases that can increase their dependency on others. Furthermore, these changes are critical as they affect their functional disability, restricting their activity and work, increasing social isolation, weakening their bones, and leading to a feeling of physical incompetence (Mefteh, 2022).

These findings are consistent with the qualitative study, which found that older adults living in rural communities viewed declining physical health as a major barrier to maintaining independence and social participation (Dahlberg & McKee, 2018). Similarly, study reported that age-related physical decline often resulted in reduced confidence, increased dependence on others, and emotional distress among older adults (Englander & Morley, 2021). However, despite these limitations, participants in the present study demonstrated resilience by modifying their daily routines and continuing activities within their physical capabilities.

Financial Insecurity. This has been observed as another recurring challenge and concern about living alone in rural areas raised by the participants. Many of these elderlies relied on limited sources of income, including their own small farms, assistance to their relatives, or from inconsistent support from family members who are working elsewhere. As evidently shared, these resources are irregular and insufficient in covering their daily necessities and medical expenses.

P1 has described his struggle in relying on a small rice field for income as he needed for his maintenance medication:

"Dayon sa pinansyal mahutdan lagig kwarta kay wala man tawun koy kakuhaan lain ug panginabuhi mao ratong basakan nako nga gamay nga giatiman pud sa akong anak unya pila ra gud tawuy halin kuhaan pa sa pagkaon maong lisud gyud kay naa pakoy maintenance unya walay kwarta". [Financially, it's also tough because I don't really have another source of income. I only have a small rice field that my son helps take care of, and the earnings from it are just enough to buy food. It's really hard because I also have medical maintenance to pay for, but there's no extra money.]

Another participant emphasized how financial insecurity has worried her and affected his survival;

"Pero usahay pud maapikhan gyud sa kwarta samot nag gamay rag halin ineg ting-ani." [Sometimes it's really hard, especially when the earnings from my small rice field are low during harvest.]

Also, because of financial struggles, the participants sometimes feel anxious because providing for their basic needs, such as food and medicine, even feels difficult. To wit, P3 shared;

"Kung walay kwarta… unsa may ipalit sa pang-adlaw adlaw nga panginahanglanon… Unsa may ipalit nakog maintenance." [When there is no money, how can I buy my daily needs? What would I use to buy maintenance?]

From these narratives, it is shown that these vulnerable groups are indeed affected economically, not only due to living alone but also because of insufficient finances. These statements also go to show that most of them lack stable pensions or regular financial assistance from family members.

Financial insecurity or having inconsistent income or resources to meet one's current and future needs, confronts older people, and its impact is far more felt and significant for those living in lower- to middle-income settings and rising demands on already frail social safety nets. Additionally, they characterize older people, along with the jobless, low-income households, and those with disabilities, as one of the many vulnerable to financial insecurity (Awuviry-Newton et al., 2025).

This finding is consistent with the qualitative study, which found that older adults living independently often adjusted their lifestyle and spending and family support to cope with financial difficulties (Sixsmith et al., 2014). However, participants in the present study depended more on farming and informal family assistance because financial opportunities and support services were more limited in rural communities.

Limited Access to Essential Services. This also emerged that deals with the participants struggles in terms of transportation and access to healthcare facilities and essential services, which clearly limits them and increases their health risks, especially since they live alone in rural areas.

P4 have recounted how it could be very dangerous for them to have no immediate help in times of illness:

"Kung magkasakit ko…walay makatabang ug dali…" [When I get sick, no one can help immediately.]

This means that the lack of services fears them of unattended emergencies, which gives them anxiety, affecting how they manage their respective health behaviors.

On the other hand, P7 narrated the difficulty he is facing due to distance from healthcare facilities:

"Kung magkasakit ko, lisod ang pag-adto sa ospital kay layo kaayo ug walay sakyanan." [If I get sick, it is difficult to go to the hospital because it's far and there is no transportation.]

This response is a reflection of how rural aging does not only involve personal coping but also how they should navigate through these systemic barriers that are beyond their control.

In a similar way, P9 have emphasized the difficulty of accessing stores and health centers from his place:

"Usa sa pinakadako nga kalisod ang kalayo sa tindahan ug tambalanan. Kung adunay kinahanglan, maglisod ko ug adto kay wala na koy kusog sama sauna." [One of the biggest challenges is how far

from the stores and health center are from my home. Whenever I need something, it's difficult to go because I don't have the same strength as before.]

