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Religiosity and Well-Being Among Hindu Elderly: A Comparative Study of Institutional and Home-Based Living in Lucknow

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Abstract

This study examines the relationships between living arrangements, religiosity, and well-being among Hindu elderly in India, comparing those residing in institutional care facilities with those living in family homes. The research investigates how environmental contexts shape religious expression and spiritual well-being in later life. A comparative cross-sectional design was employed, analyzing data from elderly participants in institutional and home settings. Measures included assessments of religious practices, spiritual well-being, and overall life satisfaction. Results revealed that while institutional settings constrained certain religious practices, residents demonstrated adaptive religious coping strategies. Surprisingly, both groups reported similar levels of spiritual well-being despite differences in religious autonomy. Institutionalized elderly compensated for restricted traditional practices through enhanced communal spiritual activities and internalized religiosity. The study identified religious continuity as a key protective factor for well-being across both settings. Findings demonstrate the importance of eldercare policies that integrate spiritual care into institutional frameworks. The study challenges assumptions about institutionalization's negative impact on spirituality and highlights the resilience of religious identity in later life. Recommendations include developing culturally sensitive spiritual care protocols and training staff to support diverse religious expressions within institutional constraints.

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Introduction

The intersection of religiosity, aging, and living arrangements represents a critical yet underexplored dimension of contemporary gerontology—an issue of growing significance in rapidly aging societies like India. Globally, the population aged 65 and older is projected to double from 830 million in 2024 to 1.7 billion by 2054, and by 2050, one in six people will

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be over 65 (United Nations Department of Economic and Social Affairs, 2019). In India, demographic trends are even more striking: the proportion of individuals aged 60 and older is expected to surge from 10.5% in 2022 to over 20% by 2050, with the absolute number of elderly surpassing 300 million (India Ageing Report 2023, 2023). Such transformations underscore the urgency to reassess social support systems and care models that can accommodate not only the physical and cognitive needs of older adults but also their spiritual and religious dimensions.

Religiosity, which comprises religious beliefs, practices, experiences, and community engagement, has been widely acknowledged as a significant contributor to well-being among older adults (Koenig *et al*., 1988; Hill & Hood, 1999; Coelho-Júnior *et al*., 2022). In addition to fostering coping mechanisms and emotional resilience, religious engagement provides a structured avenue for social interaction and cultural continuity. For elderly individuals, particularly in India, where religious traditions are deeply embedded in daily life, participation in religious activities has been associated with better mental health outcomes and enhanced life satisfaction (Muhammad *et al*., 2023; Narula, 2025). These religious practices—ranging from personal prayer and meditation to communal worship—offer not only a means to confront existential challenges associated with aging but also a vital channel for social integration.

Despite the recognized benefits of religiosity, existing research has largely emerged from Western contexts, thereby limiting the universal applicability of its findings. Many studies have overlooked how cultural and familial factors influence religious expression among elderly populations in non-Western societies. In India, for example, traditional living arrangements and the strong role of extended families can substantially shape how religiosity is experienced and expressed (Mullaiti, 1995; Smith, 2020). While institutional arrangements provide structured religious programs and peer support, home-based settings may facilitate the maintenance of lifelong religious practices and foster intergenerational religious transmission (Smith, 2020). These variations provide an opportunity to examine how different living arrangements mediate the relationship between religiosity and well-being, particularly within a culturally rich context.

To strengthen conceptual clarity, the present study employs key terms in precise ways. Institutional care refers to formal residential eldercare settings such as old-age homes, where older adults live full-time and receive structured assistance for daily living, social engagement, and organized religious activities. Home-based living denotes aging within one's own home or with family members, allowing individuals to maintain autonomy over everyday routines and culturally embedded religious practices, including personal puja, temple visits, and family-led rituals. Religiosity is understood as a multidimensional construct encompassing organizational participation, private devotional practices, and intrinsic spiritual motivation, whereas spiritual well-being reflects one's sense of meaning, purpose, and connectedness. Religious autonomy refers to the freedom and self-direction individuals possess in choosing, modifying, and scheduling their religious activities without external constraints. These definitions help situate the study within the specific cultural and environmental realities of elderly Hindus in Lucknow.

This study seeks to address these gaps by comparing religiosity among Hindu elderly living in institutional care with their counterparts aging in family homes. It investigates three core questions: First, how do the levels and forms of religious engagement differ between elderly residing in institutional settings versus those living at home? Second, what mechanisms underlie the influence of distinct living arrangements on religious practices and spiritual well-being? Finally, how do culturally specific elements—rooted in Hindu traditions such as the ashrama system and the concepts of dharma, karma, and moksha—moderate these dynamics?

The research is based on a framework that combines Western theories about aging, like Environmental Press Theory and Continuity Theory, with important ideas from Hindu philosophy. Environmental Press Theory emphasizes a match between an individual's competence and the demands of their environment; in this context, it suggests that both institutional and home-based care environments can optimally support religious engagement if aligned with the

spiritual needs of the elderly. Continuity Theory further posits that older adults strive to maintain internal (cognitive, emotional) and external (social, behavioral) continuity throughout life—a process that religious practices often provide. When combined with the spiritual narratives embedded in Hindu philosophy, these frameworks offer a culturally sophisticated perspective on how religiosity can be both a personal resource and a communal asset in later life.

By examining these relationships within the Indian cultural landscape, the research aims to contribute both to academic discourse and practical eldercare policy. Integrating religious and spiritual dimensions into elderly care frameworks may enhance quality of life and promote holistic social inclusion. In a society where religious and familial ties play a pivotal role, understanding the interplay between living arrangements, cultural identity, and religiosity is essential for designing interventions that address the complete spectrum of aging-related challenges.

