

THE ROLE OF RELIGIOSITY IN PROMOTING SOCIAL WELL-BEING AMONG ELDERLY AFGHAN REFUGEES IN PAKISTAN

Obaid^{*1}, Dr. Farhan Ahmad Faiz²

^{*1}PhD Scholar School of Sociology Quaid-i-Azam University Islamabad

²Assistant Professor School of Sociology Quaid-i-Azam University Islamabad

^{*1}obaid@soc.qau.edu.pk, ²farhanfaiz@qau.edu.pk

Corresponding Author: *

Obaid

DOI: <https://doi.org/10.5281/zenodo.18161605>

Received	Accepted	Published
03 November 2025	17 December 2025	31 December 2025

ABSTRACT

The issue of the displacement of Afghan refugees, especially the older population, remained unexplored. The research studies in this area are small scale and qualitative. This study is based on large sample of 2367 Older Afghan refugees to investigate their social wellbeing based on their religious practices in their everyday life. This paper explores the contribution of religiosity to the social well-being of aged 55 and above Afghan refugees living in Pakistan and suggestions for policy change to the refugee's support program. Through a quantitative research design based on a positivistic approach, the study conducted the proportionate stratified random sampling to sample out the older Afghan refugees in 29 districts in Pakistan. Structured interviews were used to gather the data, and the religiosity was evaluated with the help of a 12-item and 3-point Likert scale that evaluated the frequency and the importance of religious activities or practices. Regression analysis and correlation analysis were employed to analyze the relationships between religiosity and social well-being, whereas the descriptive statistics were used to summarize the demographic traits and social well-being indicators. The results show that there is a positive relationship between religiosity and social well-being as the higher the level of religious engagement the higher the level of social participation, emotional support, and network. The regression model indicated that religiosity is a major predictor of social well-being, which acts as a buffer to social isolation to enhance social cohesion among the elderly refugees. Such findings demonstrate the significance of religious activities towards enhancing sense of belonging and identity, which are relevant to the mental health and overall well-being of elderly refugees. The paper highlights the importance of policies and support mechanisms that make use of religiosity as an instrument of enhancing social involvement and social wellbeing of older refugees in host nations.

Keywords: Older Afghan refugees, religiosity, social well-being, displacement, Pakistan, refugee integration

INTRODUCTION

In Recent decade, displacement on a global level has become a pressing humanitarian concern and millions of refugees are pursuing safety and security in worldwide nations. One of the greatest refugee populations is the Afghan refugees because most of them have escaped the long war and poverty in Afghanistan. In Pakistan, a neighboring nation that has

historically been the haven of the Afghan nationals, more than 2.1 million Afghan refugees have requested asylum (UNHCR, 2023). The successful entry of the Afghan refugees into Pakistan has created extensive social, economical and psychological repercussions not only to the refugees but also to the host country. This population transformation has come with fresh challenges

particularly to the vulnerable populations like the old population.

Among the elderly Afghan refugees, the displacement problems are very acute. These people experience a complicated interaction of physical, psychological, and social issues, which could have a severe effect on their welfare. Typically, elderly refugees have to endure the trauma of being displaced, having lost their social networks, and having difficulties accessing basic services including healthcare. What makes the situation worse, most of the aged refugees are lonely as they have few social interactions in their host countries and decreased mobility as they grow older. This isolation may lead to an increased rate of loneliness and depression and cause anxiety which further complicate the aging issues in a foreign setting (Bazzi and Chemali, 2016; Gautam et al., 2018).

Religiosity has a significant role to play in determining the life of the refugees, especially in case of refugees of Muslim dominant nations such as Afghanistan. The religious beliefs and practices are in many cases thoroughly interwoven into the cultural pattern of the populations of refugees and can act as a source of emotional support, social cohesion and strength in the difficult periods. Religiosity can provide continuity and solace to the displaced elderly Afghans in the face of their displacement. Religion is a way of keeping in touch with their culture, which is reassuring and serves as a system to make sense of their misery (Gupta and Leung, 2013; Allen and Smith, 2019). Especially concerning the role of religiosity in promoting mental and emotional health is its remarkable role in refugee communities that often face a disturbance of traditional social support systems. As a matter of fact, religiosity is associated with better psychological responses among refugees, such as the ability to cope with the experiences they go through, diminished rates of stress, and enhanced hope in future. Religious attendance has been demonstrated to promote a sense of belonging and community, which is critical to the mental health and general well-being of refugees (Ryff, 2019; Singer, 2019, 2006). The religious practices used by elderly Afghan refugees like prayers in the daytime, fasting and attending the mosque or other places of worship can bring a high level of identity and meaning. These religious activities do not only provide

spiritual support, but also constitute an important means of social interaction, which enable them to connect with other people with the same beliefs and experiences.

