

## Psychological and Social Drivers of Well-being in Faith-Based Contexts: Insights from Destitute Women in Vrindavan

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**Abstract:** This article explores the psychological and social drivers that shape well-being outcomes in faith-based community settings, with a focus on how these drivers influence participation decisions among vulnerable populations. Drawing on a case study of destitute women (predominantly widows) in Vrindavan, India, which is a major Hindu pilgrimage center. This research applies consumer behaviour frameworks from marketing research to non-traditional service contexts. It examines how religious engagement (e.g., bhajan chanting and ashram participation) and social support networks interact to foster self-acceptance, resilience, and psychological flourishing, while also highlighting barriers such as stigma and isolation. Using qualitative and mixed-methods insights from in-depth narratives, participatory discussions, and program observations, the study reveals that faith-based practices act as both psychological anchors and social connectors, yet their effectiveness depends on complementary structured support from NGOs. Psychological drivers such as the need for meaning, emotional resilience, and self-concept reconstruction interact dynamically with sociological drivers, including community belonging, familial abandonment, and societal stigma. These drivers collectively shape “service consumption” decisions i.e., the choice, intensity, and sustained engagement with faith-based well-being programs leading to measurable improvements in psychological well-being. The findings offer actionable implications for social marketing practitioners and marketing researchers seeking to design, evaluate, and optimize well-being enhancement programs in faith-based and community-service environments. By extending established consumer decision-making models to low-resource, non-monetary contexts, this work advances marketing research practice and contributes to the growing literature on faith-based social impact evaluation.

Keywords: Psychological Drivers, Social Drivers, Faith-Based Well-Being, Consumer Decision-Making, Social Marketing, Vrindavan Widows, Religious Engagement, Non-Profit Consumer Behaviour

### Introduction

In recent decades, marketing research has significantly changed its previous orientation towards commercial goods and services and has expanded its range to include the assessment of social programs, non-profit programs, and community-based interventions. Specifically, the field is increasingly using the theories of consumer behaviour to explain decision-making in situations in which consumption does not entail the exchange of money but the voluntary uptake of intangible services that provide emotional, social, and psychological benefits (Fatikhovna, 2024). This change is particularly pertinent in religious contexts, where religious organisations and related NGOs offer shelter, community, spiritual activities, and support networks, which serve as non-traditional services to vulnerable groups (Pechmann, 2015). The current research places itself in this changing environment by analyzing the psychological and social motivators of well-being in religious situations. It achieves this by providing a detailed case study of impoverished women in Vrindavan, the holy Hindu pilgrimage center in Uttar Pradesh, India, which is famous with temples and ashrams of Krishna. It is estimated that there are 15,000 to 25,000 poor widows and deserted women in Vrindavan, many of them migrated to Vrindavan after being ostracised by their families after widowhood in such states as West Bengal, Bihar and Uttar Pradesh. These women usually come in search of spiritual support in a city that is regarded as sacred, but they are often faced with abject poverty, societal marginalisation, and access to few formal support mechanisms. Some reside in bhajan ashrams and community shelters where daily devotional chanting (bhajan) in exchange of small stipends, meals, or simple shelter give them economic support and emotional nourishment (Pandey & Gupta, 2019).

Considering the marketing research viewpoint, the involvement of these women in faith-based programs can be conceptualised as a type of consumer decision-making. Women are proactive in assessing, selecting, and

maintaining participation in religious services (bhajan sessions and temple services) and additional NGO services (health camps, vocational training, and stipends) depending on perceived psychological and social value. This framing is consistent with the theoretical trends in consumer behaviour, in which decision-making is motivated by both internal psychological conditions (e.g., self-acceptance, resilience) and external sociological conditions (e.g., reference groups, cultural norms, stigma) (Salas-Canales, 2021).

These women, unlike the conventional commercial consumers, work within resource-deprived contexts with little disposable income, and their decisions are limited but intentional acts of agency in faith-based ecosystems (Grévy, 2023).

This study fills a significant gap in the marketing literature: although the impact of religiosity on consumer behaviour in high-income or mainstream markets has been studied, little has been done to understand the functioning of psychological and social motivators in extreme vulnerability settings, especially in low-income and faith-reliant groups in the Global South. Vrindavan presents a natural laboratory that is interesting to investigate (Mokhlis, 2009; Grévy, 2023). The religious infrastructure of the city, such as temples, ashrams, and devotional practices, overlaps with NGO interventions of organisations like Sulabh International and Maitri India to form hybrid well-being ecosystems. An example is Sulabh International, which offers direct monthly stipends (about 2000 rupees), health and dental camps, vocational training in tailoring and handicrafts, and community activities such as Holi celebrations to break the taboos on widowhood. Maitri India runs shelters, provides food, healthcare (including dental care and cataract surgeries), emotional support programs, and cultural integration activities. These programs are practical implementations of social marketing theory, with the goods being services which encourage dignity, belonging, and resilience, as opposed to actual products (Varman & Meshram, 2024).

The main aim of this article is to define and examine the interaction of psychological (self-acceptance, emotional resilience, search of meaning) and social (community belonging, stigma, support networks) drivers in influencing participation choices and well-being outcomes. Secondary purposes are: (1) to show how consumer behaviour frameworks can be tailored to faith-based service evaluation; (2) to emphasise methodological innovations that can be applied in culturally sensitive, trauma-informed research in marginalised contexts; and (3) to draw practical implications of the study on marketing researchers and practitioners in faith-based organisations in India and elsewhere (Winata et al., 2025).