Literature Review

Conceptualizing Religiosity in Aging

Religiosity is widely recognized as a multidimensional construct that comprises religious beliefs, practices, personal experiences, and communal involvement (Hill & Hood, 1999). Foundational frameworks, such as Allport and Ross's (1967) distinction between intrinsic and extrinsic orientations, continue to inform discussion in the field. Intrinsic religiosity, which focuses on personal dedication and deep faith, is often associated with positive mental health, while extrinsic religiosity—focusing on social and practical reasons for being religious—has shown mixed results regarding its benefits.

In recent years, researchers have advanced multidimensional models that measure religious life along several axes: organizational religious activities (e.g., attendance at religious services), non-organizational activities (e.g., prayer and meditation), and intrinsic religiosity (reflecting internal meaning and devotion) (Coelho-Júnior *et al*., 2022) Psychometric studies have validated instruments such as the Multidimensional Measure of Religiousness/Spirituality (MMRS) (Fetzer Institute, National Institute on Aging Working Group *et al*., 1999) and the Spiritual Well-Being Scale (SWBS) (Paloutzian & Ellison, 1982), indicating the value of adapting these measures to capture culture-specific dimensions—especially in non-Western contexts (Das *et al*., 2023). In India, for example, adaptations should more often incorporate elements unique to Hindu traditions—such as dharma (righteous duty) and karma (action and consequence)—to more accurately assess the lived religious experiences of older adults.

Religiosity and Well-being in Older Adults

A robust body of literature supports the association between religiosity and various dimensions of well-being among older adults. Systematic reviews and meta-analyses indicate that religious engagement is linked with lower levels of depression (Cruz *et al*., 2009; Coelho-Júnior *et al*., 2022) and anxiety (Coelho-Júnior *et al*., 2022), improved bodily functioning (Koenig *et al*., 2004), improved cognitive health, enhanced life satisfaction (Koenig *et al*., 2009; Coelho-Júnior *et al*., 2022), reduced co-morbidity (Koenig *et al*., 2004; Yohannes *et al*., 2008), and increased longevity (Gartner *et al*., 1991; McCullough *et al*., 2009; Yohannes *et al*., 2008). Empirical evidence suggests that the protective effects of religion operate primarily through several mechanisms. First, participation in religious activities fosters social integration and provides emotional support, which can mitigate the negative impacts of isolation and chronic stress (Wilmoth *et al*., 2014). Second, religious frameworks offer meaning-making structures that help individuals cope with age-related challenges, including physical decline and existential concerns (Wink & Dillon, 2002; Coelho-Júnior *et al*., 2022).

The benefits of religious engagement are not uniform across all contexts. Structured religious participation in institutional settings, for instance, may sometimes generate a sense of obligation or stress, particularly if the environment limits personal autonomy (Jacobi *et al*., 2022). Conversely, while personal religious practices performed at home are associated with continuity and autonomy, they may lack the communal support that provides social validation and emotional comfort (Jacobi *et al*., 2022). It's important to note that negative religious coping, which involves spiritual struggles or viewing suffering as punishment, can undermine the positive effects of religion (Dolcos *et al*., 2021), highlighting

the importance of recognizing the difference between helpful and harmful ways of engaging with it.

Living Arrangements and Religious Expression

The context in which older adults live significantly influences the expression and impact of religiosity on well-being. Institutional care settings—such as old age homes—frequently offer structured religious programming, including regular communal worship, access to chaplaincy services, and organized spiritual events (Friedberg, 2016; Chand & Chatterjee, 2019). Such organized structures can reinforce group identity and provide a reliable source of social support, yet they might also impose scheduling constraints and reduce individual agency in spiritual practice.

In contrast, home-based living arrangements support the preservation of lifelong religious practices by allowing older adults to continue familiar rituals and personal expressions of spirituality. These settings often enable the maintenance of external religious continuity, such as ongoing participation in local temples or family-led religious observances (Malone & Dadswell, 2018; Singh *et al*. (2019). However, aging in place can also lead to reduced access to communal activities, limited transportation for attending services, and increased risk of social isolation (Bhattacharyya *et al*., 2017). Particularly in collectivist cultures like India, where family involvement in religious practices is highly valued, these differences become critically important.

Comparative research indicates that both environments offer distinct advantages for religious well-being. Institutional settings may enhance religious social integration through consistent communal interaction, whereas home-based settings often provide a stronger sense of personal control and continuity in religious identity.

Cultural and Contextual Considerations

A pronounced gap in the literature concerns the Western-centric development of theoretical frameworks and measurement instruments, which may not accurately capture the religious nuances of non-Western populations. In the Indian context, traditional religious practices are deeply embedded in everyday life and are influenced by indigenous philosophical traditions such as the ashrama system. This cultural framework—shown in Hindu ideas like vanaprastha (the retirement phase) and sannyasa (giving up worldly life)—indicates that being more religious in later life is not just a way to make up for lost time but is considered a normal step towards becoming spiritually mature.

Moreover, the role of sacred geography and local religious traditions is paramount. For many elderly Hindus, places of worship and pilgrimage sites serve as anchors for identity and well-being, reinforcing social bonds and spiritual fulfillment (Chand & Chatterjee, 2019). However, many existing instruments fail to capture these culturally embedded expressions. As a result, it's clear that we need research methods that are more in tune with cultural differences and that combine different theories, especially focusing on how people in India experience religious coping, ongoing rituals, and community participation in their own unique ways.

Overall, existing research clearly demonstrates that religiosity plays an important role in shaping psychological well-being, social integration, and resilience in later life. However, most studies are Western-centric and do not account for the culturally embedded forms of Hindu religious practice that shape aging in India. Moreover, the literature rarely compares how different living arrangements—particularly institutional versus home-based settings—mediate religious expression among elderly Hindus. The limited attention to culturally specific religious behaviours, mobility-dependent practices, and concepts such as dharma, karma, and the ashrama system highlights a gap that the present study addresses by examining religiosity and well-being within the unique social and cultural context of Lucknow.