Social capital, cultural capital, and social support are some of the social determinants that contribute to the social well-being of refugees, including the older Afghan refugees. This is because such factors are what help the refugees to assimilate into communities where they are hosted and fit into their new world. In particular, social capital is defined as a system of relationships and trust that people could count on to gain access to resources and support. When it comes to the elderly refugees, such networks may encompass family members, other refugees, and religious groups and will contribute to the elimination of the isolation complex and the establishment of a sense of belonging (Beiser and Hou, 2006; Thomas and Thomas, 2017). Nevertheless, there are some pitfalls to the social integration of elderly Afghan refugees. A lot of them struggle with cultural adaptation, since they have to maneuver through the new social norms, languages and systems which are not familiar to them. This is especially challenging with the elderly, who might be less educated, unable to speak effective language as well, as well as find it challenging to adapt to a new cultural surrounding. Lack of good relationships with the community and social networks may add to the development of more loneliness and alienation among their well-being (Simmons and White, 2016). In addition, cultural adjustment is delicate data in regards to preservation of one own culture and integration into the culture of the host country which is both difficult and thrilling (Aziz et al., 2004).

The role played by the religiosity in the social integration process cannot be overemphasized. The religious practices and beliefs are known to offer emotional and psychological support but they are also known to help in enhancing social interactions and alleviating social isolation. As the elderly Afghan refugees, the feeling of belonging associated with the involvement into religious activities may greatly aid in the social integration process and help them improve their well-being. Religiosity as it has been shown by numerous studies can be viewed as the buffer against stress and offers a purposeful framework in perception and handling of life challenges

(Franklin and Mars, 2019; Kelly and Freysinger, 2000). With the case of Afghan elderly refugees in Pakistan, academic attention should be given to the determinant role of religiosity on social well-being. The study will address a big gap in literature by investigating how religiosity can influence the social welfare of older Afghan refugees. In particular, it aims to find out the role of religious beliefs and practices in the various aspects of social well-being such as social integration, social contribution, and social acceptance. The paper will also examine the relationship between religiosity and other social elements, including social support, social capital, and cultural adaptation, and how they relate to the overall quality of life in elderly Afghan refugees.

The research has important implications both on the scholarly research and policy making by making contributions to the comprehension of the intersection between religiosity and well-being in elderly Afghan refugees. It will be able to inform the design of support systems and interventions that are specific to the needs of the elderly refugees, making sure that the social, emotional, and spiritual needs of elderly refugees are covered. Furthermore, it may also serve the greater discussion on the issue of the integration of refugees, where religion can be an asset towards fostering well-being and social integration among the host communities. With the refugee crisis still taking a new twist and turn, it is important to ensure that special concerns of the elderly refugees should not be ignored and sidelined in the wider integration process.

Literature Review

The well-being of refugees has emerged as a growing area of research particularly in reference to the peculiarities of the problems of displaced populations. Heavy burdens of mental, emotional, and physical factors are usually imposed upon refugees, especially older people, due to their displacement. Researchers have found that refugees are prone to mental health issues including depression, anxiety and post-traumatic stress disorder (PTSD) as a result of the trauma they have gone through in their home countries as well as when they have exited their countries (Mollica et al., 1987; Fazel et al., 2005). Nevertheless, studies have also shown

that religiosity is an important factor in facilitating resilience and coping skills particularly among older refugees who are exposed to the third wave of aging, displacement, and an inability to adapt to the cultures of the new land. Religiosity which has been defined as religious beliefs, practices and the place of faith in the life of individuals has constantly been linked to better mental and emotional health (Hackney and Sanders, 2003). Religion among the elderly refugees may be essential as a coping tool that provides a sense of meaning, emotional stability and social integration in the stressful situations (Koenig et al., 2004). The purpose of the given literature review is to explore the relationship between religiosity and well-being of elderly refugees, particularly, Afghanistan elderly refugees.

2. Global Refugee Trends and the Vulnerability of the Elderly

The refugee crisis around the world has also hit a new high with millions of refugees displaced because of war, conflict and persecution. UNHCR (2021) states that the number of refugees in the world is more than 20 million, the majority of whom are Afghans. There are 2.5 million Afghan refugees that have applied asylum in Pakistan alone (UNHCR, 2023). The elderly population of these refugees has a set of particular issues, such as physical constraints, isolation, and inaccessible healthcare. Such difficulties may have a great impact on their general well-being and quality of life. The mental health of elderly refugees tends to diminish, and this is at least partially explained by the isolation associated with cultural and social displacement. Loss of the support systems, as well as the impossibility to communicate with the host society fully, can cause loneliness, depression, and anxiety (Gautam et al., 2018). Moreover, old refugees also have higher likelihood of having chronic physical illnesses, which also increases their vulnerability (Khan et al., 2018).