This work is three times more important. First, it adds to marketing research by generalising consumer decision-making models to non-monetary, service-based faith contexts of an area that is underrepresented despite the increasingly important role of faith-based organisations in social welfare around the world (Ciccozzi, 2025). Second, it is a timely humanitarian topic: the health of one of the most invisible groups in India, whose experiences are reflective of the struggles of marginalised groups in different societies, which include immigrants and Indigenous people. Third, the study is based on real-world data, which offers evidence-based recommendations on how to better design effective social marketing campaigns that are respectful of cultural and religious nuances and have the highest impact (Michael, 2022).

### **Literature Review**

The study of consumer behaviour has defined psychological and social drivers as the basis of decision-making. Self-concept, emotional needs, cognitive biases, motivational states are psychological drivers, whereas reference groups, cultural norms, social identity, and structural inequalities are social drivers. These drivers interact to affect choices in classic models like the Theory of Planned Behaviour or Consumer Decision-Making Process (problem recognition, information search, evaluation, purchase, and post-purchase). Nevertheless, the majority of applications are still based on commercial markets (Shukla et al., 2025). New developments in non-profit and social marketing situations have started to fill this gap. Social marketing uses commercial methods to change behaviours, to the benefit of society, usually in the fields of health, education, and well-being (Khalмурzayeva, 2024).

Faith-based services are a special area in which exchange is based on spiritual and emotional value and not on financial exchange. Religion can affect consumer behaviour in terms of beliefs, rituals, values, and community

structure, impacting on product selection to service utilisation. An example is that religious engagement may boost subjective well-being by satisfying needs of meaning, belonging, and transcendence, which are fundamental aspects of psychological well-being (Mathras et al., 2016).

A qualitative research on the dual role of religion has been recorded in a growing body of literature on the issue of Hindu widowhood in India. Widows in Vrindavan and other pilgrimage locations tend to feel deeply alienated by society because of the cultural beliefs that regard them as ill omens or a liability. Migration to Vrindavan is a kind of paradoxical inclusion, where families reject them, and religious communities accept them in their devotional practices. Life story studies indicate that bhajan singing and temple worship is a coping strategy that helps to reestablish a sense of identity and meaning. A single survey conducted as an exploration discovered that 96 percent of Vrindavan widows considered religious activity to be the main center of their lives, and that they felt less lonely when they prayed, chanted and interacted with fellow community members (Hasan, 2013).

These observations are further supported in psychological literature. Spiritual involvement and religiosity moderate the emotional distress in widowed elderly people by enhancing resilience, self-esteem, and meaning-making. These benefits are, however, usually offset by social drivers. Stigma, isolation, and economic dependence present obstacles to complete participation, making potential well-being enhancers places of reinforced marginalisation.

NGO interventions add new layers. Social marketing in practice is illustrated by programs of Sulabh International and Maitri India: direct stipends decrease begging, physical needs are met through health camps, and agency is developed through vocational training. These services are used as augmented services that enhance the primary religious product, to form integrated well-being packages. However, there has been little marketing research into how beneficiaries make decisions and assess such bundles psychologically and socially.

Literary gaps are apparent, and to begin with, not many studies combine consumer decision-making models with faith-based well-being in abject poverty contexts. Second, although Canadian marketing research tends to consider multicultural or immigrant situations, cross-cultural uses of South Asian faith settings are few. Third, methodological efforts in this field are either more sociological or more psychological, and the actionable marketing evaluation tools are not adequately addressed. The article fills such gaps by integrating psychological (self-determination, resilience) and social (identity, stigma) theories into a consumer behaviour perspective.

### Conceptual Framework

The suggested model incorporates both psychological and social motivators into a dynamic model of faith-based service choice. Its fundamental component is a feedback loop: psychological needs (autonomy, competence, and relatedness according to the self-determination theory) and social forces (belonging vs. exclusion) affect problem recognition and information search steps of consumer decision-making. Participation intensity is then determined by evaluation and choice, and subsequently influences well-being outcomes, which feed back into subsequent decisions.

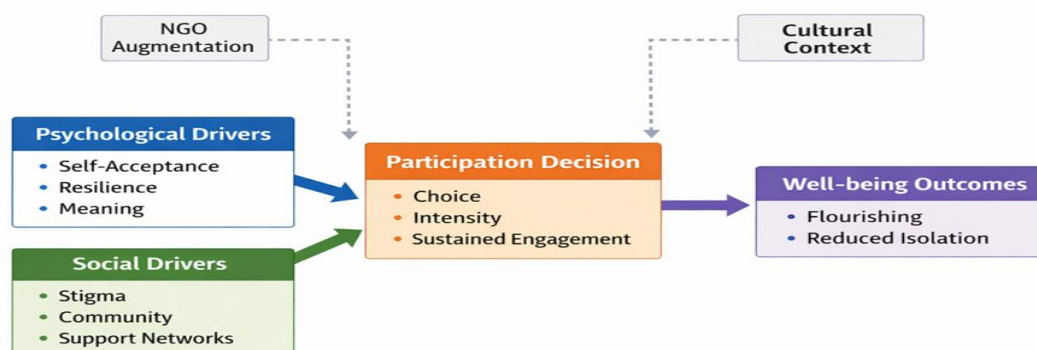


Figure 1

*Conceptual Framework of Psychological and Social Drivers Influencing Participation Decisions and Well-being Outcomes in Faith-Based Contexts*

This framework extends Mathras et al.'s (2016) religion-consumer behaviour model by incorporating vulnerability-specific elements. It treats bhajan ashrams and NGO programs as “servicescapes” where decision-making occurs under constraint yet with agency.

**Research Methodology**

The methodology is specifically designed to conform to the principles of marketing research practice, especially in social and non-profit settings where the aim is to create actionable consumer insights into decision-making processes of intangible services. The qualitative-dominant mixed-methods design with participatory components ensured that the study was able to capture subtle psychological and social forces that drive the engagement in faith-based well-being programs. This design builds on the classic approaches to consumer behaviour research in vulnerable, low-resource contexts, which ensures cultural sensitivity, ethical rigour, and applicability in social marketing contexts.