Research Gaps

Notwithstanding the substantial body of work linking religiosity with well-being, methodological and conceptual gaps persist. Many studies use a one-time snapshot approach that makes it difficult to determine cause and effect; they also often rely too much on tools developed in Western countries that don't accurately capture the unique cultural aspects of non-Western groups. Furthermore, while qualitative studies have enriched our understanding of religious experiences in later life, there has been limited integration with quantitative findings, leading to an incomplete picture of how religiosity influences aging.

The literature also reveals a scarcity of intervention studies aimed at enhancing religious or spiritual well-being in aging populations. Future research should consider longitudinal designs and mixed method approaches that integrate empirical validation of culturally adapted instruments. Such approaches would provide a more complex perspective on how different living arrangements affect religious expression and its implications for psychological and physical health.

Theoretical Framework

A robust theoretical framework is essential for understanding the complex relationship between religiosity, aging, and living arrangements, especially in culturally diverse settings like Lucknow. This study draws on established Western theories alongside indigenous Hindu philosophical concepts to deliver a nuanced, culturally sensitive analysis of religious engagement and well-being among the elderly.

Western Theoretical Perspectives

Environmental Press Theory

Over forty years ago, Lawton and Nahemow (1973) conceptualized the maintenance and enhancement of positive affect, the avoidance of negative affect, and adaptation in later life as a dynamic largely dependent on the existing competence of an aging individual and the environment in which the individual functions When environmental press exceeds individual competence, stress and maladaptive behavior result; conversely, when environmental press is too low, boredom and reduced functioning may occur (Wahl & Gerstorf, 2018). The theory's emphasis on person-environment fit is particularly relevant for understanding how different living arrangements can either facilitate or constrain religious expression. Optimal religious engagement occurs when the environment provides appropriate support for an individual's spiritual competence and needs, whether through structured programming in institutions or family support in home settings.

Continuity Theory

Continuity Theory, developed by Atchley (1989), proposes that successful aging involves maintaining consistent patterns of thinking, activity preferences, and lifestyle choices throughout the life course. The theory distinguishes between internal continuity (maintaining consistent personality, values, and beliefs) and external continuity (preserving familiar environments, relationships, and activities) (Atchley, 1999). External religious continuity encompasses preserving familiar religious practices, maintaining connections with religious communities, and continuing participation in meaningful spiritual activities (Vitorino *et al*., 2016). Institutional settings may challenge external continuity by requiring adaptation to new religious programming and communities, but they can support internal continuity by providing spiritual care that honors residents' established beliefs and values (Raniga *et al*., 2024).

Social Integration Theory

Rooted in Durkheim's seminal work on social solidarity, Social Integration Theory emphasizes the critical role of social connections in promoting well-being and preventing anomie (Durkheim, 1897). The theory posits that individuals require meaningful social bonds to maintain psychological health and life satisfaction, particularly during periods of transition or stress.

Religious communities often serve as primary sources of social integration for elderly individuals, providing emotional support, practical assistance, and a sense of belonging (Buja *et al*., 2024). The quality and availability of religious social support can vary significantly between living arrangements.

Religious Coping Theory

Despite its positive connotation, coping can be both ineffective and effective. Religious Coping Theory differentiates between positive forms of religious coping—such as seeking spiritual support and engaging in collaborative problem-solving with the divine—and negative forms, such as spiritual struggle and religious doubt (Pargament *et al*., 2000). Empirical studies indicate that positive religious coping is strongly associated with better mental health outcomes among older adults, while reliance on negative religious coping mechanisms can exacerbate distress (Vitorino *et al*., 2018). This theory provides a lens through which to investigate the mechanisms linking religiosity to psychological well-being and resilience in later life.

Indigenous Hindu Philosophical Perspectives

Hindu philosophy offers a culturally embedded framework that enriches our understanding of religiosity in aging. According to the ashrama system, life is divided into distinct stages, with

the later stages—vanaprastha (retirement/forest dweller) and sannyasa (renunciation)—emphasizing a heightened focus on spiritual development and the shedding of material concerns (Olivelle, 1999). Vanaprastha, traditionally entered after the completion of household duties, represents a gradual withdrawal from worldly responsibilities and an increased focus on spiritual development. This stage legitimizes and encourages heightened religious engagement as individuals prepare for the final stage of life. Sannyasa, the final ashrama, involves complete dedication to spiritual pursuits and the quest for moksha (liberation) (Radhakrishnan, 1989). This framework legitimizes increased religiosity in later life and prescribes specific religious duties that support mental and spiritual well-being. The concept of dharma (righteous duty) provides guidelines on religious and social responsibilities, encouraging older individuals to serve as custodians of spiritual knowledge and to mentor younger generations. In addition, the principles of karma (the law of action and consequence) and moksha (liberation from the cycle of rebirth) offer meaning-making frameworks that help elderly individuals reconcile suffering and maintain hope for ultimate spiritual fulfillment (Singaram & Saradaprabhananda, 2021).

Integrated Theoretical Model

Recent empirical research in India has illustrated the benefits of integrating these Western and Hindu perspectives. Studies using data from the Longitudinal Ageing Study in India (LASI) have defined religiosity as having different parts, including how important religion feels personally and how often people take part in religious activities. These studies demonstrate that religious engagement can mitigate depressive symptoms and reduce cognitive decline by fostering both personal consistency and communal support (Sharma *et al*., 2022).

