



Religion as a Coping Mechanism for Older Adults: An Exploratory Study

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Abstract

This study looks at the experiences of older women residing in old-age homes in Goa, mainly focusing on religion and spirituality in their daily lives, social interactions, and emotional well-being. Goa, known for its rich heritage, provides a unique cultural context to examine the intersection of ageing, gender, and spirituality. This paper used case studies to understand these older women's challenges and religion as a coping mechanism. Key findings reveal that practising religious activities helps provide emotional support and a sense of purpose, mainly through religious rituals, prayer, and participation in communal activities. The research also focus on challenges such as loneliness, health concerns, and limited social support, intensified by gendered expectations for years and societal perceptions of ageing women. Despite these challenges, the old age home's structured environment, spiritual practices, and communal living provided critical support systems.

Keywords: Elderly Women, Spiritual Beliefs, Old Age Homes, Goa.

Introduction

There is a growing concern surrounding the ageing population in Goa, particularly among older women, making them marginalised due to their gender and age. Goa's demographic transition recorded a higher share of older persons (11.2%) than the National average of older persons in 2011 Census, which makes Goa the second federal state in the country to hold a high percentage of the older population, with women forming a significant portion due to their longer life expectancy (NSO,2021) As per the health dossier published by the National health systems research Center, 2021 on Goa, recording 47% of elderly females and 20% of elderly males living in rural areas and 56% of elderly females and 43% of elderly males in urban areas are economically entirely dependent on others. This demographic shift necessitates a closer examination of the unique challenges older women face, especially those residing in old age homes. Existing literature highlights the critical role of spirituality in ageing, with studies emphasising that faith and religious practices provide emotional support, strengthen relationships in old age with others, and enhance the overall well-being of the elderly.

Despite providing support in old age homes, older women in institutional settings often experience loneliness, depression, and reduced quality of life in comparison with elderly living within



the family setup (Kengnal et al., 2019); (Panday et al., 2015);(Totuka & Verma, 2015), also when the spiritual and social activities in the old age homes are minimal. Goa's rich heritage adds a unique cultural dimension to understanding the interplay of faith, gender, and ageing. Research focusing specifically on older women in old age homes who have not studied from this perspective leaves a gap in understanding how their faith influences their coping mechanisms, social interactions, and adaptation to institutional life, also affects their overall well-being in the old age and gives them hope for a better ageing experience. This study has tried to address this gap by examining the lived experiences of older women in Goa's old age homes. Understanding these dimensions is crucial to create inclusive frameworks that respect this vulnerable demographic's spiritual and emotional needs, contributing to their holistic well-being.

Interplay of Faith and Elderly Care in Goa's Old Age Homes

The social and economic factors and the regions deeply rooted religious and cultural traditions influence the structure and functioning of the old age homes in Goa. With its Christian, Hindu, and Muslim communities, Goa reflects a blend of spiritual practices that often shape the environment and functioning of old-age homes. Many Christian-managed old age homes, supported by church organisations, emphasise spiritual care, offering regular religious services, prayer meetings, and counselling to elderly residents. Various civil organisations privately manage most old age homes; some religious organisations operate through their parent institution, church or trust. The sisters run them on a day-to-day basis, taking care of the needs of the elderly. Thus, providing physical care and emotional support and fostering a sense of belonging among the residents. Similarly, homes run by Hindu trusts incorporate practices like daily pujas, bhajans, and other religious rituals, helping residents connect with their faith during their later years. These spiritual activities serve as therapeutic interventions, enhancing the mental well-being of elderly residents while aligning with their cultural and religious values. Apart from the religious activities on a day-to-day basis, the institution also celebrates festivals, such as feast celebrations, Christmas, or Diwali. The institutions in the state also allow schools and local NGOs to interact with the elderly and have different social gatherings to foster social well-being and connect them with the outer social world.

Despite these efforts, religious influences also bring unique challenges to the functioning of old age homes in Goa. The preference for faith-based institutions often leads to a lack of inclusivity, as some elderly individuals may feel alienated in institutional care homes that do not cater to their specific religious or cultural practices. This situation calls for interfaith and secular old age homes that embrace diversity while maintaining a supportive environment. Spiritual teachings in Goa's cultural context often advocate family-based care for the elderly, which can stigmatise the use of old age homes. Over the period, the breakdown of the family system has increased the responsibility of the institutions to cater for the needs of the elderly citizens. Balancing traditional family values with the modern necessity of institutional elder care requires careful integration of spiritual practices,



inclusivity, and societal acceptance to ensure that old age homes fulfil their role in providing holistic care for Goa's elderly population. The role of the institutional care facilities should be only an alternative. There is a need to restore the family system and beliefs, which is the primary unit of society, and it will lead to the well-being of our senior citizens in their rightful places.