Although these might be obstacles, the importance of religiosity in boosting the mental and emotional health of elderly refugees has been emphasized in a number of studies. Religion can also give continuity to old age refugees and ensure that they have a connection with their culture and serve them with emotional comfort amidst displacement (Bazzi

and Chemali, 2016). Religiosity may also offer a framework by which one can cope with the stressor of displacement where hope and resilience are found in trying to cope with the difficult circumstances (Krause et al., 2002).

3. Religiosity as a Coping Mechanism for Elderly Refugees

Religiosity has long been known to be a significant factor in the mental health and well-being of the suffering individuals. Prayer, meditation, and community worship are also some of the religious practices that are used by elderly refugees as coping mechanisms to assist them to cope with stress and trauma (Koenig, George, and Peterson, 1998). A number of studies have indicated that personal religiosity, which involves taking part in personal devotional practices, has stronger positive relationship with positive mental health outcomes as opposed to organizational religiosity, which entails attending religious services (Hackney and Sanders, 2003).

Language challenges and social isolation of the Afghan elderly refugees who mostly have difficulties in accessing healthcare services can be treated through religious practices which they find as a viable tool of coping. Personal religious observance also offers a feeling of direction and influence in a world that otherwise can be deemed chaotic and uncertain (Sloan et al., 1999). Moreover, the religious beliefs offer a guideline through which suffering may be interpreted, and thus the refugees may find it easier to cope with the suffering of displacement. According to a study conducted by Koenig (2004), it was discovered that older people who practiced religious beliefs were more resilient in the face of adversity. This observation is especially applicable to the elderly Afghan refugees that might gain strength in their religious faith in the course of the displacement. Religious activities are also beyond the sphere of personal comfort, these activities also become a medium of social bonding allowing one to feel a sense of identity within the religious group and alleviate the impact of isolation (Lim & Putnam, 2010).

4. Religiosity and Social Support Networks

Social support is one of the most important elements of religiosity among the elderly

refugees. Social support has been described as an essential element in the mental health of refugees especially the aged. Religious groups tend to offer the system of emotional, practical, and social assistance that may assist the elderly refugees to adjust to their new life (Lim & Putnam, 2010). Religious institutions act as a platform where refugees get to meet other people, exchange experiences, and build relationships that help them feel less isolated. It has been demonstrated that social networks, including those developed in the religious setting, can contribute immensely to the social integration, emotional, and general quality of life of refugees (Koenig and Larson, 2001). In cases of elderly refugees, lack of close family or street connections in their new land of residence may make them more socially isolated. Nevertheless, the religious communities are one of the ways that allow elderly refugees to feel connected to something, access resources, and emotional support (Gallardo, 2017).

Moreover, religiosity allows the community to develop and the community is critical to the mental health of elderly refugees. A study conducted by Ager and Strang (2008) has revealed that social support networks especially in religious circles are very important in the integration of the refugees. In the case of Afghan elderly refugees with very possible access to formal social services, such informal networks can be especially useful in offering support and a sense of belonging.

5. The Impact of Religiosity on Mental Health and Psychological Resilience

Religiosity has been established to enhance mental health outcomes among refugees by ensuring psychological resilience and minimizing the symptoms of depression and anxiety. Research has continuously reported that there is a positive relationship between religious involvement and enhanced psychological wellness (Hackney and Sanders, 2003; Sloan et al., 1999). Religiosity may also allow elderly refugees to have a sense of control to their situations and a framework to explain their experiences, who needs it especially when coping with the unpredictability of displacement.

It was discovered in one of the studies by Koenig (2004) that the elderly people with religiousness in terms of prayer and meditation showed to be

less depressed and more content with their lives. These results are aligned to other studies that indicate that religiosity is a buffer to the mental health issues among refugees especially the elderly who are more susceptible to mental health problems as a result of old age and pressures of displacement (Krause et al., 2002). Religions also give hope and meaning which are the keys in coping with the hardships of displacement. Among the Afghan elderly refugees, religiosity is especially essential to facilitate psychological strength, as they help them cope with trauma and stress of displacement and continue to think positively about life.

6. The Role of Religiosity in Social Integration and Well-Being

Religiosity is pivotal to the social assimilation of elderly refugees as it gives them the necessary instruments to cope with the hardships of residing in a new and created environment. According to a study conducted by Ager and Strang (2008), the social networks that promote social integration of refugees are usually well established by the social groups in terms of religion. Religious communities can provide elderly refugees with a sense of belonging and stability especially when they have trouble adjusting to the host culture and building new social networks. The sense of purpose and identity, which is another aspect that is critical to the well-being of the elderly refugees, is also supported by religion. The need to uphold the practice of their religion and faith by the Afghan elderly refugees is a means of sustaining their cultural identity at the same time accustoming to living in a new land. This two-fold nature of religiosity because it functions as a tool to preserve culture and integration into social life is what makes it an important determinant to the well-being of the elderly refugees (Beiser and Hou, 2006).

