



Impact of Coping Strategies on Quality of Life among Migrant Students from India

¹**Siya Ahuja**, *M.A. Psychology, Department of Psychology, Jagannath University*

siya.ahuja2003@gmail.com

²**Prerna Goyal**, *Assistant Professor, Department of Psychology Jagannath University*

Prerna.goyal@jimsindia.org

Abstract: The distinctive obstacles faced by migrant students could have an influence on their overall well-being, coping strategies are essential for overcoming these obstacles and maintaining a good standard of living. An individual's psychological and social well-being are greatly impacted by their ability to cope effectively; it acts as a buffer against a range of trying and challenging situations. The purpose of the current research was to study how various coping mechanisms affect quality of life. 75 Indian migrant students, aged 18 to 25, who had been living overseas for at least six months (61.1% men and 38.9% females), participated in the study. They were given the WHOQOL-BREF, which was produced by the World Health Organisation, and the Brief-COPE, which was designed by Carver (1997). Multiple linear regression was used to analyse the data. The four dependent variables (environment, psychological, physical, and social relationships) were examined in relation to the Emotion Focused Coping, Problem Focused Coping, and Avoidant Focused Coping variables. Results indicated that Problem-Focused Coping accounted for a significant portion of variance across all four domains of quality of life among Indian migrant students, 18% in physical health, 28.1% in psychological well-being, 23.4% in social relationships, and 18.4% in the environmental domain. It consistently emerged as a strong positive predictor. Emotion-Focused Coping positively predicted the social domain, while Avoidant Coping showed negative or non-significant effects across domains. The physical health ($\beta = 0.002$, $p < 0.5$), psychological ($\beta = 0.002$ $p < 0.5$), social connection ($\beta = 0.12$ $p < 0.5$), and environmental ($\beta = 0.005$ $p < 0.5$) categories were all significantly predicted by Problem Focused Coping.

According to the results, the impact of Emotion and Avoidant Focused Coping are not significant, but the Problem Focused Coping variable is crucial in predicting results.

Keywords: *Coping Strategy, Quality of Life, Migrant Students*

1. Introduction

Life transitions can be both exciting and challenging, especially for students leaving their home to study in a new city. Adjusting to a new place often means dealing with emotional ups and downs, making new social connections, and managing practical day-to-day changes. How students handle these pressures, whether by reaching out for support, finding ways to stay grounded, or adapting to the new environment can greatly affect their well-being. It's even more relevant for individuals with cross-cultural or long-distance moves, where the impact goes beyond academics and shapes their overall experience of living away from home. The study's objective is to better understand the social support, financial security, and cultural sensitivity of Indian migrant students studying abroad. The research aims to bridge the population gap because the majority of studies don't focus on students and the challenges they face. When acclimating to new social, intellectual, and cultural environments, Indian migrant students face unique challenges. Their quality of life (QoL) is greatly impacted by these difficulties, which frequently result in stress, homesickness, and cultural dissonance. Coping mechanisms are essential for overcoming these obstacles, which have an impact on their academic performance and psychological health. The socioeconomic and cultural characteristics that are specific to Indian students such as collectivist upbringing, financial limitations, and family expectations are mainly disregarded in the recently published study. Furthermore, the majority of research focus on academic stress while ignoring other aspects of quality of life, such as emotional, social, and physical health.

2. Review of Literature

The reviewed studies explore the relationship between coping strategies and quality of life (QoL) across diverse populations. Kotakommula (2024) compared instructors at government and private colleges in Guntur, finding higher stress and poorer coping among private college faculty, though QoL differences were not significant. Laura (2024) conducted a systematic review on individuals with Multiple Sclerosis, revealing that task-oriented coping improved QoL, while emotional and avoidance strategies were less effective. Lone et al. (2024) found that children with learning disabilities had lower QoL and used more maladaptive coping methods like substance use and denial. Rath et al. (2023) observed a negative correlation

between poor coping and lower QoL in caregivers of cardiac patients, with younger caregivers more affected. Bhattiprolu (2023) studied couples undergoing infertility treatment, noting gender differences in coping, men preferred problem-solving, while women leaned toward emotional strategies. Jayachandran (2022) examined parents of children with Type 1 Diabetes in Kerala, showing that social support and mental health strongly influenced their QoL and coping patterns. Despite extensive research on coping strategies and quality of life in various groups, limited attention has been given to Indian migrant students. Existing studies often overlook the unique cultural, social, and economic challenges this group faces. There is also a lack of comprehensive understanding of how these factors interact to influence their well-being. This gap highlights the need for focused research to better support migrant students in managing stress and improving their academic and personal outcomes.