History of Old Age Homes in Goa

In Goa, the lives and experiences of older individuals residing in care homes often receive minimal attention in academic research and daily interactions. Institutionalised care for the elderly in Goa traces back to the arrival of the Portuguese in 1510. Afonso de Albuquerque, who then conquered Goa, had founded an institution in Goa soon after his arrival called 'Sodality of our Lady, Mother of God, Virgin Mary of Mercy' (*Irmandade de Nossa Senhora madre de Deus, Virgem Maria de Misericordia*). The institution was later known as *Santa Casa de Misericordia de Goa* (The Holy House of Mercy of Goa). Institutions aimed to help the poor, aged, disabled soldiers, widows and daughters of dead soldiers during the Portuguese rule in Goa. This institution was only for Portuguese men, and later, it allowed even converted Christians to access the facilities. The institutionalized care system was introduced in Goa by the Portuguese. The functions of this institution were as follows: to give food, water, clothing, and shelter to the needy and to bury the dead. This institution generated its funds through charity. (Xavier, 1993). In the later phase of the Portuguese rule, the rise of old age homes became a visible institution. The first formal instruction dedicated only to senior citizens was by a band of dedicated friends of the Late Aristides Da Costa to perpetuate his memory in 1878 at Margao named 'Albuquerque do Sagrado Caraco De Jesus'. The purpose of this institution was to take care of the aged. Administered by the Hospicio Hospital, located in Margao in the south District of Goa, and later in 1977, was taken over by the Provedoria or Provedoria Da Assistancia Publica or Institute of Public Assistance was founded by the Portuguese government by enactment of diploma legislative no 1200 dated 1-08-1947 to coordinate and exercise supervision over all the modalities of social welfare, either maintained or subsidized by the government, today it is Goa Government institution which monitors and runs the government managed old age homes in Goa.

Old age Homes and their importance

Currently, Goa has more private old-age homes that look after older persons. The state authorities do not manage these old-age homes. The functioning of these old-age homes helps provide alternative care facilities. It is a structured environment that promotes socialisation and engagement among the elderly from different social backgrounds. The interaction between the elderly keeps them active and diverts their mind from loneliness. Old age homes give them a unique sense of belonging, which helps them to be mentally and emotionally healthy (Showkat, 2016).

Older adults living in old-age homes have different reasons for shifting to old-age homes. Of course, there has been a change in family structure, which has also altered its functions. Changing values and degrading status of elderly parents are forcing them to opt for old age homes or unwillingly making them leave their own rightful homes and stay in institutional facilities. Forms of abuse against



the elderly, especially Verbal abuse by their children and daughter-in-law, no income in old age and total dependency on children, physical abuse by their children, low respect at home and multiple health issues are some of the most common reasons for an aged person to shift in old age homes (Akbar,2014. Gnanakumar,2021. Rajkumari,2021.) Old age home provides a safer living environment for seniors, especially those who are widows, unmarried elderly and destitute or the elderly who are abused by their children, causing a threat to their survival. Facilities like safety features, wheelchairs, ramps, emergency help and medical staff are available in old age homes. Such facilities have made it easy for seniors and have satisfied their stay at care institutes. (Singh & Mishra,2022) The only advantage of old age homes is that they provide shelter and care to the elderly. It gives them a safe feeling.

Religion as a Source of Emotional Support

Religion is a significant factor in shaping the experiences and coping mechanisms of individuals in old age. Spirituality and religious practices are deeply interwoven with the ageing process, offering balance in emotional health, meaning, and a framework for navigating the challenges of later life. Religion plays an essential role in providing emotional support to elderly individuals. In his research work, Koenig(2012) argues that religion and spirituality play a significant role in various aspects of the health and well-being of older adults. Religious involvement shows better mental health outcomes in older adults, including lower depression rates.

Social Connectedness Through Religious Practices

Religious communities often act as support networks for elderly individuals, fostering social interactions and reducing loneliness. In a research study by Nezlek (2020), mainly Christians found that religious beliefs and practices can enhance the quality of social experiences. Shared beliefs among the Christians contributed to satisfaction driven by social interaction. The influence of religion plays a crucial role in understanding the broader relationship between religion and well-being.