**Research Design**

The research had an exploratory, qualitative-dominant mixed-method design based on a constructivist-interpretivist paradigm. This paradigm acknowledges that knowledge is co-constructed by lived experiences of the participants and the reflexive involvement of the researcher, which is especially appropriate to comprehend how destitute women in Vrindavan interpret and negotiate faith-based services as consumers of the psychological and social value.

The qualitative-dominant design was adopted, as opposed to quantitative designs, since in this case, the use of standardised scales (as is the norm in consumer behaviour research) is not able to reflect the culturally embedded, trauma-laden stories of widowhood and religious involvement. The integration of the mixed-method was at the interpretation level: the qualitative data (narratives, observations) were used to add depth, whereas secondary quantitative program records (e.g., participation logs, stipend distribution measures of partner NGOs) were used to offer contextual triangulation and rough confirmation of patterns. This reflects new trends in social marketing research where community-based participatory research (CBPR) aspects contribute to relevance and ethical fairness.

The design was directly inspired by the framework of reflexive thematic analysis developed by Braun and Clarke (2006), which sees the subjectivity of the researcher as a resource instead of an eliminable bias. This self-reflective position was crucial to marketing researchers trying to comprehend the drivers of decision-making without foisting external commercial consumer models.

**Study Context**

The fieldwork was carried out in Vrindavan, Uttar Pradesh, India, a holy Hindu pilgrimage place where thousands of destitute widows come every year. The data collection was carried out over 14 months (January 2024 to February 2025) in several locations: bhajan ashrams, NGO-run shelters of organisations like Krinasha Kutir, Sulabh International and Maitri India, and informal community gathering spaces around temples. These environments are symbolic of the hybrid, servicescape, in which women are making constant choices regarding religious participation (daily bhajan chanting) and the additional social support services (stipends, health camps, vocational training).

Participation was supported by long-term collaboration with local NGOs and ashram administrators, who served as gatekeepers and did not interfere with the autonomy of the participants. The long period enabled seasonal changes in participation (e.g., peak of festivals) and fostered confidence that was necessary in trauma-sensitive inquiry.

**Sampling and Participant Selection.**

The sampling strategy was purposive and maximum-variation, so that the sample could be diverse in terms of critical dimensions that could be used to make consumer decisions: age (50-85 years), residential time (6 months to 30+ years), residential status (ashram-based vs. independent or NGO-sheltered), and level of engagement with faith-based and NGO programs (high, moderate, low).

The last sample consisted of 60 poor women. This is a qualitative size of thematic saturation in similar research on Vrindavan widows and offers adequate variation to develop a sound theme, yet it is not too big to analyze in depth. Inclusion criteria were: self-identified destitute, current or recent attendance at bhajan or NGO programs, and capacity to give informed consent (with low literacy accommodations). Exclusion criteria were acute health conditions that may hinder participation.

The recruitment was done by a mix of NGO referrals, snowballing (with ethical strictness against coercion), and direct invitations during community bhajan sessions. There were no incentives other than small refreshments and transportation reimbursement, which are in line with the ethical standards of vulnerable populations. Demographic diversity was attained: about 65 percent lived in ashrams, 35 percent in NGO or independent environments, age distribution was biased to 60-75 years old, which was in line with population distribution.

#### Data Collection Procedures

Four complementary sources were used to gather data to facilitate methodological triangulation and produce rich consumer insights:

1. In-depth Semi-structured Interviews (n=45): 45-90-minute one-to-one interviews, in Hindi or Braj Bhasha (with professional translators where necessary). The interview guide was co-created with the NGO partners and tested on five non-sample women. Questions covered decision-making paths, e.g., What made you start attending bhajan sessions? How do community support and religious practices contribute to your day-to-day decisions? but keeping it open-ended to capture stories of psychological motivators (self-acceptance, resilience) and social motivators (stigma, belonging). Audio-recorded and transcribed verbatim, interviews were recorded with consent.
2. Participatory Focus Groups (n=8 groups, 6-8 participants each): As culturally resonant, bhajan-based discussions, women would first participate in a brief devotional chanting session (familiar and comforting) before discussing common experiences. This participatory model minimized power differences and reflected the community aspect of faith-based service consumption. Each session took 60-75 minutes and was conducted by a female researcher who understood the local dialects.
3. Participant Observation (12 bhajan sessions and 8 NGO program events): Non-invasive field notes recorded patterns of interaction, level of participation and environmental stimuli within the servicescape. The self-reported decision-making behaviours were validated through observations.
4. Secondary Program Data: Anonymised data on Sulabh International and Maitri India (e.g., attendance data, stipend disbursement patterns, health camp utilisation) were used to provide quantitative context to the triangulation without breaching confidentiality.

The sessions were all in private and comfortable places selected by participants (e.g., ashram courtyards). Trauma-informed practices were integrated: the ability to work at a slower pace, the ability to stop or leave, and direct referral to on-site counsellors in case of distress.