These responses suggest that the physical distance of the participants from essential services and healthcare facilities is a revelation that they are left with little to no choice in managing their health risks with minimal immediate assistance. These circumstances have clearly positioned them in an independence that is not purely by choice but a necessity to adapt to these limitations.

This is inconsistent with the same issue which aggravates elderly's dissatisfaction with healthcare standards and accessibility. They noted that because medical or social assistance centers are frequently non-existent in rural areas, patients are forced to travel to towns located far away from their place of residence. Due to the limited mobility of senior citizens from rural areas, they usually depend either on the assistance of their closest relatives or on the often-underdeveloped public transport. Moreover, insufficiency of resources frequently prevents them from staying in specialized facilities and receiving rehabilitation services or medication (Kisiel & Walinowicz, 2018).

Psychosocial Distress. This also emerged as another significant challenge among elderly people who live alone in rural areas. Adding up to the physical and financial difficulties they experience, the narratives below reveal that the mental, emotional burden of solitude and isolation is profound. These are evident particularly during moments they have shared, which described their loneliness, worry, and mental exhaustion, especially when they are left with no emotional support and less social interaction.

P9, for example, explained how being alone triggers feelings of sadness in him:

"Usahay moabot ang kaguol ug kabalaka labi na kung ako ra usa." [Sometimes sadness and worry come especially when I am alone.]

Suggesting that emotional distress is often situational, which intensifies in period of inactivity or silence. Clearly, this means that the absence of companions magnified their negative thoughts and hereby affected their psychological well-being.

P3, on the other hand, expressed how overthinking and emotional stress have affected his sleep and daily functioning:

"Maglibog na kog unsay trabahuon nako kay daghan kog huna-hunaon… dugay ko makatulog." [I become confused about what to do because I think about many things… I find it hard to sleep.]

This shows that emotional distress manifests through cognitive strains too. The difficulty in sleeping indicates that psychological stress they feel translated into physical consequences.

P4 also expressed emotional fear and frustration caused by forgetfulness while living alone. She shared that memory lapses made her worry about her safety because she might forget important tasks or accidentally harm herself without anyone nearby to help her. This situation increased her feelings of insecurity and helplessness, as she quoted:

"…limtanon pud kaayo ko lisod ug kuyaw gyud kaayo nga ako ra isa. Kay kana laging makalimot ko kung unsay akong gibuhat lagmit gyud nga ma disgrasya. Nahadlok lang ko nga musamot akong pagkalimtanon unya ako ra usa dinhi murag dili na gyud tingali magsilbi." [...I tend to be very forgetful, which is dangerous when I'm all by myself. Sometimes, I forget what I'm doing, and I worry that I might have an accident. I'm afraid my forgetfulness will get worse, and being alone makes me feel like I can't manage anymore."]

On a similar note, P1 correlated financial hardship into emotional struggles, as he quoted:

"Kana gyung kawad-on makasamot sa akong kaguol… usahay wala nakoy gana mulihok." [Financial hardship adds to my sadness… sometimes I lose the motivation to move or work.]

This clearly showed that psychosocial distress is not only caused by loneliness but also with the pressure of survival. Being unmotivated seemingly indicates prolonged stress that affects their sense of purpose and productivity. It is true then that socioeconomic factors strongly influence the emotional health of elderly in rural areas. In general, the statements are reflections of hidden psychological struggles of independent aging, where vulnerable groups must learn how to balance their desire to be independent with human need for connection. Their narratives clearly state that although they may appear physically self-sufficient, the emotional support they need is unmet and it critically remains a struggle.

This thorough analysis of the accounts of the participants is in line with the claims that such challenges generally refer to psychological and emotional difficulties that individuals may face as they age. The author argue that these challenges can include increased feelings of sadness or worry, often exacerbated by factors such as isolation, loss of loved ones, or chronic health conditions, a significant issue for older adults, particularly in rural areas where social networks may be limited, the emotional impact of losing friends, family members, or even a sense of purpose can lead to profound grief and emotional distress (Adeniji, 2025).