3. Method

The purpose of the present study was to discern the effect of coping strategy on quality of life among Indian migrant students. The present study involved 75 Indian migrant students between the ages of 18 and 25, who had been residing in countries such as New Zealand, Australia, Canada, the United Kingdom, Germany, Ireland, and Spain for a minimum of six months. All participants were enrolled in university-level education in their respective host countries. A non-probability purposive sampling method was used to recruit participants, and rapport was established by contacting them personally through popular social media platforms like Facebook, Instagram, and LinkedIn. Participants were informed about the purpose and nature of the study, assured that their responses would remain confidential, and consent was obtained before participation. Data collection was conducted using an online survey form, which included a socio-demographic questionnaire followed by two standardized instruments: the Brief-COPE scale and the WHOQOL-BREF. The Brief-COPE assessed coping strategies across three subscales—problem-focused coping, emotion-focused coping, and avoidant coping—while the WHOQOL-BREF measured quality of life across four domains: physical health, psychological well-being, social relationships, and environmental conditions. Both tools have demonstrated strong psychometric properties. The Brief-COPE has reported Cronbach's alpha values typically ranging from 0.70 to 0.90, while the WHOQOL-BREF has shown reliability coefficients of 0.82 for physical health, 0.81 for psychological health, 0.76 for social relationships, and 0.80 for the environment domain, making them suitable for cross-cultural research. A quantitative research design was followed, and the data were analysed using multiple linear regression to understand the predictive impact of coping strategies on

quality of life. The inclusion criteria required participants to be Indian migrants aged 18–25 years, studying at the university level and residing in the host country for at least six months. Individuals who were short-term visitors (less than six months) or those diagnosed with psychiatric or psychological illnesses were excluded from the study.

The hypothesis of the research study was to analyse the impact of Problem, Emotion , Avoidant Focused Coping on domains of Quality of Life (physical health, social relationship, psychological health and environment).

4. Results and Discussion

Analysis of the data was done using SPSS version 25. Multiple linear regression was computed to predict the variance that predictor variable produces in criterion variable

Table 1: *Regression coefficients of Avoidant Focused Coping, Problem Focused Coping and Emotion Focused Coping on Physical Health domain.*

Variables	β	SE	t	p
Constant	17.041	2.577	6.612	.000
Emotion Focused	0.104	.173	.597	.552
Problem Focused	.711	.226	3.143	.002
Avoidant Focused	-.499	.253	-1.972	0.52

As per the table, R^2 value of .18 revealed that the predictors explained 18% variance in the outcome variable with $F(3,73) = 5.37, p < .001$. The findings revealed that Problem Focused Coping positively predicted Physical Health domain ($\beta = .56, p = .002$), Avoidant Focused Coping ($\beta = -.41, p = .052$), and Emotion Focused Coping Strategy has no significance effect ($\beta = .13, p = .55$) had no significant effect. These findings are in line with Rath et al. (2023), who also reported that individuals using effective coping strategies, particularly task- or problem-oriented methods, experienced better quality of life, especially in physical and psychological domains. The results highlight the importance of adaptive coping strategies in maintaining physical health among Indian migrant students.

Table 2: *Regression coefficients of Problem Focused Coping, Avoidant Focused Coping and Emotion Focused Coping on Psychological domain.*

Variables	β	SE	t	p
Constant	10.94	1.88	5.80	.00
Emotion Focused	0.46	.12	.36	.71

Problem Focused	.53	.16	3.24	.02
Avoidant Focused	-.0.97	.18	-.52	0.60

The R^2 value of .281 revealed that the predictors explained 28.1% variance in the outcome variable with $F(3,73) = 9.50, p < .001$. The findings revealed that Problem Focused Coping positively predicted Psychological domain ($\beta = .54, p = .002$), Avoidant Focused Coping ($\beta = -.10, p = .32$), and Emotion Focused Coping Strategy has no significance effect ($\beta = .08, p = .36$) had no significant effect. These findings align with the results of Laura (2024), whose systematic review found that problem-solving and task-oriented coping strategies were consistently associated with better psychological outcomes and quality of life among individuals with chronic health conditions.

Table 3: *Regression coefficients of Avoidant Focused Coping, Problem Focused Coping and Emotion Focused Coping on Social Relationship domain.*

Variables	B	SE	t	p
Constant	5.45	1.09	4.96	.00
Emotion Focused	0.86	.0.74	1.15	.25
Problem Focused	.24	.09	2.58	.012
Avoidant Focused	-.12	.10	-1.18	0.23

The R^2 value of .23 revealed that the predictors explained 23% variance in the outcome variable with $F(3,73) = 7.44, p < .001$. The findings revealed that Problem Focused Coping ($\beta = .30, p = .022$) and Emotion Focused Coping positively predicted Social Relationship domain ($\beta = .25, p = .048$), Avoidant Focused Coping ($\beta = -.23, p = .087$) had no significant effect. These findings resonate with Jayachandran (2022), who emphasized the role of coping strategies and social support in enhancing interpersonal relationships, particularly among parents dealing with chronic stress related to their child's health.