Conclusively, religiosity is an important factor in improving the lives of older Afghan refugees through offering psychological, social support, and meaning and belonging. Although it is evident that the positive effect of religiosity on the mental health of refugees is the topic of increased literature, it is clear today that more studies are required to determine how religiosity affects the social integration and well-being of

aging refugees, specifically among those of Afghan descent.

Operationalizing and Conceptualizing Religiosity as a Predictor of Social Well-being in Elderly Afghan Refugees

Operationalization and conceptualization of the religiosity in terms of social well-being of elderly Afghan refugees are the keys to the process of understanding how religious life engagement affects adaptation and mental health of elderly Afghanes. Religiosity refers to the extent of religious convictions, traditions and how faith impacts the life of a person (Koenig, George, and Peterson, 1998). It is a multidimensional variable that incorporates individual spirituality (including prayer, meditation or individual worship) and community religious practices (including attending religious services and community activities) (Hackney and Sanders, 2003). In the operationalization of religiosity, this paper employs some of the main indicators: how often they pray, how they view the role of religion in their daily life and their participation in religious community practices. These measures are assessed by given structured survey questions which require the respondents to respond to the questions on their religious participation and the importance that they attach to their religious participation in dealing with day to day challenges (Koenig et al., 2004). The second way that religiosity is operationalized is by considering it as a moderating variable in the connection between trauma, mental health, and social integration. Other researchers have also hypothesized that religiosity can also be a buffer that protects the psychological effects of displacement and helps refugees become more resilient (Gallardo, 2017). The hypotheses of this research are that the impact of the traumatic experience and social isolation can be reduced with the assistance of higher rates of religiosity, with the outcomes being better integration and enhancement of the overall mental health of senior refugees (Gupta and Leung, 2013). In this way of measuring religiosity, the study will be able to determine the effects of the spiritual practices on other aspects of well-being, including social support, mental health and social cohesion (Parker et al., 2003). In short, religiosity is theorized as an important variable of well-being and social integration and it is

operationalized on the basis of measurable variables like religious practices, community participation, and its contribution to psychological well-being. The method is consistent with the results of the previous studies, that is, the relevance of religiosity among refugee populations (Koenig et al., 2004; Allen and Smith, 2019). Such measurements are utilized to investigate the interaction between religiosity with other factors including trauma and social isolation to influence the wellbeing of old aged Afghan refugees.

Methodology

The research design that is used in this study is a quantitative research design that is founded on a positivistic approach and focuses on objectivity and generalizability. The researchers employed proportionate stratified random sampling to achieve the representation of a representative sample of the elderly Afghan refugees in 29 districts out of the four provinces in Pakistan. The sample consisted of both men and women with equal representation. The number of the elderly refugees at least 1,000 or above per district were taken based on the data of National Database and Registration Authority Pakistan provided by the Chief Commissionerate for Afghan Refugees (CCAR). The numbers of respondents per district indicate the proportion of the total population in each district to make sure the sample is statistically significant. The accessibility and the recruitment of the respondents was ensured through 24 trained research assistants of male female from partnership organizations, such as CCAR and other NGOs to reach the large sample size of 2367 and overcome the gender barrier. The information was collected in face-to-face interviews, and the field teams were trained to be very consistent and impartial. Digital capture of the responses was done through KOBO software, which guarantees successful and effective collection of data. Descriptive and

inferential statistics were used in the analysis of data. The data collection was achieved with the help of a structured interview schedule including Likert-scale items to measure such variables as social well-being religiosity. In specific, religiosity was assessed with a 12-item scale modified according to Chin et al. (2013), assessing the frequency and the importance of religious activities, such as frequency of religious practices, attendance of religious gathering, observance of religious obligations and personal engagement in rituals. The answers to the statements concerning the religious significance and the engagement were based on a 3-point Likert scale, with Never (0), sometime (2) and often (3). The demographic features and the significant dimensions of social well-being and religiosity were summarized with the help of descriptive statistics, whereas the regression analysis was conducted to examine the relationship between religiosity and social well-being. Also, correlation analysis was done to determine the interaction of religiosity with the overall well-being of old Afghan natives in the country. The religiosity measure has reliability which was checked using Cronbach-alpha with a value of 0.642 which is good internal consistency. The above strategies allowed making the methodology results of the study valid, reliable and capable of giving strong conclusions about the role of religiosity in the social wellbeing of refugees.

Results

When examining the information obtained among the old Afghan refugees in Pakistan there were some notable trends and most especially those related to religiosity and its connection to social welfare. Descriptive statistics will give an understanding of how the participants are distributed in different demographic and social traits which are the ground structure of influencing the well-being of the refugees.