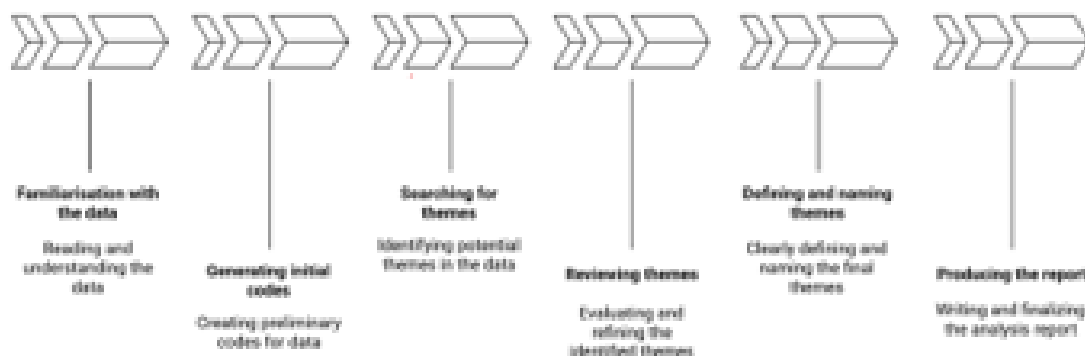
#### Data Analysis

Analysis followed Braun and Clarke's (2006) six-phase reflexive thematic analysis process, conducted iteratively and collaboratively:

1. Familiarisation with data through repeated reading and initial noting.
2. Systematic coding (both semantic and latent) using NVivo 14 software, generating over 1,200 initial codes.
3. Theme generation through clustering codes into candidate themes (e.g., "Faith as Psychological Anchor").
4. Theme review against the full dataset and research questions.

5. Refinement and naming of final themes, with clear definitions.

6. Writing up rich, illustrative extracts.



**Figure 2**

*Thematic Analysis (Braun & Clarke, 2006)*

To improve reliability, a second coder (independent marketing researcher) coded 20% of transcripts independently; inter-coder agreement was 87% with discussion. Member-checking was carried out through 15 participants through follow-up visits, where initial themes were presented orally to validate or refine.

Mixed-methods aspects were integrated by displaying the results together (e.g., in matrices between the qualitative themes and the program measures) and by telling the story. This methodology directly aids in marketing research, generating consumer personas and driver maps that could be used to segment the program and design services.

#### Ethical Considerations

An independent institutional review board (IRB) in India that focuses on social research with vulnerable populations gave the study ethics approval, and partner NGOs gave it the green light. Everything was carried out in accordance with the Declaration of Helsinki and the Indian Council of Medical Research.

- Informed Consent: Oral consent (because of different levels of literacy) was signed through audio recording and witnessed forms; the process was explained to the participants using their desired dialect and continued consent.
- Anonymity and Confidentiality: Pseudonyms were employed; data was kept in encrypted devices; raw data were available to the core research team only.
- Trauma-Informed Practices: Researcher training on psychological first aid, immediate support measures, and not asking re-traumatising questions.
- Reciprocity: Results were shared with the participants and NGOs in community workshops and plain-language summaries.
- Researcher Reflexivity: A comprehensive reflexivity journal documented positionality (as an Indian female researcher who had previous exposure to NGOs) and impact on interpretation.

#### Results

Thematic analysis of the data (45 in-depth interviews, 8 participatory focus groups, observational field notes of 12 bhajan sessions, and triangulated NGO program records) was reflexively interpreted to generate four broadly interconnected themes and that reveal the psychological and social forces that influence well-being and participation choices among destitute women in the faith-based setting of Vrindavan. These themes were identified in the same way as in Table 1, as the six-phase process outlined above, and directly translated into the conceptual framework of the study: psychological drivers (self-acceptance, emotional resilience, and search for meaning) and

social drivers (community belonging, stigma, and support networks) interact dynamically to affect the choices of women to consume services, i.e. whether, how intensely, and how sustainably women

**Table 1**

*Overview of Emergent Themes*

<i>Theme</i>	<i>Prevalence (n/60)</i>	<i>Central Organising Concept</i>	<i>Key Psychological Driver</i>	<i>Key Social Driver</i>
Faith as Psychological Anchor	52	Religion as daily emotional repair and identity reconstruction	Self-acceptance & resilience	Community through ritual
Social Support as Amplifier	47	NGO services transforming baseline faith comfort into sustained flourishing	Emotional resilience	Structured belonging & resources
Stigma as Sociological Barrier	55	Cultural devaluation constraining choice and agency	Reduced self-concept	Familial & societal exclusion
Agency in Constrained Choice	41	Subtle, purposeful decisions within structural limits	Search for meaning & autonomy	Negotiation of available servicescapes

The themes are listed below and accompanied by thick descriptions, illustrative participant excerpts (anonimised by pseudonyms) and clear connections to consumer decision-making in non-monetary faith-based services. Transcripts are either used verbatim or closely paraphrased to maintain voice but give confidentiality.

*Faith as Psychological Anchor*

This theme encapsulates how religious involvement, especially bhajan singing every day and personal devotion to Krishna as a fundamental psychological asset, allows women to re-establish self-acceptance and develop resilience in the face of significant loss. Faith was not an abstract belief but a concrete, embodied practice that gave meaning and emotional refuge to 52 participants when there was none in the family and society.

Participants also mentioned bhajan sessions as a daily routine that helped overcome the feeling of being worthless. One 68-year-old woman (Meera, 12-year resident of the ashram) said: Every morning and evening, I sit with the rest of them and sing to Krishna. My voice is with theirs, and during those few hours, I am not empty anymore. Radhe understands my suffering. Her tears are mine. This feeling reiterates the larger trend where chanting was an active form of meaning-making, where passive suffering was converted into meaningful devotion.

The second sub-pattern was to yield to divine will as a way of self-acceptance. Several women did not see widowhood as a penalty but as a continuation of a greater spiritual process. Lakshmi (72 years old, independent yet regular bhajan attendee) said, "My family had thrown me away like an old cloth, but here in Vrindavan Krishna has become my only family, I have given everything to Him, now I wake up, bathe the deity, offer pooja, sing bhajans and my heart is light, I am not empty, I am his devotee. These accounts reflect the functioning of religious practices as cognitive, affective anchors, which cushion against despair and create a reconstructed identity.