Adaptive Coping Mechanism for Independence in Later Life

The narratives further reveal that elderly individuals apply various coping mechanisms in dealing with the challenges of living alone through adjustment strategies, social engagement, spiritual reliance and faith, structured routines, and emotional regulation. Specifically, these themes emerged, self-adjustment and acceptance of life realities, spiritual coping and reliance on faith, productive engagement and maintaining daily routines, and emotional self-regulation and distraction techniques. These are some of their ways to actively manage loneliness, stress, declining health, and daily responsibilities. They personally apply these because they do not only want to survive but also to at least maintain their dignity and emotional stability while living and aging independently. The findings support Lazarus and Folkman's Transactional Model of Stress and Coping (1984) and Havighurst's Activity Theory (1961). The participants managed stress through acceptance, prayer, and staying active. These strategies helped them remain independent and gave them a sense of purpose.

Self-adjustment and Acceptance of Life Realities. These forms of psychological coping emerged as their means to be resilient in the face of life challenges. They merely accept and adjust their expectations in life based on their physical limitations and circumstances.

For instance, P2 explained that:

"Kabalo na sad ko mo adjust sa akong kaugalingon nadawat na nako ba ang mga panghitabo sa akong kinabuhi dili na kaayo magpastress-stress." [I've learned to adjust myself and accept what has happened in my life, so I don't get too stressed anymore.]

P6 have also pointed out that he has learned such through long experience:

"Sa dugay nga panahon nga ako ra usa… hinay-hinay nako nakita unsa ang angay para nako." [Living alone for a long time taught me through experience… little by little I learned what is best for me.] P6

These responses mean that coping is not just purely behavioral but also a form of cognitive adaptation, where elderly individuals redefine their situation in order for them to maintain their emotional stability. Clearly, it reflects resilience through acceptance, wherein coping, as applied here, is rooted from an understanding that some things cannot be controlled, leading them to shift on focusing on what can still be managed.

The discussion above is backed by the study that older participants noted positive changes that occurred with aging, reporting their acceptance of the functional decline, like frailty and illness, in older age and noting how they had adapted their mindset to the circumstances they have to maintain well-being. They also realized the inevitability of these experiences and accepted them as part of the ageing process, similar to that of death and dying (Paredes et al., 2021).

Spiritual Coping and Reliance on Faith. Faith and spirituality also have emerged as one of the common, yet strongest coping strategies employed by the participants as they face challenges of independent living in rural areas. They consistently described prayer as their source of strength, hope, emotional relief, and guidance as they go along with their lives.

In particular, P6 shared:

"Ang pag-ampo dako kaayo ug tabang… makapabati nga dili ko nag-inusara." [Prayer helps me a lot… it makes me feel that I am not alone.]

P7 also explained:

"Ang pagtuo nakahatag kanako og paglaom ug kalinaw sa akong hunahuna." [My faith gives me hope and peace of mind.]

P4 also shared that:

"…ang pag-ampo sa Ginoo kay nakahatag gyud nako ug kalinaw sa kasing-kasing, kahupayan sa kabalaka, ug lig-on nga panghunahuna bisan sa kalisud." […praying to God because it gives me peace of heart, relief from worries, and a strong mind even in difficult time.]

Similarly, P9 emphasized that:

"Ang pag-ampo usa sa akong kusog. Makahatag kini ug paglaum kung maglisod ko. Nakatabang kini nga magmalig-on ang akong kasingkasing. Murag naa koy kauban bisan nag-inusara ko." [Prayer gives me strength. It brings hope when I'm struggling. It helps keep my heart strong. It makes me feel like I'm not entirely alone.]

These accounts suggest that spirituality serves as an emotional anchor that helps the participants in dealing with uncertainty and vulnerability. These beliefs in a stronger being have been observed as their psychological support system that provided them with a sense of invisible foundation and meaning to continue living.

This is parallel with the statements that spirituality and religious participation significantly reduce loneliness and improve life satisfaction among older adults (Muhammad et al. 2023). On a similar note that older adults often engage in religious coping, which provides emotional solace and a sense of community (Azad and Choudhary 2025).

Productive Engagement and Maintaining Daily Routines. These themes emerged because participants mentioned that they usually keep themselves busy through daily routines, household chores, farming, gardening, and organizational involvement in their locality because staying active, for them, helps prevent overthinking and promotes a sense of usefulness.

P2 actually explained that:

"Dapat mahuman nako na kay dili ko ganahan anang sige rakog pundo… gusto gyud ko nga mabusy-busy ko matag adlaw." [I make sure I finish my tasks because I don't like staying idle… I want to stay busy every day.]

P3 described that his active involvement in organizations helped him as well:

"Active ko sa among barangay… malingaw gyud kog naay mga activities nga apilan." [I stay active in our barangay… I really enjoy having activities to participate in.]