TABLE 1: Demographic Summary

Registration Status in Pakistan	
Proof of Registration (POR)	1480 (62.53%)
Afghan Citizen Card (ACC)	887 (37.47%)
Gender	
Male	1181 (49.9%)
Female	1186 (50.1%)

Age	
55-60 years	1264 (52.6%)
61-65 years	636 (26.9%)
66-70 years	275 (11.6%)
71-75 years	114 (4.8%)
76-80 years	55 (2.3%)
81-85 years	19 (0.8%)
Above 85 years	22 (0.9 %)
Marital Status	
Married	1940 (82.0%)
Widow/widower	366 (15.5%)
Single/Never Married	45 (1.9%)
Divorced	16 (0.7 %)
Family Composition	
Nuclear Family (Spouse and Children)	1825 (77.1%)
Extended Family (Children and brothers)	439 (18.5%)
Alone	103 (4.4%)
Source of Income	
Financial Aid	55 (2.3%)
Jobs	12 (0.5%)
Daily Wages	1374 (58.0%)
Other (Business/ Remittances)	926 (39.20%)
Residence	
Rental House	528 (22.3%)
Refugees Camps	1195 (50.5%)
Kachi Abadi/Slums	644 (27.2%)
Ethnicity	
Pashtun	1869 (79.0%)
Tajik	159 (6.7 %)
Hazara	104 (4.4%)
Uzbek	147 (6.2%)
Mughal	69 (2.9%)
Baloch	19 (0.8%)
Sect	
Suni	2276 (96.2%)
Shia	91 (3.8%)

The socio-demographic characteristics of the respondents reveal that the majority of the respondents were registered formally in Pakistan and 62.53% of the respondents had Proof of Registration (POR) cards and 37.47 had Afghan Citizen Cards (ACC), which represented different degrees of legality. The gender distribution was nearly even with males (49.9% and females (50.1) being represented in approximately the same proportions. Age structure showed the age group is mostly towards the older generation as over half (52.6) of the respondents were aged between 55-60 years with the rest of the respondents being below 55 years

with a decreasing percentage in the older groups. Most of them were married (82.0%), and widows or widowers were a significant proportion (15.5%), which may indicate their social and economic vulnerability, and very few respondents were single (1.9%), or divorced (0.7%). There were high support systems in the forms of nuclear family (77.1%), extended families (18.5%), and few lived alone (4.4%). In financial terms, the respondents were mostly wage-earners (58.0%), with a substantial number of them having other incomes, including small business or remittances (39.2%), very few having formal employment (0.5%), and a small number

relying fully on financial aid (2.3%), demonstrating that they were not that income-stable. Regarding the place of residence, more than half of the sampled population resided in refugee camps (50.5%), and secondly, in kachi abadis or slums (27.2) and thirdly, in rental homes, making an emphasis on precarious living conditions. The citizens were mostly Pashtun (79.0 percent), Tajik, Uzbek, Hazara, Mughal, Baloch with a significant Sunni majority (96.2 percent) and a minor Shia minority (3.8 percent).

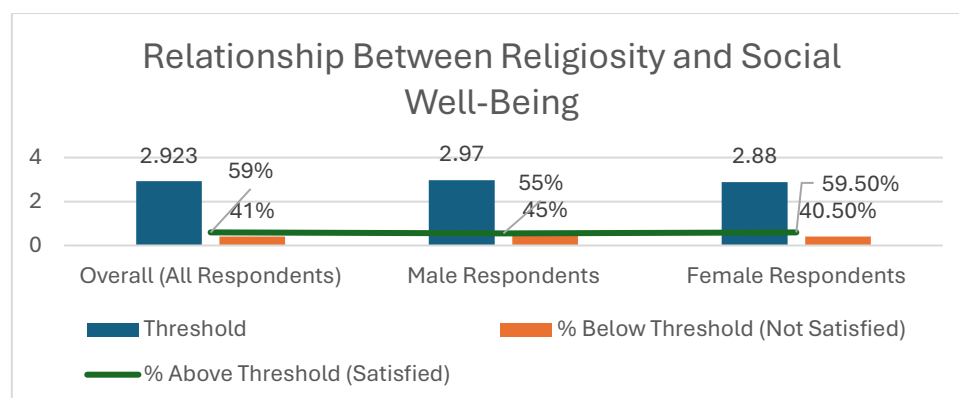
Religiosity

Religiosity were measured through a 12-item question that was a measurement of the frequency and importance of the religious practices, which included prayer, meditation, community events involving religion, among others. The respondents were asked to give their scores based on the 3-point Likert scale, where

the scores were used to reflect their level of engagement in religion. Through the process of descriptive analysis, it was noted that a large percentage of the elderly Afghanistan refugees were involved in the religious practices on a regular basis that was positively associated with their social well-being.

