CHAPTER-I
INTRODUCTION
BACKGROUND OF STUDY
Over the centuries, the structure of Indian society has undergone considerable change with the arrival of people from different parts of the world and settling here. Now India is a multi religious society with people professing different religions living together. Though a large majority of people professes Hinduism, there are people in significant numbers, who profess other religions. About 20 percent of the people have faith in other religions such as Islam, Christianity, Sikhism, Buddhism, Jainism etc. These religious groups are termed as 'minorities' each being smaller in number as compared to the Hindu majority. In India, the term minority is usually used to denote any religious community whose members tend to assert their distinctiveness in relation to the Hindu majority. While people are free to profess and preach their own faith, there are common cultural threads, which maintain social coherence and keep the society united.

Since independence, India has achieved significant growth and development. It has also been successful in reducing poverty and improving crucial human development indicators such as levels of literacy, education and health. There are indications, however, that not all religious communities and social groups (henceforth socio-religious communities–SRCs) have shared equally the benefit of the growth process. Among these, the Muslims, the largest minority community in the country, constituting 13.4 percent of the population, are seriously lagging behind in terms of most of the human development indicators. While the perception of deprivation is widespread among Muslims, there has been no systematic effort since independence to analyze the condition of religious minorities in the country. Despite the need to analyze the socio-economic and educational conditions of different SRCs, until recently appropriate data for such an analysis was not generated by government agencies. There has been welcome change in the scope of data collection with respect to SRCs in 1990's, which in turn has made the report of Sachchar committee possible. This effort is the first of its kind to undertake a data based research on the Muslims in India.

A wide variety of policy initiatives and programs has been launched by successive governments to promote the economic, social and educational development of minority communities in India. However, while the Muslims have no doubt made
some visible progress, the perception remains that the economic and educational gap between the community and the rest of SRCs has been widening. Given this background, the Prime Minister constituted a 'High level committee’ for preparation of a report on social, economic and educational status of the Muslims community of India vide notification No. 850/3/c/3/05 Pol. Government of India, Prime Minister’s office.

INTER RELATED ISSUES AFFECTING THE MINORITY

Issue related to identity - Often differences in socio-cultural practices and background of minorities makes them different from the rest of the population. This gives rise to the problems of mutual adjustment.

Issue related to security - Given certain conditions, a distinct set of people, small in numbers relative to the rest of the society, may feel insecure about their life, assets and well being. This sense of security may get accentuated if the relations between the minority and majority communities are not cordial.

Issues related to Equity - The minority community in a society may remain deprived of the benefit of the opportunities that become available through economic development.

Given this broad perspective, it is useful to distinguish between three types of overlapping issues that cut across the categories described above, faced by the Muslim community in India-

1. Issues that are common to all poor people (Muslims are largely poor).
2. Issues that are common to all minorities.
3. Issues that are specific to Muslims.

Thus, several concerns relating to employment and education specific to Muslims may fall in the first category. Similarly, some aspects of identity and security may be common across minorities while some other may be specific to Muslims.

Given the diverse sources of data and the fact that often information, exclusively on Muslims, was not readily available, as a result, different SRC.set has been used for different data sets.

A. Census of India:
The census 2001 data has been used to understand the demographic profile, infrastructure availability and educational achievements at various levels.

B. Data from the National Sample surveys.

NSSO 55th and 61st Round data have been used to analyze issues relating to employment, education, consumption patterns and levels of poverty.
C. Data from government commissions and other government organizations:
   National Backward class commission.
   State Backward class commission.
   National Council of Educational Research and Training (NCERT).
D. Other Data sources such as from the Ministries/Departments/PSU/Universities and Colleges².

DEMOGRAPHIC PROFILE

Indian society is known for its secular outlook with people of different religions living together. While, Pakistan became a theocratic state after partition of united India in 1947, the independent India chose to remain a democratic country with socialistic and secular values enshrined in the constitution. There has been considerable change in the size of their population since the census of 1951. While percent share of Hindu majority in the total population has gone down from 85 in 1951 to 80.5 in 2001, the share of minorities has gone up proportionately. It is the second largest religious group.