Similarly, qualitative research in faith-based ashrams has shown that structured religious activities, such as group prayers and ritual observances, not only provide emotional comfort but also reinforce a sense of continuity and cultural identity among elderly residents (Kumar *et al*., 2023). These findings underscore the utility of an integrative approach: while Western theories highlight universal mechanisms, such as the need for environmental support and social integration, Hindu philosophical concepts contextualize these mechanisms within culturally specific practices and expectations.

However, the framework also has limitations. The integration of diverse theoretical perspectives requires careful attention to conceptual coherence and empirical validation. Additionally, while the framework is specifically designed for Hindu populations, its applicability to other cultural and religious contexts requires further investigation. The complexity of the integrated model may also present challenges for empirical testing and practical application.

Despite these limitations, the integrated theoretical framework provides a robust foundation for understanding the complex relationships between religiosity, living arrangements, and well-being among elderly Hindu populations, offering both scholarly insights and practical guidance for culturally sensitive eldercare.

Overall, by combining global theoretical insights with culturally specific perspectives, this framework is well-suited to address the complexities of religiosity among aging populations in Lucknow, providing both scholarly understanding and potentially actionable insights for elderly care policies.

Materials and Methods

Research Design

This study employed a comprehensive quantitative cross-sectional comparative design to investigate differences in religiosity and well-being between elderly Hindu individuals living in institutional care versus those residing independently in their own homes. The research design was specifically chosen to capture the multidimensional nature of religiosity while allowing for robust statistical comparisons between living arrangements. The methodology integrates established gerontological research approaches with culturally sensitive measurement strategies appropriate for the Hindu elderly population in Lucknow.

Research Design and Rationale

The cross-sectional comparative design was selected for several methodological and practical reasons. First, this approach allows for the simultaneous assessment of multiple variables across different living arrangements, providing a comprehensive

snapshot of religiosity patterns and well-being outcomes. Second, the comparative nature of the design enables direct statistical comparisons between institutional and home-dwelling populations while controlling for potential confounding variables. Third, the cross-sectional approach is particularly appropriate for exploratory research in understudied populations, providing foundational data for future longitudinal investigations (Creswell & Creswell, 2018).

The study addresses three primary research questions that guide the methodological approach:

- How do institutional and home-based living arrangements shape the patterns and dimensions of religious engagement among Hindu elderly in Lucknow?
- In what ways do different forms of religiosity relate to well-being outcomes, including life satisfaction and spiritual well-being, across these living arrangements?
- How do environmental supports and cultural factors mediate the relationship between living arrangements and religious expression in elderly Hindu populations?

Setting and Geographic Context

The study was conducted in Rajajipuram, Lucknow, India. Rajajipuram specifically was chosen because it encompasses diverse socioeconomic neighbourhoods, and its representation of both traditional family-based elderly care and emerging institutional care options. This geographic diversity ensures that the sample represents various socioeconomic backgrounds and living arrangement options available to elderly Hindus in contemporary urban Lucknow.

Sampling Strategy

The target population consisted of Hindu elderly individuals aged 65 and above living in either institutional care facilities or independently in their own homes within the Rajajipuram area. The age criterion of 65 years was selected based on standard gerontological definitions of elderly populations and alignment with Indian government classifications for senior citizens.

A stratified sampling approach was employed to ensure balanced representation across living arrangements and key demographic characteristics. This sampling strategy was designed to minimize selection bias and enhance the generalizability of findings within the study population.

For the institutional group, a complete enumeration approach was conducted across two purposively selected old age homes in Rajajipuram. These facilities were chosen based on several criteria: (1) primary service to Hindu elderly residents, (2) minimum operational period of five years to ensure established care practices, (3) willingness to participate in research, and (4) representation of different institutional models (one religiously affiliated, one secular). A total of 44 residents aged 65 and above met the inclusion criteria and agreed to participate, representing a 100% response rate among eligible residents.

For the home-dwelling group, 44 participants were randomly selected from the same geographic area and matched on key demographic characteristics (age, gender, education level) to minimize confounding variables. So total 88 respondents were selected. While the sample offers rich insight into the Rajajipuram area of Lucknow, its geographic specificity may limit generalizability to broader populations

Inclusion Criteria

- Age 65 years or older
- Self-identified Hindu
- Resided in current setting for minimum 6 months
- Adequate cognitive capacity for informed consent

Exclusion Criteria

- Severe cognitive impairment
- Acute medical conditions impeding participation

Data Collection Procedures

Data were collected through structured face-to-face interviews using validated instruments administered by trained research assistants in Hindi and familiar with local cultural practices. Interviews were conducted in private settings to ensure confidentiality and comfort.

Measurement Instruments

Demographic and Health Variables

Comprehensive demographic and health information was collected to characterize the sample and control for potential confounding variables:

- Sociodemographic characteristics: Age, gender, education level, marital status, previous occupation, and family income level.
- Health status: number of chronic conditions and medication use.
- Social characteristics: Family contact frequency and community involvement.

Religiosity Assessment

Religiosity was operationalized as a multidimensional construct encompassing:

Well-being Measures

- Life Satisfaction Scale (single item, 5-point scale)
- Spiritual Well-being Scale (single item, 5-point scale)
- Mental Health Indicators: Depression (reverse-scored), anxiety (reverse-scored), aging adjustment, death anxiety (reverse-scored)

Support and Environmental Factors

- Religious environmental support, family religious support, peer religious support
- Professional spiritual care availability
- Technology use for religious purposes
- Religious barriers and modified practices

The religiosity components in this study were informed by multiple established frameworks. Items assessing organizational and private religious activities were adapted from the Duke University Religion Index (DUREL; Koenig & Büssing, 2010). Elements of intrinsic religiosity, spiritual engagement, and religious support were guided by the Fetzer/NIA Multidimensional Measure of Religiousness/Spirituality (MMRS, 2003). Spiritual well-being items were aligned with conceptual domains from the Spiritual Well-Being Scale (SWBS; Paloutzian & Ellison, 1991). Additional Hindu-specific practices and belief items (e.g., personal puja, temple attendance, pilgrimage, dharma, karma, moksha, ashrama) were developed to reflect culturally relevant expressions of religiosity among elderly Hindus in Lucknow.