Numerous studies have concentrated on the engagement of elderly individuals in communal religious practices, which enhance social relationships and foster a sense of belonging; this phenomenon is especially vital for older adults who may encounter diminished social networks due to old age. Collective rituals, including prayer groups and religious celebrations, facilitate avenues for intergenerational exchanges, reinforcing community bonds and mitigating experiences of social isolation. Research conducted in Taiwan by Yeager et al. (2006) showed that participation in social activities positively affects the health of older adults.

Gendered Experiences of Religion in Old Age

Gender shapes the relationship between religion and old age. Women, particularly in patriarchal societies, are more likely to rely on religious practices as a source of comfort. This is



especially true for widowed women, who may turn to spirituality to cope with grief and the challenges of living alone. Tabatabaei & Ebrahimi (2023) argues that religious faith and spiritual well-being are crucial in the daily lives of the elderly. Especially for women, religious activities serve as an essential source of emotional support, helping them cope with the difficulties in old age. Religion is not just a belief system but a comprehensive way of life that influences various aspects of health.

Religion and Institutionalised Elderly

For elderly individuals in institutional care settings, such as old age homes, religious practices can serve as a bridge to their personal identity and cultural heritage. Religion and spirituality are essential in enhancing the quality of life for institutionalised elderly individuals, particularly in dealing with emotional well-being and coping with the challenges of ageing in an organised setting (Pocinho et al., 2016). The elderly are staying far away from their families, and their engagement with activities in institutions can help in coping with their feelings of loneliness.

Living in an institutional setting significantly impacts older women's spiritual and cultural practices, offering a unique lens through which this research explores the intersection of faith, ageing, and institutional care. As structured environments, old age homes often provide limited opportunities for personalised religious practices, affecting the spiritual routines of individualised prayer, attending mass, or participating in community-based religious events outside the institution. The communal nature of old age homes can foster collective spiritual experiences and restrict personal expressions of faith due to logistical or administrative limitations.

The absence of close family members often results in reduced emotional and spiritual support, challenging their sense of belonging and purpose. Living with peers with similar beliefs can foster new forms of community bonding and shared spiritual growth, creating an alternative support system. This issue in Goa can provide valuable insights into how institutional living shapes the spiritual lives of older women, offering a deeper understanding of their coping mechanisms, emotional resilience, and sense of identity.

Objectives

This study has two objectives:

1. To know how religion impacts the well-being of women in the old age home
2. To understand social dynamics and challenges in old age homes faced by older women.



Research Methodology

This study adopts a qualitative approach, employing the case study method to gain an in-depth understanding of the lived experiences of older women residing in old-age homes in Goa. For this study, the researcher selected an institution in a semi-urban area of the North District of Goa. Data were collected through face-to-face interviews, providing in-depth information on the participants' narratives.

The study was conducted at a private old age home, a facility exclusively for women senior citizens. This site was purposefully selected for its alignment with the research focus, given its management by a organisation and emphasis on providing a spiritual environment. Convenience sampling was employed to identify potential participants who fit the study's objectives. Three residents from the home, each of whom voluntarily agreed to participate, were interviewed. Interviews were semi-structured, ensuring flexibility and depth in capturing the participants' experiences. The researcher used Open-ended questions to explore themes related to social relationships, challenges in personal life, and the role of faith in their lives.

Data analysis was done by the researcher using a thematic approach based on the answers. This involved identifying recurring patterns, categorising responses into themes, and interpreting the findings within the broader sociocultural and spiritual context of Goa. By doing deep analysis of the participants' words, the study seeks to represent their experiences and challenges authentically. Informal consent was taken from the respondents to record their answers and they were made aware about the study purpose. No identify of the respondents has been disclosed in this study.

The background of the selected Old Age Home

An old age home in North District of Goa, established in 1968, was initially managed by a group of sisters from a Church school in Pune who began caring for the elderly during a visit. Over time, the home transitioned from a small facility to a larger, two-storey building built in 2011, equipped with an elevator to accommodate its residents. The facility now exclusively admits widowed or unmarried women, with 22 residents currently living there.

Four sisters manage the home with the help of eight assistants who handle cooking, cleaning, and caregiving duties, especially for those with severe health issues. Financial support primarily comes from its parent organisation, with some residents contributing monthly fees or receiving support from pensions or families. Donations are limited, primarily in food items, and external monetary contributions are rare. Most residents are placed there by their families, with only a few choosing to stay voluntarily. The home's mission is to care for older women lacking familial support. Below is the routine of the inmates describing their day-to-day activities.