Table 4: *Regression coefficients of Avoidant Focused Coping, Problem Focused Coping and Emotion Focused Coping on Social Relationship domain.*

Variables	B	SE	t	p
Constant	17.04	2.57	6.61	.00
Emotion Focused	0.10	.17	.59	.55
Problem Focused	.71	.22	3.14	.002
Avoidant Focused	-.49	.25	-1.97	0.52

The R^2 value of .184 revealed that the predictors explained 18.4 % variance in the outcome variable with $F(3,73) = 5.49, p < .001$. The findings revealed that Problem Focused Coping positively predicted Environmental domain ($\beta = .22, p = .04$), Avoidant Focused Coping ($\beta = -.32, p = .122$), and Emotion Focused Coping Strategy has no significance effect ($\beta = .15, p = .082$) had no significant effect. These results are consistent with Bhattiprolu (2023), who found that individuals facing prolonged stress—such as infertility—benefited most from proactive coping mechanisms in managing both external conditions and their psychological adaptation. The findings imply that active coping enhances environmental satisfaction, which is especially relevant for Indian migrant students adapting to life in foreign academic and cultural settings.

To summarize, the results point to that problem focused coping positively predicts psychological, environmental, social relationship and physical health domains, making it a beneficial strategy. Emotion Focused Coping positively influences the social relationship domain but has no significance in other areas. Whereas, Avoidant Focused Coping does not predict any life domain, suggesting it may not be an effective coping strategy

5. Conclusion

The present study highlights the effect of coping strategies on quality of life among Indian migrant students. The study anticipated that there would be a significant relationship between both the variables. Problem Focused Coping emerges as the most effective strategy in all the domains, while Emotion Focused Coping shows limited benefits, particularly in the social relationship domain. The findings emphasize on the importance of adaptive coping mechanisms in promoting overall well-being. The study's findings have significant inferences for mental health interventions, given that problem focused coping positively impacts overall quality of life. Mental health professionals could design interventions that encourage problem solving, goal setting and resilience training. In educational institutes, implementation of stress management training can be provided for the unique struggles faced by migrant students such as cultural adjustment, language barriers and homesickness. Policy makers should prioritize mental health support for migrant students, ensuring they receive adequate psychological assistance in their host country to enhance the overall transitioning process.

References

- Bhattiprolu, R. (2023). *A study on quality of life, coping mechanisms, and mental health morbidity among couples attending infertility centers.*
- Biggs, A., Brough, P., & Drummond, S. (2017). APA PsycNet. *PsycNet*.
<https://psycnet.apa.org/record/2017-19288-021>
- Chaudhary, A. (2017). *A comparative study of personality traits, coping strategies, and quality of life among patients of depression and obsessive compulsive disorder.*
<http://hdl.handle.net/10603/593380>
- Fishbain, D. (2002). Pain and psychopathology. In *ScienceDirect*. Elsevier.
<https://www.sciencedirect.com/topics/psychology/coping-strategies>
- Jayachandran, P. (2022). *Psychosocial profile, coping strategies, and quality of life among parents of children with Type 1 Diabetes Mellitus in Kerala.* Kerala Social Security Mission.
- Kavanagh, D. J. (1986). Stress, appraisal and coping. S. Lazarus and S. Folkman, New York: Springer, 1984, pp. 444. *Behavioural Psychotherapy*, 14(4), 345.
<https://doi.org/10.1017/S0141347300015019>
- Kotakommula, V. (2024). *A comparative study on quality of life, occupational stress, and coping strategies among intermediate college teachers in Guntur.*
- Laura, M. (2024). Coping strategies and quality of life in individuals with multiple sclerosis: A systematic review. *Journal of Health Psychology*, 29(3), 345–360.
- Lone, F. A., Khan, S. A., & Al-Sheikh, M. (2024). Coping strategies and quality of life among children with and without learning disabilities in Saudi Arabia. *International Journal of Pediatrics and Adolescent Health*, 12(2), 110–120.
- Milas, G., Martinović Klarić, I., Malnar, A., Saftić, V., Šupe-Domić, D., & Slavich, G. M. (2021). The impact of stress and coping strategies on life satisfaction in a national sample of adolescents: A structural equation modelling approach. *Stress and Health*, 37(5), 1095–1105. <https://doi.org/10.1002/smi.3050>
- Nadia Carla Bach, Natale, G. S., Somoza, G. M., & Ronco, A. E. (2016). Effect on the growth and development and induction of abnormalities by a glyphosate commercial formulation and its active ingredient during two developmental stages of the South-American Creole frog, *Leptodactylus latrans*. *Environmental Science and Pollution Research*, 23(23), 23959–23971. <https://doi.org/10.1007/s11356-016-7631-z>

- Rath, S., Mishra, S., & Patnaik, P. (2023). Coping strategies and quality of life among caregivers of cardiovascular patients. *Indian Journal of Health Psychology*, 18(4), 221–229.
- Sperber, S. (2023). Quality of life: Definition, measures, and examples. *The Berkeley Well-Being Institute*. <https://www.berkeleywellbeing.com/quality-of-life.html>
- World Health Organization. (2012). *WHOQOL – Measuring quality of life*. <https://www.who.int/tools/whoqol>