Data Analysis Plan

The data analysis strategy was designed to address the study's research questions through a combination of descriptive, comparative, and multivariate statistical approaches. All analyses were conducted using R version 4.3.2.

Descriptive Analysis

Comprehensive descriptive statistics were calculated for all variables to characterize the sample and examine data distributions. Measures included frequencies and percentages for categorical variables, and means, standard deviations, medians, and ranges for continuous variables. Descriptive analyses were conducted for the total sample and separately for each living arrangement group to identify initial patterns and differences.

Comparative Analysis

Between-group comparisons were conducted using appropriate statistical tests based on variable types and distributions. Chi-square tests were employed for categorical variables & independent samples t-tests for normally distributed continuous variables. Effect sizes were calculated using Cohen's d for continuous variables.

Results

Sample Characteristics and Demographics

The final sample achieved successful demographic matching between groups (Table 1). The institutional group had a mean age of 71.6 years (SD = 5.5) versus 70.2 years (SD = 4.2) for the home-dwelling group. Women predominated both groups (61.4% institutional, 56.8% home-based), reflecting the broader trend of female longevity in Indian populations (India Ageing Report, 2023). Educational attainment differed significantly, with home-dwelling participants demonstrating higher secondary education completion rates (61.4% vs. 22.7%; $\chi^2 = 11.94$, $p < .001$). Chronic health issues like hypertension (84.1%), diabetes (52.3%), and arthritis (59.1%) were common, and those living in institutions had more limited family contact (77.3%) than those living at home, which might affect their religious and social support.

Table 1: Demographic and Health Characteristics by Living Arrangement

Characteristic	Institutional (n=44)	Home-dwelling (n=44)	Test Statistic	p-value
Demographics				
Age, M (SD)	71.6 (5.5)	70.2 (4.2)	t = 1.29	.202
Female, n (%)	27 (61.4)	25 (56.8)	$\chi^2 = 0.05$	.663
Secondary education+, n (%)	10 (22.7)	27 (61.4)	$\chi^2 = 11.94$	< .001*
Health Conditions				
Hypertension, n (%)	37 (84.1)	37 (84.1)	$\chi^2 = 0.00$	1.000
Diabetes, n (%)	23 (52.3)	22 (50.0)	$\chi^2 = 0.05$	.829
Arthritis, n (%)	26 (59.1)	26 (59.1)	$\chi^2 = 0.00$	1.000
Limited family contact, n (%)	34 (77.3)	12 (27.3)	$\chi^2 = 52.20$	< .001*

Note: * p < .05. M = Mean; SD = Standard Deviation.

Religiosity Patterns Across Living Arrangements

Quantitative analyses revealed marked differences in religious engagement between the two groups with large effect sizes. Institutional residents participated in organized religious activities significantly more (M = 4.16) than those living at home (M = 3.61, t = 8.88, p < .001, Cohen's d = 1.89). In contrast, home-dwelling participants scored higher on measures of personal religious practices (M = 4.46 vs. 3.95, t = -7.32, p < .001, Cohen's d = 1.56) and religious autonomy (M = 4.32 vs. 3.73, t = -9.90, p < .001, Cohen's d = 2.11). These patterns reflect the distinct environmental influences of each setting.

Table 2: Religious Engagement Measures by Living Arrangement

Religious Dimension	Institutional M (SD)	Home-dwelling M (SD)	Test Statistics	p-value	Cohen's d
Participation Patterns					
Organized religious activities	4.16 (0.32)	3.61 (0.26)	8.88	< .001*	1.89
Personal religious practices	3.95 (0.31)	4.46 (0.34)	-7.32	< .001*	1.56
Religious autonomy	3.73 (0.29)	4.32 (0.26)	-9.90	< .001*	2.11
Well-being Outcomes					
Life satisfaction	3.98 (0.46)	4.27 (0.45)	-3.05	.003*	0.65
Spiritual well-being	4.02 (0.34)	4.02 (0.34)	0.00	1.000	0.00
Group Religious Activities					
Participation rate, n (%)	39 (88.6%)	23 (52.3%)	$\chi^2 = 12.28$	< .001*	-

Note: * p < .05. Scale range: 1-5 (higher scores indicate greater engagement/satisfaction). Cohen's d interpretation: 0.2 = small, 0.5 = medium, 0.8 = large effect.

Well-being Outcomes

Life satisfaction differed significantly between groups, with home-dwelling participants reporting higher satisfaction (M = 4.27) compared to institutional residents (M = 3.98, t = -3.05, p = .003, Cohen's d = 0.65). However, spiritual well-being showed no significant difference between groups (M = 4.02 for both groups, t = 0.00, p = 1.000, Cohen's d = 0.00), suggesting that while living arrangements affect general life satisfaction, they do not impact spiritual fulfillment.

Hindu-Specific Religious Expressions

Group religious activities showed contrasting patterns, with institutional residents demonstrating higher participation (88.6%) compared to home-dwelling participants (52.3%, $\chi^2 = 12.28$, $p < .001$). This reflects the structured religious programming available in institutional settings versus the more individualized approach in home environments.

Cultural and Hindu-Specific Religious Expressions

Analysis of Hindu-specific practices revealed stark contrasts between living arrangements, with home-dwelling participants demonstrating significantly higher engagement in mobility-dependent traditional practices. Temple attendance showed the most pronounced difference, with home-dwelling elders attending temples at nearly seven times the rate of institutional residents (77.3% vs. 11.4%, $\chi^2 = 36.10$, $p < .001$). This represents a large effect size, indicating that living arrangement is a powerful predictor of temple participation.