Meanwhile, P8 simply highlighted how simple routines helped maintain purpose, by sharing:

"Ang paglimpyo sa balay, pag-atiman sa tanom ug manok, ug pagluto sa akong pagkaon makatabang nga mabati nako nga naa pa koy purpose." [Cleaning the house, taking care of plants and chickens, and cooking my food help me feel that I still have purpose.]

As for P1, what he does is:

"Mulihok-lihok nga mangahoy ginagmay dayon mag-atiman sa akong isa ka hiniktan nga manok para malingaw pud ta ba ug mutugaok-tugaok kay di naman ta kasugakod anang uban nga buluhaton." [I keep myself busy with small tasks, like gathering firewood or taking care of my one chicken. It keeps me entertained when it crows, especially since I can't handle bigger chores anymore.]

These narratives have shown that routines are not just about productivity but a means to maintain identity and self-worth despite aging. These routines protected them from loneliness, while they reinforce their independence and usefulness.

This conforms with the study that older adults living in rural areas have developed resilience in their daily activities, as well as on social connections and engagement with the environment (Herron et al., 2025). In addition, the discussion above is supported by evidence that active lifestyles and mobility behaviors contribute to active aging and reduced loneliness among this vulnerable group (Jia et al. 2025).

Emotional Self-Regulation and Distraction Techniques. Finally, these also have been culled from the participants' narratives because they somewhat described these as their personal ways of coping to regulate their emotions. Such include resting, crying, watching TV, listening to the radio, walking outside, and simply gazing and observing their surroundings.

For example, P2 directly said:

"Kung dili makaya… ihilak nalang pud nako. " [If it becomes too much, I just cry it out.]

P7 also shared:

"Kung masuko o mabalaka ko maglingkod lang ko sa akong bintana, motan-aw sa bukid ug sa kahayag sa adlaw. Usahay magpatugtog ko og radyo aron adunay kasaba sa palibot. Kung grabe na, mag-ampo ko o mohinuktok sa akong kinabuhi aron mopahupay ang akong kaguol." [When I am stressed or worried, I just sit by my window, look at the hills, and watch the sunlight. Sometimes I listen to the radio so there is some noise around. When it gets worse, I pray or reflect on my life to ease my anxiety.]

P6 expressed:

"Kung mingaw , maminaw ko ug radyo o magtan-aw sa gawas. Usahay makig-istorya ko sa silingan kung naa sila. Makatabang kaayo siya sa pagpaubos sa akong gibati." [When I feel lonely, I listen to the radio or look outside. Sometimes I talk with my neighbors if they are around. This really helps lessen what I am feeling.]

Meanwhile, P3 mentioned strolling around as her coping.

"Mulaag ko sa lungsod… mukaon sa mang inasal kay ganahan man ko ana. Dili ko magmukmok sa balay kondili igawas-gawas pud nako kay sama pud sa among simbahan mag GSK me mag open forum pud me ug unsay mga problema." [Sometimes I just go around to town…so I treat myself like eating at Mang Inasal because I enjoy it. I don't just stay at home feeling down; I make sure to get out and do something. Even at church, during GSK activities, we have open forums where we talk about problems. It really helps me stay active and lifts my mood.]

These accounts are evidence on how they show emotional awareness and self-management strategies. Through this, elderly individuals living independently have actively regulated their emotional states rather than passively experiencing distress daily.

This works well with the findings that coping behaviors significantly mediate stress and loneliness among unmarried older adults, particularly emotional coping strategies (Nordin et al., 2018). Also, research indicates that older adults regulate loneliness through emotional coping strategies such as reframing, staying busy, and seeking distractions (Kharicha et al. 2018).

Effectiveness of Coping Strategies in Sustaining Well-Being

This part of analysis identified the following themes, indicator of emotional and psychological stability, sustained daily independence, and conditional usefulness due to limitations. This reveals that coping strategies are considered effective when they help elderly individuals maintain their emotional stability, continue their daily routines, and preserve their social connections. However, in some ways, participants are acknowledging that these strategies are not sometimes fully effective as they have limitations, particularly during illness, extreme loneliness, and physical decline. The findings show that the participants' coping strategies were effective in reducing stress and improving their emotional well-being. This supports Lazarus and Folkman's Transactional Model of Stress and Coping (1984), which explains that successful coping helps individuals adjust to life's challenges.