In the context of consumer decision making, this theme demonstrates that initial and continued attendance of bhajan programs can be significantly predicted by psychological factors (need for meaning and self-acceptance). Women were proactive in choosing these servicescapes since they provided instant intangible benefits of peace, purpose, and a sense of value that sometimes outweighed physical pain or small fees (₹515 per session). The high attendance consistency of respondents who reported high psychological benefits was corroborated by observational data, which supports the idea of the framework that internal drivers trigger engagement.

#### *Social Support as Amplifier*

Although faith served as a bottom line anchor, formal support of NGOs like Sulabh International and Maitri India enhanced the well-being of 47 participants by filling material and relational loopholes that could not be fulfilled through pure religious involvement. This theme shows the synergistic effect when social drivers (tangible resources and belonging to community) complement psychological ones.

Sulabh stipend (about 2000 per month) and shelter, meals, health camps and vocational training in Maitri became the key augmented services. Participants did not just refer to these as charity but dignity-restoring interventions that allowed them to engage more fully with faith practices. As an example, 65-year-old Radha (resident of MaitriGhar) told: Before the stipend, I used to spend my days begging at the temple, now I receive the money directly, purchase my own medicines, and attend bhajans without fear. My mind is clearer, I can concentrate on Krishna, not on hunger. Resilience was also promoted by health camps and vocational programs; some women who had been trained in tailoring said that they had greater self-efficacy and peer relationships.

Another sub-theme that kept reappearing was the emotional multiplier effect: NGO-offered peer groups and cultural events (e.g., Holi celebrations) changed individual devotion into communal bonding. One participant of the focus-group (59 years) remarked: The health camp provided me with new spectacles to read the holy book clearly but more than that the women there were my sisters and we laugh together now, something we never did in the old ashrams.

This theme in the context of marketing research shows that social drivers mediate the effects of psychological drivers. The intensity of participation was higher when women viewed NGO services as complementary bundles of services that minimized practical barriers. This was supported by program records: women who were supported with a combination of stipend-plus-health had greater sustained attendance at bhajan (average 5.8 sessions/week vs. 3.2 with faith-only). Therefore, social marketing in religious settings should be conducted in a holistic way of service design as opposed to religious services.

#### *Sociological Barrier of Stigma*

The most widespread theme (reported by 55 respondents) was the role of ingrained cultural stigma of widows as ill omen, liability, or socially dead as a strong external limitation of well-being and decision-making. This sociological force often compromised the psychological benefits of faith and NGO assistance.

The sense of family desertion and social rejection was recounted with crude emotional rhetoric. One participant, a 74-year-old woman (Sita) told the story, saying that her sons had sent her to Vrindavan, saying that there was no place to stay after their father died, and that they had put her on the train, left her with nothing, and that here people looked at her and called her “white saris”; we must dress in white, eat plain food, and be without any joy, even in the ashram. These descriptions resonate with the practice of strict ashram rules (no sweets, less laughter, less movement) that served to isolate people.

Stigma also caused conflict within, in some cases making faith a cage. A smaller but important group (18 respondents) reported that although bhajans were comforting, the visibility and shame of widowhood in ashrams were increased by the publicity. In one focus group, one woman (62 years old) noted: We chant hours and hours, but the outsiders see nothing but beggars in white. The temple feeds us with rice, but the world still curses us as cursed.

This obstacle had a direct influence on consumer decision-making, as it restricted the perceived range of choices and raised the psychological costs of entry. The fact that women tended to postpone or minimise involvement in visible programs to prevent additional stigmatisation is a good example of how negative social factors can trump positive psychological motivations unless positive actions are taken to prevent it.

#### *Agency in Constrained Choice*

In spite of structural constraints, 41 participants exhibited subtle but intentional agency actions of resistance, and selective participation that indicated consumer-like decision-making processes in constrained servicescapes. This theme underscores resilience and autonomy as under-recognised drivers.

The younger or more mobile women (below 65) often made a choice and favored flexible schedules over ashrams that were strict. One 58-year-old (Kali) told me: The ashram rules were another jail- fixed timetable, white clothes only. I went to a tiny rented room and go to bhajan only when I desire. The NGO stipend allows me to choose my days. I am not just surviving; I am choosing my days. Some bargained inside ashrams, missing health camp or vocational training when they seemed more beneficial in the long run.

Quiet resistance was observed in the form of observational data: women coming late to bhajans to not crowd the place, creating informal peer support groups beyond the formal program, and spending stipends in imaginative ways on little personal luxuries. These micro-choices demonstrated active consideration of options and psychological comfort of faith against social and practical benefits of NGOs.

This theme is relevant in terms of consumer behaviour in that despite the extreme vulnerability, psychological forces (autonomy and meaning) facilitate bounded agency. Women divided, offered services, and maximised their participation according to their needs, which can be useful to social marketers in creating flexible and beneficiary-based programs.

#### *Interplay of Themes and Overall Insights*

The four themes do not occur separately; they are in a dynamic relationship. Faith was the source, stigma the major challenge, NGO support the multiplier, and agency the manifestation of decision-making. As an example, psychological distress was frequently buffered by the high level of social support provided by NGOs and allowed more agency when stigma was high. On the other hand, faith alone did not provide many long-term well-being benefits without complementary support.

These results broaden the consumer decision-making theories by demonstrating that in non-monetary, faith-based settings, the psychological and social motivation functions with increased intensity and mutual dependence. Participation is not a single purchase but a negotiation process that is continuous and constantly modified by the constraints of life and the nuanced decisions. The findings support the importance of integrated service ecosystems

and indicate the opportunities of marketing research to inform more equitable, culturally responsive program design.