According to the 2001 census, minorities constitute about 19.5% of the people of India. Out of the total population of 1028 million, 827 million (80.5%) were Hindus, 138 million (13.4%) Muslims, 24 million (20.3%) Christians, 19 million (2.0%) Sikhs, 7.9 million (0.80%), Buddhists, 4.2 million (0.4%) Jains and 6.6 million (0.6%) were others. A glance over the Demographic profile of various religious groups in terms of the trend of their population growth will give some idea about the magnitude of the problem of educational backwardness. Along with overall population of India, the population of minorities has also increased over the last six decades, since Independence.
As mentioned earlier, all minorities except Muslims have kept pace with the overall educational development in the country. Christians, Sikhs, Parsis and Jains have taken care of their own education and are in fact, more advanced educationally than the total population. It is only the Muslim community that has been educationally backward religious minority and a subject of concern for the Government of India. Muslims constitute the largest religious minority in the country, about 13.4% of the total population. It may be observed that among all the minorities, the growth rate of Muslims population has been the highest. The poor, economically backward and least educated Indian Muslims cannot join the national mainstream unless they advance educationally in all fields, especially in science and technology. These considerations led the framers of the constitution to introduce specific clauses intended to ensure educational, social, economic and cultural advancement of minorities in Free India³.
TABLE 1.1

Indian Population by Religion (Percent)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>HINDUS</td>
<td>85.00</td>
<td>83.50</td>
<td>82.70</td>
<td>82.60</td>
<td>82.40</td>
<td>80.50</td>
</tr>
</tbody>
</table>
### TABLE 1.2

**Characteristics of religious groups (2001 census)**

<table>
<thead>
<tr>
<th>Religious group</th>
<th>Population %</th>
<th>Growth (1991–2001)</th>
<th>Sex ratio (total)</th>
<th>Literacy (%)</th>
<th>Work participation (%)</th>
<th>Sex ratio (rural)</th>
<th>Sex ratio (urban)</th>
<th>Sex ratio (child)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hindu</strong></td>
<td>80.46%</td>
<td>20.3%</td>
<td>931</td>
<td>65.1%</td>
<td>40.4%</td>
<td>944</td>
<td>894</td>
<td>925</td>
</tr>
<tr>
<td><strong>Muslim</strong></td>
<td>13.43%</td>
<td>29.3%</td>
<td>936</td>
<td>59.1%</td>
<td>31.3%</td>
<td>953</td>
<td>907</td>
<td>950</td>
</tr>
<tr>
<td><strong>Christian</strong></td>
<td>2.34%</td>
<td>22.6%</td>
<td>1009</td>
<td>80.3%</td>
<td>39.7%</td>
<td>1001</td>
<td>1026</td>
<td>964</td>
</tr>
<tr>
<td><strong>Sikh</strong></td>
<td>1.87%</td>
<td>18.2%</td>
<td>893</td>
<td>69.4%</td>
<td>37.7%</td>
<td>895</td>
<td>886</td>
<td>786</td>
</tr>
<tr>
<td><strong>Buddhist</strong></td>
<td>0.77%</td>
<td>18.2%</td>
<td>953</td>
<td>72.7%</td>
<td>40.6%</td>
<td>958</td>
<td>944</td>
<td>942</td>
</tr>
<tr>
<td><strong>Animist, others</strong></td>
<td>0.72%</td>
<td>103.1%</td>
<td>992</td>
<td>47.0%</td>
<td>48.4%</td>
<td>995</td>
<td>966</td>
<td>976</td>
</tr>
<tr>
<td><strong>Jain</strong></td>
<td>0.41%</td>
<td>26.0%</td>
<td>940</td>
<td>94.1%</td>
<td>32.9%</td>
<td>937</td>
<td>941</td>
<td>870</td>
</tr>
</tbody>
</table>

Compiled from different sources
The United Nation Declaration:
The United Nations declaration of the Rights of persons belonging to national, Ethnic, Religious and linguistic minorities says that the promotion and protection of the rights of persons belonging to such minorities contribute to the political and social stability of the countries in which they live. This in turn contributes to the lessening of tensions among groups and individuals.

All developed countries and most developing ones give appropriate emphasis to looking after the interest of minorities. Thus, in any country, the faith and confidence of the minorities in the functioning of the state in an impartial manner is an acid test of its being a just state. Ideally, development process should remove or reduce economic and social obstacles to cooperation and mutual respect among
all groups in the country. If development processes are misdirected, they may have the opposite effect. It is this aspect which is important and needs to be addressed so as to give confidence to minorities.

**Constitutional Safeguard:**

The Indian constitution is committed to the equality of citizens and the responsibility of the state to preserve, protect and assure the right of minorities in matter of language, religion and culture. That is why our national leaders while framing the constitution, emphasized the doctrine of unity in diversity.

The constitution of India has guaranteed certain privileges to minorities through Articles 28, 29 and 30 in order to ensure their cultural, social and educational well-being. As mentioned in the preamble of the constitution, India is a secular country and therefore, does not provide any kind of official support to any religion. However, the constitution provides each citizen of the country, a freedom to practice any religion of his choice. In view of this, the constitution makes special provisions related to the status of religious instruction in the institutions funded by the state. The constitution also provides special safeguards for the educational and cultural interests of minorities. The constitutional status of religious instruction in educational institutions is described in Article 28, which States:

(i) No religious instructions will be provided in any educational institution wholly maintained by the state funds.