Daily Routine of the inmates at the old age home.	
Time	Routine
6 am-	wake up
7 am	Breakfast
9:30	The prayer service on TV channel
10:30	Tea and snacks
12	Lunch
3:30	Tea
3:30-7 pm	Prayer or social activity time
6:30	Dinner

On Saturdays, a group of individuals, accompanied by a priest, visit the home for religious prayer. Designed to ensure a comfortable and supportive environment for its residents. It features a dedicated space for TV and prayer meetings, ample sunlight and ventilation, and a small garden for relaxation. Each room accommodates two beds and includes an attached bathroom and toilet. Facilities such as geysers for hot water, wheelchairs, a dining hall, and spacious corridors for walking are present. The home is enclosed by gated walls and equipped with CCTV cameras for security. It prioritises sanitation and hygiene, creating a friendly environment for residents, including those who are bedridden or use wheelchairs. The sisters managing the home find joy in serving and caring for the elderly, ensuring their needs with dedication.

Results and Discussions of the Study

Table 1: Socio-demographic details of respondents

Case Number	Age	Area of residence	Marital status	Education	Job profile
Case study 1	8	Rural	Widow	11 th std	Housewife
Case study 2	6	Rural	Widow	Illiterate	Janitor
Case study 3	8	Urban	Widow	B.Sc. Nursing	Nurse



Table No. 2 Details of the children of the respondents

Case	No. Of Children	Status of children
Case study 1	05 (4 daughters 1 son)	3 daughters are married 1 daughter – teacher Son- works in the resort
Case study 2	02 (02 sons)	1 son on petrol pump 1 son works on cruise ships
Case study 3	02 (1 son, 1 daughter)	Both children in foreign countries

Table no 3: Reasons to shift in old age home

Reasons to shift to an old age home	
Case study 1	Suicide attempts and loneliness at home
Case study 2	Paralysis and no one to take care of, alone at home
Case study 3	Loneliness and boredom

Table no 4-health status of respondents

Health Status	Type of problem
Case study 1	Swollen legs, problem walking, difficulty talking, stress of her children's marriage
Case study 2	Paralysis on the left side, difficulty walking, stress of meeting her children
Case study 3	The severe nervous problems, difficulty walking, cancer, BP, the stress of being a burden on children

Table no. 5 Religion as a coping mechanism in old age home

Respondents	Religion as a coping mechanism
Case study 1	Prays every day in the morning and attends evening mass on TV. Prays for family and health recovery to reunite with children. This practice helps divert the mind and provides hope for a better future.
Case study 2	Attends daily prayers via TV. Prays to see children soon and hopes to return home.
Case study 3	Uses modern technology like mobile phones to listen to religious teachings. Prayers provide strength to cope with health issues and offer hope for resolving problems at home.



Social Status of Older Women

The study revealed that older women residing in old age homes in Goa come from diverse social and economic backgrounds yet share common challenges stemming from their age and gender. All participants were widows, reflecting the vulnerability of women who outlive their spouses and often face limited support structures within their families. Education and professional backgrounds significantly influenced their financial independence, with educated women managing their expenses more effectively through their children, while illiterate women faced more significant economic challenges.

Family Relations and Emotional Wellbeing

The findings show the family's critical role in the emotional well-being of older women. Participants expressed reliance on their children for financial support. The absence of frequent visits from family members contributed to loneliness and a longing for familial connections. All three respondents expressed a desire to return to their homes, citing sentimental attachments and the comfort of familiar surroundings.

Health Challenges

The significant health issues of the participants include physical disabilities, chronic conditions, and the psychological stress of financial and familial conflicts. These health challenges were exacerbated by the emotional strain of feeling burdensome to their children. Stress emerged as a common denominator, driven by unresolved family disputes, financial insecurity, and the uncertainty of their children's futures. Providing basic health facilities at the old age home partially alleviated their struggles, but the participants' preference for home care was evident.

Financial Dependency

The respondents demonstrated varying degrees of financial dependency on their children or relatives. While some received regular monetary support, others relied on the old age home for their basic needs. This dependency underlined the precarious financial position of older women, particularly those who lacked access to government schemes or personal savings. Financial challenges were more pronounced among participants from lower socio-economic backgrounds.

Reasons for Admission and Adjustment to Institutional Life

Loneliness, health challenges, and the inability to manage household responsibilities independently were common reasons for admission to the old age home. While relatives admitted two participants, one willingly opted for institutional care to avoid being a burden. The initial



adjustment period was challenging for most, but over time, the companionship of other residents and the structured environment fostered a sense of belonging. Nonetheless, the yearning for familial interactions remained strong, reflecting the emotional gap that institutional care could not entirely bridge.

Companionship and Emotional Resilience

A predictable schedule provides stability and reduces stress, offering reassurance to women who often feel overwhelmed by health issues and emotional struggles. Activities like communal meals, tea breaks, and prayer gatherings create opportunities for social interaction, fostering community among residents.