### **Discussion**

The results of the current research shed light on interdependent and complicated mechanisms of how psychological and social motivators influence the outcome of well-being and participation choices in faith-based service settings. The study takes the lived experiences of poor women in Vrindavan as a natural laboratory of consumer decision-making under severe resource scarcity, thus pushing the existing marketing theory to non-monetary, faith-based service consumption. The four emergent themes, Faith as Psychological Anchor, Social Support as Amplifier, Stigma as Sociological Barrier, and Agency in Constrained Choice, show that there is a dynamic interaction that not only substantiates the existing literature about religiosity, consumer behaviour, and social marketing but also challenges it. The patterns are interpreted, theoretical contributions are made, and actionable implications to the marketing research practice are inferred in this discussion with the consideration of the larger socio-cultural and policy implications of the insights (Brown, 2024).

*The Interpretation of the Interplay of Psychological and Social Drivers.* The theme “Faith as Psychological Anchor” highlights the role of religious involvement as the main source of psychological support. The daily bhajan chanting and devotional exercises did not just help in alleviating the comfort, but they actually helped in self-acceptance and rebuilding of resilience. This is consistent with the self-determination theory, which talks of the necessity of meaning and relatedness, but in a distinctly embodied, ritualistic manner (Gupta et al., 2024).

The accounts of the participants of the practice of surrendering to Krishna as identity repair resemble the findings of Mathras et al. (2016) that religion provides symbolic resources to cope, but in this case, the context of the pilgrimage site, Vrindavan, enhances the effect. The involvement of the women is a kind of existential consumption, as opposed to research of mainstream consumers where religiosity is a factor in product selection (e.g., halal or kosher preferences), with the women selecting a daily ritual that re-establishes a fractured self-concept in the face of disintegrating familial and societal structures (Wang, 2025).

Most importantly, this psychological motivator did not work alone. The theme Social Support as Amplifier proves the moderating role of structured NGO interventions. As faith-based practices were combined with material resources (stipends, health camps, vocational training by Sulabh International and Maitri India), the gains in well-being were not additive but multiplicative. This synergy is supported by program records of increased sustained attendance of women who receive combined support. In marketing terms, the findings can be applied to faith-based ecosystems: the value co-creation is not based on the monetary exchange but on the integration of the spiritual and material donations. NGOs are effective service augmenters, taking a minimum religious product into a holistic well-being package, an insight that has direct application to the design of social marketing campaigns (Aji, 2024).

On the other hand, the omnipresent presence of Stigma as a sociological obstacle emphasizes the way in which adverse social forces can dominate favorable psychological motivations. The structural constraints of cultural constructions of widowhood as inauspicious made participation appear to be more expensive. This theme is similar to social identity theory (Tajfel and Turner, 1979), where agency is undermined by devalued group membership. However, the statistics also demonstrate that stigma does not kill decision-making; it only increases the barrier to participation. Women often balanced the mental advantages of bhajans with the social disadvantages of being seen in white saris or in strict ashram regulations. This economic analysis is a reflection of the traditional consumer decision steps, but in a highly pressurized environment.

The fourth theme, Agency in Constrained Choice, is the most novel contribution. Although there were deep structural constraints, numerous participants practiced a kind of finely-tuned selectivity, choosing to make NGO arrangements more flexible, negotiating schedules at the ashram, or creatively distributing stipends. These micro-choices disrupt the depictions of poor people as mere consumers. Rather, they exhibit limited agency in line with the extended consumer decision-making process model (Erasmus et al., 2001). in which the problem recognition (abandonment), information search (exploring ashram vs. NGO options), and post-purchase evaluation

(evaluating emotional payoff) processes are still active. The agency even in the state of extreme vulnerability, implies that the psychological motivators like autonomy and meaning-seeking have a predictive force across socio-economic layers (Lv et al., 2014).

Together, the themes demonstrate a feedback loop as opposed to linear causation: psychological drivers trigger engagement, social drivers moderate intensity and outcomes, stigma increases barriers, and agency facilitates continuous optimisation. This interaction sharpens the conceptual framework of the study and emphasizes the need to consider faith-based social programs holistically.

*Theoretical Contributions to Marketing Research* This research has three main theoretical contributions. First, it generalizes the consumer behaviour models to non-traditional, non-monetary service situations. Although the existing literature has focused on the role of religiosity in mainstream consumer decisions much less focus has been on the functioning of the drivers when the consumer is the one with insignificant purchasing power (Mathras et al., 2016; Minton & Kahle, 2016). The study establishes that core psychological (self-concept, resilience) and social (stigma, belonging) constructs can still be explained by the presence of core psychological (self-concept, resilience) and social (stigma, belonging) constructs in the context of resource-scarce environments by framing bhajan and NGO participation as service consumption decisions. This makes the marketing theory applicable to social impact areas.

Second, the results contribute to the social marketing theory by emphasizing the importance of service bundling when it comes to faith-based contexts. Conventional social marketing tends to be more on behavioural change campaigns; in this case, the statistics indicate that long-term well-being necessitates integrated services that do not violate cultural and religious logics. The multiplier effect of NGO augmentation that was observed justifies the demands to employ culturally embedded social marketing (Lefebvre, 2013). and implies that the future models will need to explicitly include faith as a driving force and a moderator.

Third, the research is a part of the new literature on vulnerable consumer. It challenges the deficit-based discourses by recording the small acts of agency in the face of constraint and instead places the marginalised individuals as decision-makers. This school of thought enhances transformative consumer research, which aims at enhancing the quality of life using marketing knowledge.

*Consumer Behaviour Theory Implications in Social Contexts:* The Vrindavan case provides lessons that can be transferred to other faith-based or community-service contexts when it comes to consumer decision-making. The interaction between drivers implies that the models that were trained in rich and high-choice markets will need to be recalibrated when applied to low-resource markets: psychological needs might become more salient, and social barriers have stronger moderating influences. The current framework can be adapted to suit marketing researchers who may be interested in immigrant, Indigenous, or elderly populations in India, where faith communities commonly provide mental-health and integration services. As an example, there are similarities between the dependence of Vrindavan widows on the support of the temples and the role of gurdwaras, mosques, or churches in helping the well-being of the newcomers in Vrindavan. The results promote cross-cultural validation of the driver-interplay model.