(ii) Nothing in clause (i) shall apply to any educational institution, which is administrated by the state, but has been established under any endowment or trust, which requires that religious instructions shall be imparted in such institution.

(iii) No person attending any educational institution recognized by the state or receiving aid out of state funds, shall be required to take part in any religious instruction, that may be imparted in such institution or any premises attached there to, unless such person or if such person is a minor, his guardian has given his assent thereto.

As evident from the statements of the various clauses of Articles 28, religious education is permitted in the institutions established by minorities under any trust or endowment, but nobody can be forced to receive such instruction against his will.

The cultural interests of minorities are protected through Article 29, which states:
1. Any section of citizens residing in territory of India or any part there of having a distinct language, script or culture of its own shall have the right to conserve the same.
2. No citizen shall be denied admission into any educational institution maintained by the state or receiving aid out of state funds on grounds only of religion, race, caste, language or any of them.

The educational interest of minorities is protected through Article 30, which states:
1. All minorities, whether based on religion or language shall have the right to establish and administer educational institutions of their choice.
2. The state shall not, in granting aid to educational institutions discriminates against any educational institution on the ground that it is under the management of a minority, whether based on religion or language.

The Muslim situation should be looked upon not as a problem of minority, but as a national concern.

**Avenues of Education for Muslims:**
1. National mainstream system of school and college education.
2. A large network of educational institutions (called Madarsas) established under Article 30 of the constitution.

Despite these provisions and facilities, Muslims community is rated as the most educationally backward minority in India. It appears that this section has not been able to utilize the constitutional provision to their fullest advantage.

**Current Educational Status of Muslims:**

The role of education in facilitating social and economic progress is well accepted today. The ability of nations’ populations to learn and perform in an environment where scientific and technological knowledge is changing rapidly is critical for its growth. Improvement in education improves efficiency, earning capacity, social participation, national development and thus improvement all around.

At the time of framing the constitution of India, provision of elementary education was given under article 45 of the Directive Principles of state policy. In 1993, in a landmark judgment, the Supreme Court ruled that the Right to education is a fundamental right flowing from Right to Life in Article 21 of the constitution. Subsequently, in 2002 education as a fundamental right was endorsed through the 86th amendment in the constitution. The 86th amendment also modified article 45.
Finally, on 1 April 2010, under Kapil Sibal Education become a fundamental right and is known as “Right to Education.” Thus, providing education has become the joint responsibility of the state and central government.

The act makes education a fundamental right of every child between the ages of 6 and 14. It requires all private schools to reserve 25% of seats to children from poor families. It also prohibits all unrecognized schools from practice, and makes provision for no donation or capitation fees and no interview of the child or parent for admission. The Act also provides that no child shall be held back, expelled, or required to pass a board examination until the completion of elementary education. There is also a provision for special training of school dropouts to bring them up to par with students of the same age.

The RTE act requires surveys that will monitor all neighborhoods, identify children requiring education and set up facilities for providing it. The World Bank education specialist for India, Sam Carlson, has observed: “The RTE Act is the first legislation in the world that puts the responsibility of ensuring enrollment, attendance and completion on the Government. It is the parent’s responsibility to send the children to school in the US and other countries”.

Muslims are at a double disadvantage with low levels of education combined with low quality education. In some instances, the relative share for Muslims is lower than even the SCs who are victims of a long standing caste system.

An important source of data for measuring educational achievement is the census 2001, which for the first time provided information on levels according to religions and for SC’s and ST’s.

Overall, while the share of dropouts and children who have never attended school is still higher among Muslims than most other SRC’s, enrolment rates have risen significantly in recent years.

The transitions within school education, completing primary, middle, secondary and higher secondary education -are important in so far as they influence the economic and other opportunities available to an individual.

There is hardly any data based research report regarding the physical and academic conditions of schools in the localities largely inhabited by Muslims. There has been no comprehensive survey on enrollment, dropout rate and learning achievement of Muslim children in two kinds of schooling systems-Madarsa and public.

PIE-CHART-1.1
Similarly, scant information in published form is available regarding Muslim youths, overall access to higher education opportunities, participation in professional education, absorption in the employment market and future life accomplishments. However, some minor studies conducted by individuals, government organizations and NGO here and there provide some insight into the problems and issues involved in their education. The only authentic government published documents now available, which may provide some policy directions, is the much talked about Sachchar committee report.