Respondent of case study 3 said, *“I am happy at old age home. I have people to keep a check on me and take care of me. I get food of my taste”*. Despite grappling with severe nerve pain and a history of cancer, the routine gave her a sense of normalcy and allowed her to focus on her faith rather than her physical discomfort. Similarly, the respondent of case study 2, who relies heavily on assistance due to paralysis, found comfort in the regular rhythm of life at home, which minimised her sense of dependency.

The structured daily routine at an old age home plays a vital role in maintaining spiritual and emotional well-being among the residents. The day begins with morning prayers and includes communal activities such as live prayer services on TV, regular meals, and evening prayer meetings. These practices are routine and serve as spiritual anchors, helping residents stay connected to their faith. This connection fosters a sense of peace and purpose, particularly for those who find solace in religious rituals. Including a dedicated prayer space and weekly visits by a priest further enhances the spiritual atmosphere, creating a sense of belonging and continuity with their faith traditions.

The residents emphasised how the opportunity to participate in these rituals helped them cope with the uncertainties of old age. Spiritual practices provide an avenue for emotional expression, reduce feelings of isolation, and enable residents to derive meaning from their circumstances. For instance, the participants described their engagement in communal prayers as moments of shared spiritual growth, offering a sense of collective strength.

The communal living environment encourages companionship and emotional bonding among residents, which is particularly important for those who feel estranged from their families. Women who struggled with loneliness before entering the old age home now find support in their relationships with peers. Shared experiences and mutual support contribute to building resilience as residents find strength in each other's stories and faith journeys.



Respondents expressed gratitude for the friendships they formed, which helped them navigate their struggles and reinforced their spiritual and emotional well-being. Sharing meals, participating in communal prayers, and simply having someone to talk to create an environment of mutual care and understanding.

Religion as a coping mechanism

Integrating religious practices into daily life is a defining feature of the old age Home. Traditions, such as observing feast days, communal prayers, and regular Mass services, create a faith-centered environment that resonates deeply with the residents. These practices not only meet the spiritual needs of the elderly but also help them deal with feelings of abandonment or loneliness.

Respondent 1 expressed that their faith helped her find forgiveness and reconcile with past regrets, such as her suicide attempt. Prayer and spiritual contemplation offered her a way to address her emotional pain, providing hope and comfort. The daily routine also helps to divert their mind and stay happy in the moment. Their other inmate fellows give them some joy by sharing their pain. Praying together also helps them feel connected with others.

Religion is vital in helping individuals cope with personal problems and get through daily challenges. For example, the respondents use prayer and religious practices to deal with issues like health problems, being away from family, and uncertainty about the future. These practices provide comfort, reduce stress, and give hope, helping them feel stronger and more optimistic about their situation.

Case study respondent 1 said, *“I hope to go home soon and be with her children and die at my house. I have seen other women who are in bed; I do not want to be like that. I pray to God that I die while walking only and not be bedridden. I do not want to trouble others”* Another respondent prays for recovery and hopes to reunite with their children. At the same time, another uses a mobile phone to listen to religious teachings during tough times. Spiritual beliefs and their coping mechanism help them daily to face difficulties.

Religion also helps with daily survival by adding structure and routine to their lives. Activities like morning and evening prayers or attending religious services on TV give their day a sense of order and purpose. These routines make life feel more predictable and manageable. At the same time, prayer offers hope for healing and solving family problems, giving them the strength to face their challenges. Religion helps them stay emotionally stable and find meaning in difficult times.



Conclusion

While loneliness remains a common challenge, the sense of autonomy and spiritual engagement the old age home provides mitigates its effects. Residents, particularly those who feel abandoned by their families, find purpose in their daily activities and spiritual practices. The institution's support system and personal reflection and prayer opportunities enable residents to balance their longing for familial bonds with accepting their current circumstances.

The spiritual practices and structured routines at old age homes serve as vital coping mechanisms for older women. These elements address their emotional and spiritual needs and foster community and belonging. Despite their health and financial challenges, the institution's faith-centred approach supports the participants' hope to survive. More significant efforts are needed to enhance personalised care, facilitate family engagement, and address older women's broader emotional and social challenges in institutional settings. By prioritising these areas, old age homes can ensure a more holistic approach to ageing, dignity, and wellbeing.

To conclude, though spiritual practices offer a framework for coping, and while the companionship of peers fostered resilience and emotional well-being, the need and longing for their own home and family interactions highlights the limitations of institutional care in addressing the emotional needs of older women in their overall well-being.

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