*Practical Implications to Social Marketing and Faith-Based Organizations:* The study has a number of practical implications. To begin with, the design of the program must focus on integrated service packages instead of isolated religious or material services. NGOs and ashrams can also work together to come up with well-being packages that involve flexibility of bhajan and health and livelihood provision. Second, it is recommended to segment according to the profile of drivers: women with high stigma might be attracted to low-visibility, peer-led programs, whereas those who seek meaning might be attracted to enhanced devotional opportunities. Third, faith-based organisations can better measure intangible outcomes and raise funds by showing multiplier effects using marketing research tools, like participatory driver-mapping workshops or modified SROI dashboards.

*Broader Contextual and Policy Relevance:* The findings have a broader humanitarian and policy relevance beyond marketing research. In India, where there are an estimated 15,000-25,000 destitute widows in Vrindavan alone, the statistics demonstrate the ineffectiveness of faith-only refuge and the need to have an organized social support.

Targeted funding might encourage NGO and ashram collaborations by policymakers. The study also supports Sustainable Development Goal 3 (good health and well-being) and Goal 5 (gender equality) around the world by showing that culturally resonant, data-driven interventions can reclaim dignity in vulnerable women.

*Bridging to Limitations and Future Directions:* The findings are rich and contextually based, but they should be interpreted within the confines of the study (discussed in full in Section 8). The discussion, however, provides a solid basis to the development of marketing research practice: by focusing on the psychological and social motivators in faith-based settings, researchers and practitioners are able to develop more empathetic, effective, and fair social impact programs. The Vrindavan insights, therefore, act as a theoretical conceptual framework and a practical roadmap to the further development of the discipline into a significant contribution to society.

### **Marketing Research Implications.**

The results of this research of poor women in Vrindavan provide an abundant, evidence-based basis to apply the knowledge of psychological and social drivers into the marketing research practice. The research transcends the abstract conceptualisation by presenting practical, repeatable advice to scholars, practitioners, NGOs, faith-based organisations and funders by positioning the choice to participate in faith-based well-being services as a consumer decision. The four themes of Faith as Psychological Anchor, Social Support as Amplifier, Stigma as Sociological Barrier, and Agency in Constrained Choice- point to the fact that the interplay of internal resilience needs and external structural forces is dynamic and needs to be addressed through effective interventions. Implications are listed below by stakeholder group, with particular recommendations based on the driver-interplay model of the study.

*Implications to Social Marketing Practitioners and Non-Profit Organisations:* Social marketing campaigns that target vulnerable populations need to be based on integrated service bundles, which explicitly exploit both psychological and social motivators. The multiplier effect that was observed, where NGO stipends, health camps, and vocational training increased the emotional payoff of religious participation, is indicative that practitioners package well-being offerings, not individual ones. As an example, a practical toolkit may consist of:

- **Driver-mapping workshops:** Use participatory workshops (as in the bhajan-based focus groups in this case) during the needs assessment phase to determine which psychological drivers (self-acceptance and meaning-making) and social barriers (stigma and isolation) are most relevant to particular beneficiary groups.
- **Scalable service design:** Provide different degrees of participation, e.g., basic devotional sessions to those that require psychological anchoring and optional add-on services (health support and peer mentoring) to those that require amplification. This honours the theme of Agency in Constrained Choice and enhances uptake.
- **Messaging that resonates with culture:** Messages must preempt faith-based language (e.g., “Krishna embrace restores dignity”) without overtly mentioning stigma reduction (e.g. community celebrations that honour all devotees). Such messages should be pre-tested with co-designers among the beneficiaries to reduce the unwanted reinforcement of marginalisation.

They can be operationalised with low-cost instruments like simple driver-profile questionnaires or visual journey-mapping exercises and thus can be scaled to small NGOs with limited budgets.

*Implications on Faith-Based Organisations and Ashram Administrators:* Faith-based organisations (temples, ashrams, and related NGOs) are in a unique position to be service providers in non-monetary situations. The paper shows that inflexible, rule-intensive organizations tend to increase stigma and diminish agency. Practical recommendations include:

- **Hybrid governance schemes:** Co-design program rules by forming joint committees with ashram leaders, NGO employees, and representatives of beneficiaries. As an example, it is possible to reduce perceived barriers by allowing loosening of dress codes or time of the day during a session without compromising the devotional integrity.

- **Stigma-reduction strategies:** Implement community-based programs like community-wide festivals (e.g., extended Holi festivals) and community storytelling sessions in which widows can share stories of resilience. These directly oppose the Sociological Barrier theme and transform possible stigma into social capital.
- **Internal impact dashboards:** Embrace modified Social Return on Investment (SROI) indicators that use faith-specific proxies (e.g., frequency of devotional attendance related to self-reported well-being). Different dashboard tools (e.g., Google Data Studio templates) can be visualised by simple Excel-based or free tools, and they can be used to visualise how bundled services can provide 3-4 times more value than faith-only programs, which can be used to support fundraising and internal decision-making.