Over time, there has been an improvement in the literacy level of all communities but the progress has not been uniform. The all-India picture shows the presence of significant gap between Muslims, SC/ST and all others in 1960. The gap between Muslims and “All others” has decreased somewhat in urban areas but has remained the same in rural areas over this period. Literacy levels amongst SC/ST’s have increased at a faster rate than for any other SRCs. This enabled them to overtake Muslims at the all-India level by the mid-1990. Muslims have not been able to respond to the challenges of improving their educational status.

**TABLE 1.3**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>HINDUS</th>
<th>MUSLIMS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GEN</td>
<td>OBC</td>
<td>SCs/Sts</td>
</tr>
<tr>
<td>6–13 years</td>
<td>90.2</td>
<td>80.8</td>
<td>74.7</td>
</tr>
<tr>
<td>14–15 years</td>
<td>95.7</td>
<td>87.5</td>
<td>80.0</td>
</tr>
<tr>
<td>16–17 years</td>
<td>95.00</td>
<td>85.2</td>
<td>78.6</td>
</tr>
</tbody>
</table>
A few documents published recently by NUEPA, New Delhi are useful in getting some idea of the participation of Muslim children in school education, Mehta, 2010. The author has identified 11 states in which Muslim population is more than 10% of the total population of the state and presented a statement of enrollment (percent) of Muslim children at primary school’s stage in comparison to other identified social group. It shows that Muslim community is educationally backward compared to scheduled caste, scheduled tribe and other backward classes even at school stage. At the national level, enrollment of Muslim children is 11% compared to 19.9%, 11.7% and 42% of SC, ST and OBC children respectively as matched against the share of these groups in the total population of the country.

### Table 1.1

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hindus GEN</th>
<th>Hindus OBC</th>
<th>Hindus SCs/Sts</th>
<th>Muslims</th>
<th>Other MINORITI-ES</th>
</tr>
</thead>
<tbody>
<tr>
<td>6–13 years</td>
<td>91.4</td>
<td>76.9</td>
<td>65.0</td>
<td>70.5</td>
<td>85.8</td>
</tr>
<tr>
<td>14–15 years</td>
<td>74.0</td>
<td>50.6</td>
<td>36.5</td>
<td>46.1</td>
<td>67.0</td>
</tr>
<tr>
<td>16–17 years</td>
<td>80.5</td>
<td>63.4</td>
<td>52.7</td>
<td>59.9</td>
<td>75.2</td>
</tr>
</tbody>
</table>

Source: Estimated from NSSO 61st round. Sch. 10 (2004-05)
The situation is equally dismal at the upper primary stage. In comparison to SC/ST, the enrollment figures for Muslim children are considerably less than the share of Muslim population in these states. At all India level, enrollment figures for SC, ST and OBC children are 19.20%, 9.40% and 41.90% respectively. These are only 9.1% in the case of Muslim children.

Over all enrollment in elementary schools (classes 1-8), it is found that the share of Muslim children is 10.5% while in case of SC and ST children, the corresponding figures were 19.70 and 11.0 respectively. Data was collected from 11 states with Muslim population more than 10 percent of total population, i.e., Assam, Bihar, Delhi, J& K, Jharkhand, Karnataka, Kerala, Maharashtra, U.P., Uttrakhand and West Bengal.

Operational Aspects of the 7th Survey:

"All India school education survey, seventh in the series was conducted with reference date as September 30, 2002. The data from states/Union territories were collected with the active participation of states. The survey covered 10.31 lakh schools functioning in 5.87 lakh villages and 5.3 thousand towns/urban areas.

At the national level, the union Ministry of Human Resources Development (MHRD), the National Council of Educational Research and Training (NCERT) and national Informatics Centre (NIC) were responsible for the survey. In Primary total enrollment, educationally backward minority community (EBMC) has a share of 15.46% with 14.22% in rural and 19.33% in urban areas. In the total EBMC enrolment, overall percentage of girls is 47.06. In rural and urban areas EBMC girls’ percentage are 46.47 and 48.41 respectively.

At upper Primary stage, overall enrolment of educationally backward minority community (EBMC) is 12.53% of the total enrolment. Out of the total EBMC enrolment, 45.01% are girls whereas, in rural and urban areas EBMC girls’ percentage are 42.46% and 48.50% respectively.

At secondary stage, there are 11.56% educationally background minority community (EBMC) children. Out of the total, EBMC enrolment at secondary stage, the percentage of girls’ enrolment is 42.94. In rural and urban areas EBMC girls’ percentage are 39.45% and 46.76% respectively.

At higher secondary stage, educationally backward minority community has 10.18% enrolment with further bifurcation of 9.51% in rural area and 10.61% in urban area. Overall percentage of girls in EBMC is 41.21 with distribution in rural and urban areas as 36.86% and 43.77% respectively.
The chances of completing higher secondary education are the highest for Hindu general and the lowest for Muslims in both rural and urban areas and for both males and females. Though marginally lower, higher secondary completion possibilities for Muslims are not significantly different from those of SCs and STs. However, the chances of completion for both these SRCs are significantly lower than those of other SRCs, viz. Hindu general, Hindu OBC, and other minorities.