Indicator of Emotional and Psychological Stability. Many participants have described their coping strategies as effective because they help in regulating emotions, reducing stress, and maintaining hope in the face of adversity. However, their effectiveness was often measured by their ability to aid participants in remaining calm rather than eliminating the problems they face. Hence, they believe that coping strategies they employ could only be effective if they serve as indicators of stability, both emotionally and psychologically.

P6, for instance, shared:

"Para nako, epektibo man siya bisan dili perpekto… nakatabang siya sa pagpakalma sa akong hunahuna ug emosyon." [For me, it is effective even if not perfect… it helps calm my mind and emotions.]

P8 also noted:

"Sa kadaghanan, epektibo kay nakatabang ko nga magpabilin nga kalma ug dili mapuno." [For the most part, they are effective because they help me stay calm and not overwhelmed.]

P9 even further explained that they are effective because they help them manage stress:

"Mas dali nako makontrol ang akong gibati… mas mabati nako ang kalinaw sa akong hunahuna." [I can control my emotions better… I feel more peace of mind.]

In these narratives, it implies that success or effectiveness of coping strategies could potentially be evaluated given that it bears psychological benefits rather than the total removal of hardships they experience. The effectiveness here is defined by the participants as emotional survivability, referring to their ability to maintain inner peace over persistence of external problems of independent aging.

Considering the above discussion, that coping strategies among older adults were effective when they improved emotional stability rather than eliminating problems (Paredes et al. 2021).

Sustained daily independence. Additionally, participants have also looked into the effectiveness of coping strategies according to how it allowed them to continue living alone and perform daily responsibilities despite those challenges brought about by aging and other factors.

Specifically, P3 expressed:

"Epektibo gyud kaayo kay nakaya man nako nga nag-inusara sa dugay nga panahon." [It is very effective because I have managed to live alone for a long time.]

P9 also mentioned that:

“Makapadayon ko sa akong adlaw-adlaw nga kinabuhi.” [I can continue my daily life because of these strategies.]

Also, P6 asserted:

“Mas dali nako maatubang ang adlaw kung nasunod nako akong naandan nga buluhaton.” [I can face the day more easily when I follow my routine.]

These accounts suggest that coping effectiveness is strongly linked to maintaining autonomy and the ability to function without excessive dependence on others. They viewed coping strategies as tools for preserving independence, which appears to be a central value among elderly individuals living alone.

The result is supported that social integration is essential for older adults who are gradually losing their social roles. Participation in productive activities preserves their social relationships, reduces stress-related responses and contributes to better health. The role enhancement perspective emphasizes the underlying psychosocial pathways that relate productive activities to better health (Yu et al. 2020).

Conditional Usefulness Due to Limitations. Although the participants recognize the benefits of the coping strategies they employ in dealing with the challenges of independent aging and living, they also acknowledge that these methods are not always effective, especially during sickness, financial difficulty, and extreme loneliness.

In particular, P4 described:

“Usahay makaingon ko nga dili kaayo epektibo… labi na kung sobra kakapoy, kabalaka, o kamingaw.” [Sometimes I feel my coping strategies are not effective, especially when I am extremely tired, worried, or lonely.]

P3, while recounting her critical experience also shared:

“Sa dihang nahilantan ko… ako ra gyud naningkamot nga makasurvive.” [When I had a high fever… I really had to struggle to survive alone.]

On the same vein, P9 narrated:

“Usahay kung magsakit ko, dili na molihok ang akong mga paagi. Maglisod gihapon ko bisan unsaon nako. Kinahanglan nako ug tabang sa uban. Dili gyud malikayan ang kalisod usahay.” [There are times when I get sick and my coping ways don’t work. I still struggle no matter what I do. I need help from others then. Since difficult days are unavoidable.]

These responses clearly highlight that coping strategies are often influenced and limited by health decline and lack of immediate assistance. This only shows that, at times, they function as adaptive but somehow fragile systems, because they could actually work under normal conditions but become insufficient too when crises are encountered; hence, there is a necessity for support systems.

The result is backed by findings that rural older individuals who live alone, could potentially remain vulnerable, even though they effectively employ coping strategies, due to health decline and social isolation (Jia et al., 2025). This decline in function may result in greater loneliness due to changes in the individual’s ability to travel inside and outside the home or it may be limited in their ability to participate in different social activities (Pollak et al., 2025).