Table 3: Hindu-Specific Religious Practices and Beliefs

Practice/Belief	Institutional n (%)	Home-dwelling n (%)	χ^2	p-value
Traditional Practices				
Personal puja	32 (72.7)	40 (90.9)	3.74	.053
Temple attendance	5 (11.4)	34 (77.3)	36.10	<.001*
Pilgrimage experience	20 (45.5)	37 (84.1)	12.75	< .001*
Dharmic activities	23 (52.3)	37 (84.1)	8.85	.003*
Philosophical Awareness				
Ashrama consciousness	26 (59.1)	31 (70.5)	0.80	.372
Karma belief	32 (72.7)	25 (56.8)	1.79	.181
Moksha orientation	31 (70.5)	38 (86.4)	2.42	.120

Note: * $p < .05$.

Pilgrimage experiences followed a similar pattern, with home-dwelling participants reporting significantly higher rates (84.1% vs. 45.5%, $\chi^2 = 12.75$, $p < .001$, Cramer's V = 0.381). Dharmic activities—including religious study, charitable acts, and community service—were also more prevalent among home-dwelling elders (84.1% vs. 52.3%, $\chi^2 = 8.85$, $p = .003$).

Personal puja practices, while numerically higher among home-dwelling participants (90.9% vs. 72.7%), approached but did not reach statistical significance ($\chi^2 = 3.74$, $p = .053$), suggesting that private devotional practices may be more adaptable to institutional constraints than community-based activities.

In contrast to behavioral practices, core Hindu philosophical beliefs showed remarkable stability across living arrangements. Ashrama consciousness (59.1% vs. 70.5%, $\chi^2 = 0.80$, $p = .372$), karma belief (72.7% vs. 56.8%, $\chi^2 = 1.79$, $p = .181$), and moksha orientation (70.5% vs. 86.4%, $\chi^2 = 2.42$, $p = .120$) demonstrated no significant differences between groups. This pattern suggests that while living arrangements profoundly impact religious behaviors, they have minimal influence on fundamental spiritual worldviews.

The relationship between religiosity and well-being varied significantly by type of religious engagement and living arrangement. Personal religious practices and religious autonomy were positively associated with life satisfaction (r = .234, p = .028 and r = .223, p = .036, respectively), indicating that self-directed spirituality enhances well-being regardless of residence type.

Conversely, structured religious participation showed a negative correlation with life satisfaction (r = -0.261, p = .014), suggesting that obligatory institutional religious activities may create stress rather than comfort. This finding highlights the importance of voluntary versus mandated religious engagement in promoting psychological well-being.

Spiritual well-being remained equivalent across both groups (M = 4.02), indicating that while living arrangements affect religious behaviors and general life satisfaction, they do not impact core spiritual fulfillment. However, home-dwelling elders reported significantly higher general life satisfaction (M = 4.27 vs. 3.98, t = -3.05, p = .003), suggesting that environmental autonomy contributes to overall well-being beyond spiritual dimensions.

Table 4: Well-being Outcomes and Religion-Health Relationships

A. Well-being Measures by Living Arrangement

Measure	Institutional M (SD)	Home-dwelling M (SD)	t	p-value	Cohen's d
Life Satisfaction	3.98 (0.46)	4.27 (0.45)	-3.05	.003*	0.65
Spiritual Well-being	4.02 (0.34)	4.02 (0.34)	0.00	1.000	0.00

B. Correlations Between Religious Dimensions and Well-being

Religious Dimension	Life Satisfaction		Spiritual Well-being	
	r	p-value	r	p-value
Personal Religious Practices	0.234*	.028	0.069	.522
Religious Autonomy	0.223*	.036	-0.033	.763
Religious Participation	-0.261*	.014	-0.031	.771

Note: * p < .05

Well-being Outcomes and Religion-Health Relationships

The link between religiosity and well-being was complex and varied by living arrangement. Personal religious practices and a sense of autonomy in religious life were significantly associated with higher overall life satisfaction (r = .234, p = .028 and r = .223, p = .036, respectively). In contrast, highly structured religious participation showed a negative correlation with life satisfaction (r = -0.261, p = .014), suggesting that the obligatory nature of some institutional religious activities may induce stress or a sense of fatigue rather than impart comfort. Both groups reported high levels of positive religious coping, though the strategies differed: institutional residents more often engaged in collaborative religious coping—seeking divine partnership and peer support—while home-dwelling elders leaned toward self-directed coping and relied on family-based religious support systems. Although both groups achieved similar scores on measures of spiritual well-being (M = 4.02), home-dwelling elders exhibited significantly higher levels of general life satisfaction (M = 4.27 vs. 3.98, t = -3.05, p = .003). These findings reinforce evidence that while religiosity promotes mental health, its effectiveness is mediated by the context and nature of the engagement (Cruz *et al*., 2009;

Koenig *et al*., 2012; Coelho-Júnior *et al*., 2022; Wink & Dillon, 2002; VanderWeele & Ouyang, 2025;).

Environmental and Social Support Factors

Environmental and social support differences between living arrangements had an important effect on religious engagement. Institutional settings provided universal religious environmental support (100%), including designated worship spaces and access to professional spiritual care (68.2%). Conversely, only 34.1% of home-based elders reported institutional-style support; however, family religious support was markedly higher among those living at home (72.7% vs. 22.7% in institutions). Peer support for religious activities also varied, with 75.0% of institutional residents reporting it and 40.9% of home-dwelling elders. These environmental dynamics emphasize the value of tailoring religious and spiritual support to the specific living arrangement, aligning with the concept of person-environment fit as articulated in Environmental Press Theory (Lawton & Nahemow, 1973).