A comparison of the probability estimates for completion of higher secondary suggests that Muslims are at much larger disadvantage at the higher secondary level. This presumably results in much lower size of Muslim population eligible for higher education.

The gap between the Muslims and "All others" has widened consistently at the all India level and for all states, especially at higher education levels. It is interesting to note that SCs/STs have been able to catch-up with Muslims. This may be due to targeting of SCs/STs house hold in special programmes that establish schools or improve infrastructure and provide incentives for enrollment. Job reservation, too, may have had an indirect effect by providing the economic means to educate children and simultaneously increase the economic return to education.12

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Hindus</th>
<th>Muslims</th>
<th>Other Minorities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gen.</td>
<td>OBC</td>
<td>SCs/STs</td>
</tr>
<tr>
<td>6 - 13 yrs.</td>
<td>19.1</td>
<td>36.1 (35.5)</td>
<td>25.7 (27.4)</td>
</tr>
<tr>
<td>14-15 yrs.</td>
<td>24.3</td>
<td>36.1 (35.2)</td>
<td>21.4 (25.2)</td>
</tr>
<tr>
<td>16-17 yrs.</td>
<td>28.9</td>
<td>33.7 (35)</td>
<td>20.2 (24.7)</td>
</tr>
<tr>
<td>18-22 yrs.</td>
<td>34</td>
<td>30.5 (34.4)</td>
<td>17.7 (25.5)</td>
</tr>
<tr>
<td>23 or above</td>
<td>35.6</td>
<td>29.2 (35.1)</td>
<td>18.3 (24.1)</td>
</tr>
</tbody>
</table>


Note: Figures in parentheses report the share of each socio-religious group in the total population of that age group.
Differential Educational Attainment:

School Education:
1. Primary Education- Persons of age 12 years and above.
2. Middle level Education- Persons of age 15 years and above who have completed at least 8 years of education.
3. Matriculation- Persons who have matriculated (10 years of schooling) and are at least 17 years of age.
4. Higher Secondary- Persons who have completed the higher secondary or equivalent examination (12 years of schooling) and are 19 years of age or more.

At all India level, the educational attainment of Muslims worsens in relative terms as one moves from lower to higher levels of school education. The differential can be seen according to both gender and place of residence. This can be seen at both middle and primary level of education\textsuperscript{13}.

GRAPH 1.2
MENTAL HEALTH:

Health is an indispensable quality in human being. It has been described as soil from which finest flowers grow. Health indicates psycho-somatic well-being of an individual and is a broader concept which includes physical, social and mental health. Mental health has been reported as an important factor influencing individuals various behaviours, activities, happiness and performance.

Before the second half of the twentieth century, mental health was considered as the absence of mental disease but now it has been described in its more positive connotation, not as the absence of mental illness.

A COMPREHENSIVE VIEWPOINT

An operational definition of mental health will involve its role in the general make-up of the healthy individual. As Laddell MacDonald points out 'mental health means the ability to make adjustment to the environment on the plane of reality.' The 'adjustment' is the ratio essendi, the Sine qua non of mental health. In the words of Menninger, Cutts and Mosley (1941), "let us define mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. It is the intelligence, socially considerate behaviour.
There is so much diversity in views on mental health that after an extensive survey of the literature Marie Jahoda (1958) concluded that any definition would need to include the following SIX categories:

1. How the individual perceives himself.
2. The achievement of self-realization by becoming what one has the potential to become.
3. Integration of personality, including a purpose and meaning in life, tolerance for stress, and ability to recover from setbacks.
4. A realistic perception of the world around him.
5. Self autonomy, the ability to be a part of society and still maintain individuality.
6. Ability to take life as it comes and master it.

Allport (1961) put forth the following six dimensions of the health personality:

1. Ego extension — the capacity to take an interest in more than one’s body and one’s material possessions.
2. Self-objectification — which includes the ability to relate the feeling to one of the present experience to that of a past experience, provided the latter does in fact determine the quality of the former. Self objectification also includes humor which tells us that our total horizon of life is too wide to be compressed into our present rigidities.
3. Unifying philosophy of life — which may or may not be religious, but in any event has to be a frame of meaning and of responsibility into which life’s major activities fit.
4. The capacity for a warm, profound relating of one’s self to others.
5. The possession of realistic skills, abilities and perceptions with which to cope with the practical problems of life.
6. A compassionate regard for all living creatures— which includes respect for individual person and a disposition to participate in common activities that will improve the human lot.