Multisource Support Systems as Foundation of Coping

This part of analysis, identified the following themes: family and community networks for practical support, government and community programs for financial support, and healthcare access as critical yet limited

support. The findings support Socioemotional Selectivity Theory (Carstensen, 1992) and Lazarus and Folkman's Transactional Model of Stress and Coping (1984). The participants valued support from family, neighbors, and the community because these meaningful relationships helped them cope with difficulties and maintain their well-being.

Family and Community Networks for Practical Support. Participants consistently identified their family members, neighbors, and community members as their most immediate and reliable support systems. The relationships provided them with emotional comfort, companionship, and practical assistance in daily living.

P1 affirmed:

"Akong mga silingan naa pud koy anak nga mag-anhian pud dinhi usahay." [My neighbors are there for me, and my children also visit sometimes.]

P3 highlighted emotional benefits:

"Akong mga anak manawag sa akoa malipay na gyud ko ana." [When my children call me, I feel really happy.]

On a similar note, P6 shared:

"Mangumusta sila ug motabang kung naa koy kinahanglan… makapabati nga naa gihapon koy kasandigan." [They check on me and help when needed… it makes me feel I still have someone to rely on.]

Also, P7 emphasized simple and meaningful gestures:

"Usahay mohatag sila og pagkaon… ang simpleng pagtan-aw nakahatag og kahupayan." [Sometimes they bring food… even simple visits bring comfort.]

As evident, the narratives show that support being referred to is not only measured by frequency but by the reassurance it provides. This also suggests that informal relationships have established functions as a social safety net that somewhat reduces feelings of abandonment and strengthens emotional resilience among them.

This is supported by the claims that community relationships, neighbors, and local professionals serve as important support networks that allow elderly individuals living alone to maintain psychological stability and community participation. Furthermore, the authors emphasized that support was necessary for older adults living alone in the community in need of long-term care, support for shopping and social services, and family members and friends assisting them with their shopping (Nakai and Morioko 2024).

Additionally, social support has been identified as a key protective factor against loneliness, encompassing emotional, instrumental or practical, and informational. Conversely, inadequate social connectedness increases loneliness risk in older adults. Some argues that having a large social network may be beneficial, and the quality of relationships within that network, such as feeling understood, valued, and supported, may be more critical in reducing loneliness (Huang et al., 2025).

Government and Community Programs for Financial Support. The participants have also emphasized the importance of institutional support, like senior citizen benefits, barangay programs, and agricultural assistance. These government aids and programs are suggested in order to address financial needs and basic survival.

For instance, P1 asserted:

"Naay mga ayuda gikan sa gobyerno… nakatabang-tabang gyud pud sa akoa." [Government assistance has really helped me in small but meaningful ways.]

P2 described multiple sources of financial support:

"Naa pud sa DA nga muhatag libreng binhi… naa pud toy 7,000 nga ihatag." [The Department of Agriculture provides free seeds… and ₱7,000 assistance.]

On a similar way, P5 shared:

"Mga ayuda, libreng tambal ug regular check-up… makapamenos sa gasto." [Financial assistance and free medicines help reduce expenses.]

However, some participants have also noted limitations, as what P2 mentioned:

"Gamay ra pero maynalang naay makatabang." [It is small, but at least it helps.]

From these accounts, it can be seen that although government programs are valued by the respondents, they are often seen as supplementary rather than sufficient. This also shows that the institutional support from the community and the government serves as a buffer against economic vulnerability, helping elderly individuals maintain their basic needs but not fully eliminate financial insecurity.

This conforms with the claims that the government's program regarding community aging, which served as a new way to address aging problems and has been noted for its outstanding contribution in the alleviation of current aging dilemma. They also asserted that focus of community-based elderly care services is the intermediary role of the community.

In short, the community is responsible for the integration and transfer of government or social resources for the elderly; at the same time, as one of the main service providers, the community is responsible for meeting the needs of the elderly in the community. Therefore, it is not only a platform to connect government, society and the elderly, but also a main body to provide services to the elderly, presenting a double function (Guo and Ling 2022).

Healthcare Access as Critical yet Limited Support. Healthcare services emerged as a crucial but sometimes difficult-to-access support system in the narratives of the participants. They described and emphasized how free check-ups, medicines, and monitoring services help them manage chronic conditions and reduce anxiety about their health considering their current living conditions in rural areas.

In support of the this theme, P6 specifically explained:

"…usahay makakuha ko og tambal o check-up, makapahupay gyud sa akong kabalaka sa akong sakit. Makatabang gyud unta sa akong pag-atubang sa adlaw-adlaw…" [Sometimes, when I get medicine or check-up, it really eases my worries about my illnesses. Access to healthcare truly helps me cope with daily life.]