*Implications to Marketing Researchers and Academics:* This study can be employed by marketing researchers as a methodological and conceptual guide to apply consumer behaviour theory to faith-based and vulnerable-consumer settings:

- **Use reflexive, participatory designs:** The reflexive thematic analysis, trauma-informed interviewing, and member-checking approach were critical in achieving authentic decision-making stories. Researcher positionality statements and reflexive journals should be integrated into future research as a reporting requirement.
- **Establish driver-interplay measurement instruments:** Develop validated scales or mixed-methods protocols that can measure psychological (e.g., adapted self-acceptance items) and social drivers (e.g., stigma indices) at the same time. These instruments can be tested within the Canadian faith communities prior to wider implementation.
- **Integrate technology in an ethical manner:** AI-based thematic analysis (mentioned in the previous methodology) can be used to scale up qualitative data, but it should be accompanied by human participation to avoid loss of cultural context and dignity of the beneficiaries. To speed up the adoption of open-source codebooks and interview guides, researchers ought to publish them.
- **Cross-contextual testing:** The framework can be generalized; researchers can repeat the research in other pilgrimage destinations, Canadian immigrant faith centers, or Indigenous healing programs to establish a global evidence base.

7.4 Implications on Funders, Policymakers, and Evaluation Agencies. Funders (government agencies, foundations, and corporate social responsibility units) can require more advanced evaluation standards:

- **Ask proposals to show clear mapping of psychological and social drivers** instead of using only output measures (e.g., number of participants).
- **Invest in integrated faith-NGO partnerships**, which is the priority due to the multiplier effect observed here.

Policy-level recommendations include:

**India-specific:** Propose formal recognition of ashram-NGO partnerships in the current widow-welfare programs, with embedded marketing research assessment provisions.

- **Global:** Goal congruent with the UN Sustainable Development Goals: Advance faith-sensitive social marketing principles that consider religious involvement as a valid well-being driver and not a marginal consideration.

**Table 2**

*Practical Implications Checklist – Driver-Informed Faith-Based Program Design*

<b>Driver Focus</b>	<b>Key Action Recommendation</b>	<b>Expected Outcome</b>	<b>Measurement Approach</b>
Psychological Anchor	Embed daily/weekly devotional rituals	Higher self-acceptance & initial uptake	Pre/post well-being scales + narratives

<b>Driver Focus</b>	<b>Key Action Recommendation</b>	<b>Expected Outcome</b>	<b>Measurement Approach</b>
Social Amplifier	Bundle with stipends, health, and vocational support	Multiplier effect on sustained engagement	SROI dashboards + attendance logs
Sociological Barrier	Co-create stigma-reduction events & flexible rules	Reduced drop-out & increased agency	Stigma indices + focus-group feedback
Agency in Choice	Offer tiered, beneficiary-selected options	Greater ownership & long-term resilience	Choice-tracking + member-checking

Through such operationalisation of implications, marketing research can shift towards descriptive insight to transformative practice in the development of interventions that respect cultural and religious realities and provide quantifiable changes in well-being.

Overall, the Vrindavan case shows that marketing researchers have the theoretical instruments and the methodological sophistication to respond to complicated social issues in faith-based situations. The above recommendations will help improve program effectiveness and partnerships with stakeholders, and make the discipline more relevant in a more values-driven and diverse world.

**Limitations**

Case specificity and self-report were observed; recommendations for longitudinal and cross-cultural studies follow.

**Conclusion**

This study has explored the psychological and social motivators that determine well-being outcomes and participation choices in faith-based service settings, using the lived experiences of destitute women in Vrindavan as an interesting case study. Using marketing research consumer behaviour frameworks in a non-traditional, non-monetary environment, the study shows that religious involvement and organized social support are not independent of each other but work together in a dynamic manner to create self-acceptance, resilience, and psychological well-being. The four emergent themes are Faith as Psychological Anchor, Social Support as Amplifier, Stigma as Sociological Barrier, and Agency in Constrained Choice that expose a subtle feedback loop where internal psychological needs (meaning-making and self-concept reconstruction) trigger engagement, sociological forces (community belonging and cultural stigma) moderate its intensity and sustainability, and subtle acts of agency allow women to navigate structural constraints purposely.

The results make three significant contributions to marketing theory. First, they extend the models of consumer decision-making outside commercial marketplaces to faith-based service consumption and demonstrate that the fundamental constructs of self-determination, social identity, and limited rationality can still be active in populations with insignificant purchasing power. Second, the study contributes to social marketing literature by emphasizing the multiplicative nature of integrated service packages that consider religious logics but address material realities, which is especially pertinent to faith-based organisations and NGOs. Third, recording agency in the face of extreme vulnerability, the study will be a contribution to transformative consumer research, re-positioning marginalised persons as active decision-makers, not passive recipients.

Practically, the Vrindavan case provides a model that marketing researchers and practitioners can emulate. The driver-interplay model and reflexive approach to methodology can be used to inform the needs assessment, program segmentation, and impact evaluation in a variety of faith-based and community-service environments. These lessons prompt the use of culturally integrated, participatory assessment instruments that give priority to the voices of beneficiaries and quantify intangible effects like dignity and resilience in Vrindavan, where faith communities often provide well-being support to immigrant, Indigenous, and marginalised communities. The

findings can guide organisations to develop more flexible, holistic interventions to integrate devotional practices with specific social support that can maximise the participation and long-term well-being benefits.

While the case is context-specific, its implications are far-reaching. Marketing research needs to keep on changing beyond the traditional consumer goods in a world where the role of faith-based organizations in dealing with social isolation, mental health, and gender-based marginalisation is growing. The lives of poor women in Vrindavan help us to remember that in the most restricted conditions, psychological and social motives are the driving forces of deep resilience and decision-making. By focusing these drivers within our theories, methods, and practices, marketing scholars and practitioners can play a valuable role in more sympathetic, effective, and fair social impact initiatives.

Finally, this study supports the field in its ability to elucidate human decision-making in its most precarious manifestations and to apply those lessons to practices that can reinstate dignity and belonging. With faith-based well-being programs steadily growing around the world, the marketing research community stands in a unique position to make sure that they are not only culturally resonant but also data-driven, inclusive, and transformative. Future research based on this will further enhance the connection between theory and practice, not only in the academic sphere but also in the lives of people it aims to comprehend and assist.

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