From the viewpoint of the positive mental health approach, people are judged to be healthy only when they experience a force for growth in their lives (as in self actualization). Abnormality becomes the opposite, associated with the absence of positive mental health, independent of whether requirements of survival or balance in life have been met.
Allport believed that the following process define abnormality and function in a generally detrimental way for the individual and, potentially, for society.

1. Escape or withdrawal (including fantasy)
2. Repression or dissociation.
3. Other ‘ego defenses’, including rationalization, reaction formation, projection, displacement.
4. Impulsivity (lack of control).
5. Restriction of thinking to a concrete level.
6. Fixation of personality at a juvenile level.
7. All forms of rigidification.

Processes generating normality, on the other hand which function in a generally routine way to benefit the individual and society include-

1. Confrontation (or “reality testing”)
2. Availability of knowledge or consciousness.
3. Self - insight, with its attendant humor.
4. Integrative action of the nervous system.
5. Ability to think abstractly.
6. Continuous individualization (without arrested or fixated development).
7. Functional autonomy of motives,
8. Frustration tolerance

Other mental hygienists have different lists of the characteristics they feel must be included in a definition of mental health.

**Peck & Mitchell (1962)**, for example offer the following:

1. Objective judgment, or rationality, or good sense.
2. Autonomy, initiative or self - direction.
3. Emotional maturity.
4. Self - realizing drive - ability to work hard and purposefully toward realizing his capacities;
5. Self - acceptance or self - regard.
6. Respect for others.

Another approach by Dunn (1964) suggested that mental health or well being must involve a balance among several components of the individual and of the society in which he lives. These include:

- Chemical balance - internal psychological well being of the individual.
- Neuromuscular balance - including the problem solving activities of mind and body.
- Balance between inner and outer world.
- Balance between the individual and society.
- Balance between mind and body.
- Balance between exertion and rest.

Arkoff (1968) has pointed out, “Mental health is sometimes served to identify very desirable personal qualities which only a few people show in any degree and in this way mental health may be something more than good adjustment. Good adjustment indicates desirable or valued qualities or patterns of behaviour in terms of a person’s interaction with the environment. By contrast, the concept of mental health is not so closely linked to the environment. As Arkoff (1968) points out, “Mental health is generally thought of as a personal quality which, to some extent, transcends the setting of which the person is a part, although it will, of course be effected by what goes on in these settings”. Like mental health, mental illness is more limited to the person himself. The mentally ill person is considered to have certain personal characteristic which are relatively independent of the individual settings in which he finds himself.

State of the Individual - Thus mental health is a state of the individual. As H. J. Eysenck (1972) puts it, “A state in which the need of the individual on one hand and the claims of environment on the other hand are fully satisfied or the powers by which this harmonious relationships can be attained.”

On the other hand, Mental health has been defined as the functioning of the human personality showing desirable qualities. Hadfield (1952) has said, “Mental health is the full and harmonious functioning of the whole personality”. The definition of mental health in terms of functioning of personality makes it relative to time, setting and circumstances of the socio-cultural group.

Functioning of the personality:
The definition of mental health in terms of the functioning of personality makes it relative to time, setting and circumstances of a socio-cultural group. This has been demonstrated in a WFMH cross cultural study entitled "mental health and value system" (1963). Thus mental health may be assessed in quantitative terms. It was thought that it was a legitimate conclusion that anything that can be done to raise the capacity of the individual to come to terms with himself and to achieve the full
realization of his own potential leads to mental health. Thus the mental health of
the individual is intimately related to the mental health of the community and
vise-versa.

**An Ideal State:**

Much has been written about the desirable qualities in human beings as found in
human behaviour which express mental health. The WHO charter emphasizes "The
positive well-being" as the criteria of mental health. This is an ideal state. Thus
mental health has been viewed in terms of an ideal rather than in terms of lack of
disease, statistical average or conformity pattern\(^\text{19}\).

**The Concept of Positive mental health** - Mental health is not just a state of
happiness or contentment that once achieved, can be retained for life. Rather it
involves a continuous adaptation to changing circumstances, a dynamic process
where a living, reacting being strives to achieve a balance between internal
demands and the requirements of a changing environment.

As defined in the Annual report of the world Federation for Mental Health, mental
health is, “not merely the absence of mental disorder, but a state in which the
individual lives harmoniously with himself and others adopting to and participating
in an ever changing social setting and with the sense that he is achieving self
realization through satisfaction of his basic needs” (1950).