P5, on the other hand, gladly mentioned and described its psychological impact:

"Tungod sa libre nga check-up ug tambal, mas natabangan ang akong kondisyon ug malikayan ang grabe nga sakit sa akung tuhod kung mutukar akung arthritis. Kung naay regular nga pagmonitor sa nurse mas kampante ko ug dili kaayo mahadlok sa akong kahimtang." [Because of the free check-ups and medicines, my condition is better managed and severe pain in my knees when my arthritis flares up is prevented. When there is regular monitoring by a nurse, I feel more at ease and less afraid of my situation.]

Despite these, P6 highlighted that there are still barriers to it:

"Lisod jud akong pag-adto sa center kay layo kaayo gikan sa among balay, ug usahay walay kuyog nga makadala nako." [It's not easy for me to go to the center because it's far from our house, and sometimes I don't have anyone to take me.]

Also, P5 recounted:

"Unya usahay dili pud ta makapangayo dayon ug tambal sa center kay mahutdan ug stocks." [Sometimes I can't even get medicine from the health center because they run out of stock…]

Clearly, these findings show that healthcare support and access strengthen elderly individuals' coping. However, it is at the same time weakened by some structural barriers like distance, shortages, frailty, and transportation. Due to this, the structural limitations worsen how elderly people access such supposedly free and beneficial health services.

This clearly corroborates findings that access to healthcare services is crucial to maintaining physical function and quality of life for older adults. The authors characterize it as the degree of fit between the patient and the healthcare system and include specific dimensions, such as availability, accessibility, accommodation, affordability, and acceptability.

Furthermore, they argue that providing enough access to healthcare services could improve the odds of survival and healthy survival at old and very old ages. On the other hand, inadequate access would increase the odds of physical disability, cognitive impairment, and mortality (Mai et al., 2022).

Thematic Model

Challenges of Living Alone

⬇

- Declining Physical Function
- Financial Insecurity
- Limited Access to Services
- Psychosocial Distress

⇩

Coping Strategies

- Self- Adjustment
- Spiritual Coping
- Daily Routines
- Emotional Regulation

⇩

- Support Systems
- Family
- Neighbors
- Community
- Health Workers
- Government Programs

⇩

Outcomes

- Emotional Stability
- Continued Independence
- Better well-being

CONCLUSION

Based on the summary of findings, the researchers concluded that, elderly individuals living alone in rural areas face complex and interconnected challenges affecting their physical, emotional, mental, and financial well-being. In addition, these difficulties are further intensified by limited access to healthcare services, reduced mobility, and weak social support systems.

Despite these challenges, they actively employ coping strategies such as acceptance, spiritual reliance, maintaining daily routines, and emotional regulation to maintain autonomy, emotional stability, and a sense

of purpose. Moreover, these strategies are often strengthened through personal resilience and past life experiences, which help them adapt to daily stressors.

While generally effective, these strategies have limitations under extreme conditions, highlighting the importance of family, community, and government support in sustaining their well-being.

Thus, aging alone in rural areas is shaped by the interaction of personal resilience, coping mechanisms, and multisource support, which collectively influence the independence, emotional stability, and quality of life of elderly individuals.

RECOMMENDATION

Based on the summary of findings and conclusions of the study, the following are hereby recommended:

Local government units (LGUs) are encouraged to strengthen government and community-based programs that provide financial, healthcare, and social assistance for elderly individuals living alone in rural areas and ensure that services are accessible, consistent, and adequate to reduce vulnerability.

Community health nurses and social worker are recommended to develop community workshops and programs that encourage acceptance, productive engagement, emotional regulation, and spiritual reliance as culturally appropriate coping strategies.

Barangay officials and community volunteers are encouraged to strengthen neighborhood support systems, volunteer programs, and social gatherings to reduce isolation and to enhance social support and companionship among rural elderly populations.

Rural health workers and healthcare providers are recommended to conduct regular health and psychosocial assessments for elderly individuals living alone and train healthcare workers and caregivers to provide home-based or mobile support to those with limited mobility.

Future researcher are encouraged to conduct longitudinal studies to assess the long-term effectiveness of coping strategies and multisource support systems. Explore technological solutions, such as digital platforms, to complement traditional support and enhance social connectedness in rural contexts.

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