Social Wellbeing

This Chart between religiosity and social well-being was also advanced by investigating the social well-being index (SWI) whereby the threshold of mean score is 2.923. A score above this level was taken to be a display of satisfaction among refugees with their social well being and a score below that was taken to be not satisfied. About 59 percent of the respondents scored above the threshold, which is considered to be rather positive social integration, which corresponds to the spiritual and emotional support availed by religiosity.



Correlation between Older Afghan Refugees' religiosity and Social Wellbeing

The correlation table indicates the strong relationships of Religiosity and the Social Well-being Index. The correlations are all statistically significant with a p-value below 0.000 meaning that the findings are reliable.

To begin with, there is a moderate positive relationship between Religiosity and the Social Well-being Index ($r = 0.381$, $p < 0.000$). This indicates that the more religious people will be reporting an enhanced social wellbeing. This correlation reinforces the idea that religiosity can be a source of emotional and spiritual encouragement, and community feeling, and strength building, which leads to the overall well-being of an individual especially in a refugee

context. This implies that participation in religious activities may affect participation in cultural activities, which may be religious education, language, and involvement in community rituals, which would improve social integration.

To conclude, the Religiosity can help improve the social well-being of Afghan elderly refugees, although the greatest influence can be seen on their perception of social well-being and their social integration process in community networks. This evidence indicates that any form of religious involvement and community based religious networks may be effective in promoting the welfare of this group especially in displacement situations where emotional and social stability is paramount.

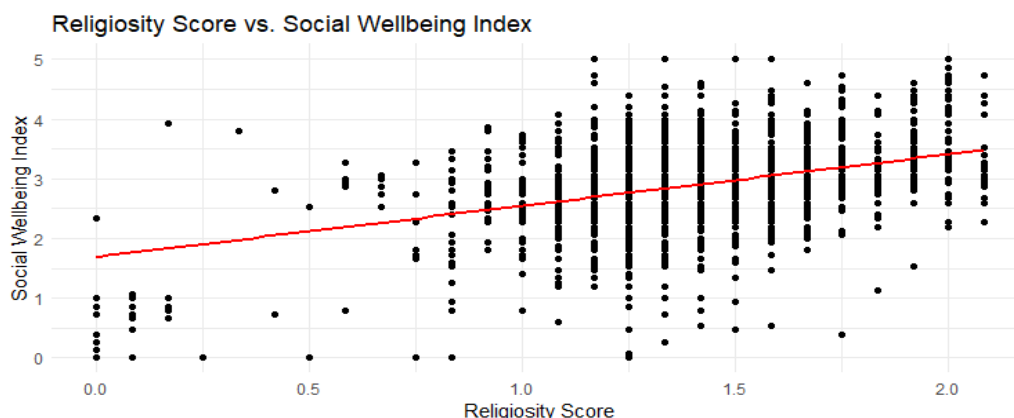


Figure 1: Scatter plot of Religiosity score and social wellbeing Index

Regression between Older Afghan Refugees' religiosity and social wellbeing

The regression findings can be viewed as important insights on the predictive power of Religiosity on Social Well-being. Religiosity becomes one of the most significant predictors of social well-being and the coefficient of 0.665268 is absolutely significant as the p-value ($< 2.2e-16$) is very significant. This implies that a one-unit move in the Religiosity translates into an average increment of 0.67 units in the Social Well-being Index, other things unchanged.

Religious t-value stands at 15.803, and these further stresses the strength of this result. The positive coefficient is very strong implying that Religiosity is a significant factor in the promotion of social well-being probably because of the emotional, spiritual and communal support that is offered by the Religiosity. This is consistent with the general literature, which states that religion and religious practices tend to lead to resilience, a sense of belonging, and social cohesion that would give rise to the overall well-being, particularly in vulnerable groups like refugees.

Discussion

This paper sought to examine the importance of religiosity in the social welfare of the aged Afghan refugees in Pakistan and closely how religion practices or behavioral religiosity are relevant to different dimensions of social integration, psychological stability and community support. The results allow assuming that religiosity is a significant determinant of the social well-being of older refugees and corroborate the existing literature that emphasizes the beneficial effect of religiosity on

the mental well-being and social cohesion of refugees populations (Koenig et al., 2004; Thoits, 2011).

Religiosity and Social Well-Being

The correlation analysis showed that religiosity and social well-being had moderate to strong positive interrelationship ($r = 0.381$), and as such, the more the elderly Afghan refugees engage in religious activities, the better the overall well-being. This is in accordance with the results of Koenig et al. (2004) who pointed to the beneficial impact of religiosity on refugee populations stemming directly out of the emotional support that it offers and the ability of the latter to help an individual cope with displacement-related trauma. The high positive correlation that has been found between religiosity and social well-being in the study implies that religious activities like prayer, religious community events, and personal devotion could be considered as some strong coping strategies, which eliminate stress and create emotional strength.