Similarly the expert committee on mental Health of the ‘World Health
Organization’ defined Mental Health as a condition, subject to fluctuation due to
biological and social factors, which enables the individual to achieve the
satisfactory synthesis of his own potentially conflicting, instinctive drives, to form
and maintain harmonious relations with others; and to participate in constructive
changes in his social and physical environment.(1951)

The concept of positive mental health is basically related to one’s concept of the
humanism is based on the assumption that, as in any other problem there are right
and wrong, satisfactory and unsatisfactory solutions to the problems of human
existence. Mental health is achieved if man develops into full maturity according to
the characteristics and laws of human nature. Mental illness consists in the failure
of such development. From this premise the criterion of mental health is not one of
individual adjustment to a given social order, but a universal one, valid for all men,
of giving a satisfactory answer to the problem of human existence.”
Another line of thought relates mental health to the competence with which an individual lives in his environment and the competence of social institutions (home, school, work, reservation, etc.) to make this living as effective as possible. This approach considers mental health in terms of the quality of interaction between an individual and his environment rather than its intrapsychic manifestation. (Bower, 1966).

Clearly, all these qualities of mental health are of fundamental importance to good adjustment. Reactions to environment, work, marriage, and to other interpersonal are constantly affected by our state of mind. A sense of well being, emotion stability, and mental efficiency are of inestimable value in the resolution of personal difficulties and conflicts. Mental health of ill health, therefore, permeates the adjustment process and may be regarded both as a condition and as an integral part of adjustment. (Jahoda, 1958; Peck & Mitchell, 1962)

**Core Of Mental Health:**
A good deal has been written about the qualities of mental health. **Abe Arkoff** (1968) has summarized the core of mental health in his description of four sets of qualities required in mental health.

According to **Abe Arkoff**, two qualities which are highly valued in Mental Health are **Happiness & Harmony** as he defines them, “Happiness refers to a general sense of well being. Harmony implies a balance between personal and environmental demands, with each rising consideration.

A second set of qualities subsumed under the heading “Self Regard” includes self insight (a knowledge of oneself), self identity (a sharpened stable image of oneself), self acceptance (a positive image of oneself), self esteem (a pride in oneself) and self disclosure (a willingness to let oneself be known to others).

A third set of valued qualities has to do with Personal Growth, Maturity and Integration. While personal growth refers to realization of one’s potentialities, personal maturity implies that one has realized or accomplished certain goals specific to one’s age or stage in life. Personal integration refers to the achievement of unity and consistency in behavior, i.e. integrity.

A final set of qualities valued in Mental Health includes **Contact with the environment**, effectiveness in the environment and independence of the environment. While the contact with the environment implies the ability to see the world as other do, effectiveness in the environment means the ability to relate to
others and be productive. Independence of the environment means the ability to be autonomous and not bound by group patterns of behavior.

CRITERIA OF MENTAL HEALTH

1. The Criterion of Mental Efficiency - Mental efficiency can be used to evaluate mental health. It is certainly significant that emotionally disturbed, neurotic or inadequate personalities are characteristically lacking in this quality. (Ealon, 1951, Smith, 1950).

2. Control & Integration of Thought & Conduct - Effective control is always one of the surest signs of a healthy personality and this applies particularly to mental processes. An unbridled imagination, such as can be seen in excessive fantasy thinking is detrimental to mental health because it impairs the relation between mind and reality. Without such control obsessions, fixed ideas, phobias, delusions and other symptoms are likely to develop. Important to mental health also is the integration of thought with conduct, a quality that is identified as “personal integrity.”

3. Integration of Motives and Control of Conflict and Frustration: The integration of thought and conduct is paralleled in the mentally healthy person by the ability to integrate personal motivations and to maintain control of conflicts and frustrations. When motives are not integrated, serious conflict can result. The need for affection or security may conflict with independence; sex drive may conflict with moral ideals or principles. These divergent tendencies must be integrated with each other and conflicts and frustrations are to be controlled. It can be seen that control of conflict is an extension of the criterion of integration; however, it must be emphasized that it is necessary for the maintenance of mental stability.

4. Positive Healthy Feelings and Emotions: The integration necessary to mental health can be strongly supported by positive feelings, and by the same rule negative feelings can act to disrupt or even to destroy mental stability. Deep feelings of insecurity, inadequacy, guilt, inferiority, hostility and hatred, jealousy and envy are signs of emotional disruption and can lead to mental ill health (Schneiders, 1951, 1963). Contrary to such feelings are those of acceptance, love, belonging, security and personal worth, each one of which contribute to mental stability and serves as a signpost of mental health.

5. Tranquility or Peace of Mind as a Criterion of Mental Health: Where there is emotional harmony, positive feeling, control of thought and conduct and
integration of motives, there will be mental tranquility. This suggests that mental health also like adjustment, requires absence of disabling symptoms.