Table 5: Religious Support Systems by Living Arrangement

Support Type	Institutional n (%)	Home-dwelling n (%)	χ^2	p-value
Environmental Support				
Religious environmental support	44 (100.0)	15 (34.1)	38.72	< .001*
Professional spiritual care	30 (68.2)	8 (18.2)	22.94	< .001*
Social Support				
Family religious support	10 (22.7)	32 (72.7)	22.00	< .001*
Peer religious support	33 (75.0)	18 (40.9)	10.67	.001*

Note: * p < .05.

Table 6: Correlations Between Living Arrangement and Religiosity Measures

Religious Measure	r	p-value	Effect Size	Variance Explained (%)
Autonomous Religious Practices				
Religious Autonomy	0.730	< .001*	Large	53.3
Personal Religious Practices	0.620	< .001*	Large	38.4
Personal Puja	0.236	.027*	Small	5.6
Community-Based Practices				
Temple Attendance	0.663	< .001*	Large	44.0
Pilgrimage	0.404	< .001*	Medium	16.3
Dharma Activities	0.342	.001*	Medium	11.7
Structured Religious Activities				
Religious Participation	-0.692	< .001*	Large	47.9
Group Religious Activities	-0.399	< .001*	Medium	15.9

Philosophical Beliefs				
Ashrama Consciousness	0.119	.270	Non-significant	1.4
Karma Belief	-0.167	.121	Non-significant	2.8
Moksha Orientation	0.193	.071	Non-significant	3.7

Note: * p < .05. Positive correlations favor home-dwelling; negative correlations favor institutional settings. Effect size interpretation: Small (|r| = 0.10-0.30), Medium (|r| = 0.30-0.50), Large (|r| ≥ 0.50)

Adaptive Strategies and Technology Integration
Both groups demonstrated resilience in maintaining religious engagement despite barriers. Technology use for religious purposes was prevalent across settings (institutional: 84.1%; home-dwelling: 70.5%; $\chi^2 = 2.47$, $p = .116$), facilitating continued spiritual participation. Modified religious practices were adopted by 68.2% of institutional and 65.9% of home-dwelling participants ($\chi^2 = 1.34$, $p = .246$), indicating adaptive capacity across living arrangements.

The correlation analysis reveals distinct religiosity profiles based on living arrangements, with 7 large-to-medium effect sizes indicating substantial relationships between place of residence and religious expression. Living arrangement demonstrates significant correlations with 8 of 11 religiosity measures (72.7%), establishing it as a powerful predictor of religious engagement patterns among elderly Hindu populations.

The analysis reveals 4 large effects, 3 medium effects, and 1 small effect among significant correlations, with home-dwelling advantages comprising 75% of significant relationships. Religious Autonomy emerges as the strongest predictor (r = 0.730), while Religious Participation shows the strongest institutional preference (r = -0.692). Philosophical beliefs remain stable across living arrangements. This pattern suggests that while institutional care provides structured religious programming, home-dwelling environments better support individual religious autonomy and traditional Hindu practices requiring community mobility, ultimately fostering more comprehensive religious engagement among elderly Hindu populations.

Discussion
This study provides a nuanced understanding of the relationship between living arrangements, religiosity, and well-being among Hindu elderly in Lucknow. The findings emphasize the critical role of cultural and environmental contexts in shaping religious expression and their subsequent impact on life satisfaction and spiritual well-being. By integrating theoretical frameworks such as Environmental Press Theory (Lawton & Nahemow, 1973) and Continuity Theory (Atchley, 1989), the study offers a comprehensive perspective on how living arrangements influence the religious lives of the elderly.

Living Arrangements and Religious Expression
The results reveal significant differences in religious expression between institutionalized and home-dwelling elderly. Institutionalized elderly demonstrated higher participation in structured religious activities, such as group prayers and organized rituals, which were facilitated by the institutional environment. This aligns with Environmental Press Theory, which posits that structured environments can provide support for individuals with reduced competence, such as the elderly (Lawton & Nahemow, 1973). However, this structured religiosity often came at the expense of personal autonomy, a critical aspect of Hindu religious practices. For instance, institutionalized participants reported limited opportunities for personal puja (worship) and temple visits, which are central to Hindu spirituality.

In contrast, home-dwelling elderly exhibited greater autonomy in their religious practices, including the ability to visit temples, perform daily rituals, and participate in pilgrimages. These findings align with Continuity Theory, which emphasizes the importance of maintaining consistent patterns of behavior and identity throughout life (Atchley, 1989). The ability to sustain lifelong religious habits in a familiar environment likely contributed to higher levels of life satisfaction among home-dwelling participants. Previous research has similarly highlighted the

positive relationship between autonomy in religious practices and overall well-being (Krause, 2006).

Cultural Specificity and Hindu Practices

The study underscores the cultural specificity of Hindu religiosity, particularly the importance of practices such as temple attendance, pilgrimage, and dharmic activities. These practices are deeply rooted in the ashrama system, which prescribes spiritual pursuits as a key focus in later life (Sharma, 1996). However, institutionalized elderly faced significant constraints in engaging with these culturally specific practices due to environmental limitations. For example, the lack of access to temples and the inability to undertake pilgrimages were frequently reported by institutionalized participants. Despite these challenges, the stability of core spiritual beliefs, such as karma (action and consequence) and moksha (liberation), across both groups suggests a resilience in spiritual identity. This resilience may serve as a protective factor, enabling elderly individuals to maintain their spiritual well-being even in restrictive environments (Pargament, 1997).