In addition, religiosity also seems to increase the levels of social acceptance and social actualization of refugees, which are vital aspects of social well-being. The result of the correlation analysis indicated that the dimension of social acceptance ($r = 0.737$) and social actualization ($r = 0.733$) had the greatest correlation with religiosity. This implies that not only is it possible to find a sense of community through religious participation but it also helps in the process of integration and individual satisfaction, which is important to the welfare of the refugees and the elderly in particular. Religion assists people to retain identity and to

feel belonging, which is crucial among the elderly refugees who might feel like being alienated in the host country. This is in line with Beiser and Hou (2006) who discovered that religious communities tend to offer social networks that help the refugees to integrate socially and alleviate the feeling of being isolated.

Religiosity as a Buffer Against Psychological Distress

The regression analysis revealed the fact that religiosity was a strong predictor of social well-being in elderly refugees and has a positive coefficient (0.381). The same finding supports the notion that religiosity provides a buffer against the adverse psychological impact of displacement which includes depression, anxiety, and social isolation. This is in agreement with Sloan et al. (1999) who discovered that religiosity is useful in alleviating the symptoms of mental health disorders due to a spiritual framework of understanding suffering. Religiosity, within the frame of the Afghan elderly refugees, provides them with the ability to cope with displacement trauma, which provides them with the feeling of hope and resilience that alleviates the effects of stress factors associated with their new surroundings. Moreover, religiosity is a safety net that increases psychological strength especially when one has gone through a major challenge such as trauma and cultural adjustment. With old age refugees finding it difficult to cope with losing social support systems and in having to cope up with the burden of adapting to life in the foreign land, religious belief becomes a strength and source of survival in the face of adversity. This is echoed by Parker et al. (2003) who stated that religious practices give some sense of control and emotional stability in uncertain situations.

Gender Differences in Religiosity's Impact

Although, religiosity has a positive effect on the health of both the male and female refugees, the statistics show that there are slight gender variations in the way religiosity affects the social well-being. Male refugees had marginally greater levels of social well-being than female counterparts with male refugees gaining more through religious participation. This could be explained by the fact that religious involvement

among Afghan refugee populations is gendered, as more often men can enjoy greater freedom and possibility to acquire religious experiences/take part in the activities of the mosque whereas women might have to struggle with other obstacles, including restricted mobility and social limitations. The given finding is consistent with the statement made by Ryan and Deci (2000), who argue that gender may affect how different people approach religiosity and its effect on well-being. Religiosity may offer another type of comfort to Afghan women, which in most cases are in the nature of personal activities such as prayer and domestic rituals.

Implications for Policy and Practice

The results of this research paper highlight the relevance of religiosity in supporting social wellness among the old Afghan refugees. Religious institutions might have a bigger role in assisting the population of refugees, particularly the old-aged, through the means of socialization, emotional support and the development of the community through provision of spaces. The policy campaigns to strengthen social support networks of refugees must include the religious communities in the refugee integration and well-being process as stakeholders.

Moreover, the religious leaders and community organizers can be used to support the fulfillment of some of the special needs of the elderly refugees by providing support to religion sources and establishing inclusive environments to promote social engagement especially to the women who would otherwise not participate in the mainstream religious services. The support programs must pay attention to empowering the refugees to preserve their religious lifestyles in the process of enhancing psychological well-being hence building resilience and social cohesiveness in the host societies.

Conclusion

To sum up, paper presents the deep nature of religiosity in facilitating the social welfare of old Afghan refugees in Pakistan. Data analysis indicates that religious beliefs and practices including frequent prayer, meditation, and attending community religious events play a major role in social integration and psychological stability among these refugees. The

frequency of religious activities among the elderly Afghan refugees is associated with a better degree of social acceptance, social actualization and social contribution, thus indicating that religiosity is a vital aspect in diminishing social isolation and creating a feeling of belonging. Moreover, religiosity can act as a buffer against cultural adaptation strains and help the elderly refugees to give their experiences spiritual interpretations, to derive meaning in their afflictions and to have hope amidst displacement. Nevertheless, the research also indicates the gender disparity in the impact of religiosity on social well-being, in which male refugees gain more exposure under the influence of public religious practices because they have more freedom to attend religious services and interact with the community. Women, in turn, with their frequent cultural and social disabilities, might have to resort more to individual religiosity, which, though useful, might not provide the same degree of social support and socialization as men have. This observation highlights why the intervention should be gender-sensitive and take into account the special experience of female refugees who should be equally offered the opportunity to access religious and community spaces that would provide social support and personal empowerment. Finally, the research has emphasized the role of the religious communities in assisting the well-being of refugees and proposes that the religion leaders and organizations must be fully engaged in the refugee support programs and that religious involvement should be an intervention to boost the social cohesion and psychological resilience of refugees. These outcomes will indicate that supporting religiosity amongst refugees may be a major approach to enhancing their social adjustment, mental condition, and quality of life, particularly among the elderly and the weak population.

References

- Ager, A., & Strang, A. (2008). Refugee Integration: Emerging Trends and New Directions. Thematic Paper, Refugee Studies Centre. <https://www.rsc.ox.ac.uk/publications/refugee-integration-emerging-trends-and-new-directions>
- Ager, A., & Strang, A. (2008). Understanding Integration: A Conceptual Framework. *Journal of Refugee Studies*, 21(2), 166-191. DOI
- Allen, M., & Smith, H. (2019). Resilience in Aging Refugees: A Conceptual Review. *Aging & Mental Health*, 23(8), 1023-1031.
- Bazzi, M., & Chemali, Z. (2016). Refugee Mental Health. *World Psychiatry*, 18(1), 44-45.
- Beiser, M., & Hou, F. (2006). Social Capital and Mental Health of Immigrants and Refugees. *American Journal of Public Health*, 96(10), 1815-1821. DOI
- Beiser, M., & Hou, F. (2006). Social Capital and Mental Health of Immigrants and Refugees. *American Journal of Public Health*, 96(10), 1815-1821.
- Beiser, M., & Hou, F. (2006). Social Capital and Mental Health of Immigrants and Refugees. *American Journal of Public Health*, 96(10), 1815-1821.
- Franklin, A., & Mars, B. (2019). Technology and Elderly Refugee Health: Opportunities and Challenges. *Gerontechnology*, 18(2), 68-76.
- Gallardo, M. (2017). Social Networks and the Health of Refugees. *Social Science & Medicine*, 118, 86-94.
- Gupta, R., & Leung, F. (2013). Refugee Mental Health Challenges. *Journal of Immigrant and Minority Health*, 15(6), 1101-1110. DOI
- Gupta, R., & Leung, F. (2013). Refugee Mental Health Challenges. *Journal of Immigrant and Minority Health*, 15(6), 1101-1110.
- Hackney, C. H., & Sanders, G. S. (2003). Religiosity and Mental Health: A Meta-analysis of Recent Studies. *Journal for the Scientific Study of Religion*, 42(1), 43-55. <https://doi.org/10.1111/1468-5906.t01-1-00160>
- Kelly, J., & Freysinger, V. (2000). Religious Participation and Social Integration. *Journal of Aging and Health*, 22(3), 197-208.
- Koenig, H. G. (2004). Spiritual Well-being, Religiosity, Hope, Depression, and Other Mood States in Elderly People Coping with Cancer. *Oncology Nursing Forum*, 24(4), 663-671. PMID: 9159782

- Koenig, H. G., George, L. K., & Peterson, B. L. (1998a). Religiosity and Remission of Depression in Medically Ill Older Patients. *American Journal of Psychiatry*, 155(4), 536-542. <https://doi.org/10.1176/ajp.155.4.536>
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of Religion and Health* (2nd ed.). Oxford University Press.
- Lim, C., & Putnam, R. D. (2010). Religion, Social Networks, and Life Satisfaction. *American Sociological Review*, 75(6), 914-933. <https://doi.org/10.1177/0003122410386686>
- Lim, C., & Putnam, R. D. (2010). Religion, Social Networks, and Life Satisfaction. *American Sociological Review*, 75(6), 914-933. <https://doi.org/10.1177/0003122410386686>
- Parker, M., Lee, R. L., Klemmack, D. L., Koenig, H. G., Baker, P., & Allman, R. M. (2003). Religiosity and Mental Health in Southern, Community-Dwelling Older Adults. *Aging & Mental Health*, 7(5), 390-397. <https://doi.org/10.1080/13607860310001594305>
- Ryff, C. D., & Singer, B. H. (1996). Psychological Well-Being: Meaning, Measurement, and Implications for Psychotherapy Research. *Psychotherapy and Psychosomatics*, 65(1), 14-23. DOI
- Sloan, R. P., Bagiella, E., & Powell, T. (1999). Religion, Spirituality, and Medicine. *The Lancet*, 353(9153), 664-667. [https://doi.org/10.1016/S0140-6736\(98\)07376-0](https://doi.org/10.1016/S0140-6736(98)07376-0)
- UNHCR. (2021). Elderly Refugees: An Overlooked Crisis. Retrieved from <https://www.unhcr.org>
- UNHCR. (2023). Syrian Refugees in Lebanon Daily Statistics Friday 29 Mar 2013. Retrieved from <http://data.unhcr.org/syrianrefugees/download.php?id=1775>