Paradox of Spiritual Well-Being

One of the most intriguing findings of this study is the equivalence in spiritual well-being between institutionalized and home-dwelling elderly, despite significant differences in their religious practices. This paradox can be explained by the internalization of spirituality and the use of positive religious coping mechanisms. Pargament *et al*. (2000) have noted that religious coping strategies, such as meaning-making, acceptance, and seeking spiritual support, can enhance spiritual well-being even in the face of environmental constraints. In the institutional setting, structured religious activities and access to professional spiritual care likely contributed to maintaining spiritual well-being. However, the lack of autonomy in these settings may have limited the overall life satisfaction of institutionalized participants. Conversely, home-dwelling elderly benefited from greater autonomy and the ability to engage in culturally specific practices, which likely enhanced their life satisfaction.

Implications for Policy and Practice

The findings of this study have significant implications for eldercare policies and practices in India. Institutional care models must strike a balance between providing structured religious support and preserving personal autonomy. Flexible religious programming that allows residents to engage in personal practices, such as individual puja or temple visits, is essential. Additionally, the provision of dedicated worship spaces and culturally competent spiritual care providers can enhance the religious experiences of institutionalized elderly.

For home-dwelling elderly, community-based religious programs and family caregiver training can play a crucial role in supporting religious engagement. These approaches align with broader calls for integrating spiritual care into elderly health services to promote holistic well-being (India Ageing Report, 2023; Narula, 2025; Puchalski, 2021).

For instance, local temples and community centers can organize religious events and provide transportation for elderly individuals to participate in these activities. Furthermore, the integration of technology, such as online religious services, can help overcome barriers to participation, particularly for elderly individuals with mobility issues.

Healthcare providers also have a critical role to play in addressing the spiritual needs of elderly patients. Recognizing spiritual well-being as part of overall health can lead to more tailored care plans that address not only clinical needs but also emotional and existential concerns (Puchalski, 2021).

Routine spiritual assessments should be incorporated into geriatric healthcare to ensure a holistic approach to well-being. Interdisciplinary collaboration between medical professionals and spiritual care providers can further enhance the quality of care. Koenig (2012) has emphasized the importance of integrating spirituality into healthcare, noting its positive impact on mental health, coping, and overall quality of life.

Limitations and Future Research

While this study provides valuable insights, it is not without limitations. The cross-sectional design limits the ability to infer causality, and the relatively small sample size may not fully capture the diversity of experiences among Hindu elderly in Lucknow. Future research should adopt longitudinal designs to explore the long-term impact of living arrangements on religiosity and well-being. Such findings drive home the importance of culturally

sensitive frameworks that go beyond Western models to capture indigenous expressions of religiosity (Ingersoll-Dayton, 2011; Fang *et al*., 2016). Hence, expanding the study to include diverse religious and cultural groups would enhance the generalizability of the findings. Finally, qualitative research methods, such as in-depth interviews and focus groups, could provide a richer understanding of the lived experiences of elderly individuals and their spiritual journeys.

Conclusion

This study contributes significant insights to the growing body of literature on religion, spirituality, and aging by examining the nuanced relationships between living arrangements, religious practices, and spiritual well-being among Hindu elderly in Lucknow. The findings reveal that while institutional care environments may impose constraints on traditional religious observances, elderly residents demonstrate remarkable spiritual resilience through adaptive religious coping strategies (Pargament, 1997; Pargament *et al*., 2000). This adaptation process, understood through the lens of Continuity Theory (Atchley, 1989), suggests that older adults maintain their spiritual identity by preserving internal religious beliefs even when external religious practices are modified by environmental pressures. The research extends our understanding of Environmental Press Theory (Lawton & Nahemow, 1973) within religious contexts, demonstrating how institutional settings create unique challenges for religious expression while simultaneously fostering new forms of spiritual community. Notably, the finding that both institutionalized and home-dwelling elderly report similar levels of spiritual well-being challenges assumptions about the inherently detrimental effects of institutionalization on religious life. This paradox suggests that spirituality functions as a transcendent resource that can be accessed regardless of physical constraints, aligning with Krause's (2006) conceptualization of religious meaning-making as a protective factor in later life.

From a practice perspective, this study underscores the critical need for spiritually integrated care models in Indian eldercare institutions. The recent emphasis on holistic eldercare in the India Ageing Report (2023) provides a policy framework for implementing spiritual care practices that respect religious diversity while promoting spiritual well-being. As Sharma (1996) notes, the Hindu concept of dharma in later life emphasizes spiritual growth, making the integration of religious practices in eldercare settings not merely beneficial but culturally imperative.

While this cross-sectional study provides valuable insights, future research should employ longitudinal designs to examine how spiritual well-being trajectories evolve across different care settings. Additionally, comparative studies incorporating diverse religious traditions would enhance our understanding of how cultural-religious contexts shape the spirituality-aging interface. The field would also benefit from intervention studies testing spiritually integrated care models that balance institutional requirements with residents' religious autonomy.

In conclusion, this research affirms that spirituality remains a vital dimension of well-being in later life, transcending physical environments and care arrangements. For practitioners and policymakers working with aging populations in Lucknow and similar cultural contexts, recognizing and nurturing the spiritual dimension represents not an optional enhancement but a fundamental component of person-centered eldercare. As the global population ages and eldercare systems evolve, the lessons from this study remind us that honoring the spiritual lives of older adults is essential for promoting dignity, meaning, and quality of life in the final chapters of human experience.

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Conflict of Interest

The authors do not have any conflict of interest.

Data Availability Statement

The data supporting the findings of this study are available from the author upon reasonable request.

Ethics Statement

This research was conducted with the informed consent of all participants, who were assured that their identities and responses would remain confidential and used exclusively for academic research purposes.

Informed Consent Statement

Informed consent was obtained from all individual participants included in the study. The privacy rights of all human subjects were strictly observed and protected throughout the research process.

Permission to Reproduce Material from Other Sources.

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Author Contributions

The sole author was responsible for the conceptualization, methodology, data collection, analysis, writing, and final approval of the manuscript

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