6. **The Criterion of Healthy Attitudes**: Mental health is impossible in a context of hatreds, of prejudices, pessimism and cynicism or despair and hopelessness. Attitude such as these are to mental health what certain bacteria and toxins are to physical health (Anderson, 1952).

7. **Healthy Self Concept as a Sign of Mental Health**: Feeling of personal inadequacy, helplessness, inferiority or insecurity or worthlessness will undermine an adequate self-concept. Writers in various fields have emphasized that a healthy concept of self is desideratum to mental stability.

8. **Adequate Ego-identity**: The growth of an adequate self-concept, devoid of neurotic pride, unrealistic aims and the tyranny of irrational super ego demands, is an important step toward ego identity, “As ego identity grows more stably autonomous, the person becomes capable of having a more consistent and lasting effect upon his environment. The more sure he becomes about his own nature and peculiarities, the more solid is the nucleus from which his activity proceeds.”

9. **Adequate Relation to Reality**: Contact / Relation to reality refer to the manner in which or extent to which we accept reality, reject it or run away from it. Inadequate contact with reality is found characteristically in the serious disturbed patient such as the schizophrenic.

**ADOLESCENT MENTAL HEALTH**

Adjustment is a built-in mechanism for coping with the problematic or other realities of life. Adjustment has been considered as an index to integration; a harmonious behaviour of the individual by which other individual of society recognize person is well adjusted (Pathak, 1990). In the modern society, life is becoming very complex and conflicting day by day. If a person is well adjusted only then one can survive without psychological stress resulting from maladjustment. Hence, adjustment is important in one’s life. Adjustment during the period of adolescence will determine to a larger extent what will one be as a person as an adult. Generally adolescence is believed to be a period of great stress and storm as rapid physical as well as mental changes occur during this period. Every cultural group has expectations of an individual
according to their developmental stage. Successful achievement of such developmental tasks leads to happiness and help to succeed in later tasks, failure to unhappiness and a developmental lag. Certain developmental tasks to be achieved during adolescence are:

- Achieving more mature relations with age mates
- Learning to perform a masculine or feminine social role
- Accepting one’s physique and using the body effectively
- Achieving emotional independence of parents and other adults
- Preparing for economic independence
- Preparing for marriage and family life
- Achieving socially responsible behaviour and
- Acquiring a set of values as a guide to behaviour

Attainment of these developmental tasks helps adolescents to lay foundation for a successful adjustment in adulthood.

Young people go through a transition in teenage years and one of the biggest issues they will face affecting mental health and social identity. They experience all sorts of pressures, difficulties and circumstances such as peer pressure, moving to a new school, breaking relationships with friends, arguments with parents, struggle for autonomy, exams, not feeling good enough, changing or chaotic home environment, exam pressure and failures and above all pubertal changes, school exclusion or truancy. Cairns and Lloyd (2005) extracted data from the young life and times survey in Northern Ireland and reported that school work and exams was the most cited cause of stress for young people of 16 years old. Anonymous (2004) has examined trends between 1983 and 2003 in young people’s emotional health and well being, as reported through their young people and health survey and has found that young people are increasingly more likely to worry quite a lot about school and career problems.

Adolescents in disadvantaged communities are at elevated risk for exposure to multiple stressors, indicating high rates of crime and victimization, family poverty, family conflict, increased prevalence of deviant peers and school with inadequate resources (Gonzales et.al., 2001 and Seideman et al, 1994). Garrison and Force (1959), Hallahan and Kauffman (1978) and Chauhan (1979) have proposed three basic factors which facilitate emotional disturbance among adolescents. These factors are biological disorders and diseases, pathological
family relationships and undesirable experience in school. Good adjustments make the adolescents proud and self-satisfied, motivate them for future success, encourage them to be an independent thinking person and build their confidence and in turn improve the mental health. In Indian schools, only 52% of the students had sound mental health at +2 level. School plays a vital role in the development of an adolescent as they spend most part of their day attending school, engaging in extra curricular activities; and even at home engaged in scholastic work. School is an institution which contributes to the total educational and socialization process directed to the development of personality of an adolescent (Greenbaum, 1974).

School environment includes relationships among and between administration, teachers, parents, students and the community that influences overall development through the academic demands of formal curricula and through exposure to teachers who emphasize academic achievement, motivation to learn and self-improvement (Newman and Newman, 1986). The high school introduces a better perspective to the adolescents.

Emotional problems will often affect school work - worry oneself or about what is going at home, makes it difficult to concentrate. Pressure to do well and to pass exams may come from parents or teachers but adolescents usually want to do well and will push themselves. Excessive nagging can be counter-productive. Exams are important but they should not be allowed to dominate life or to cause unhappiness. School has two types of responsibilities, to remove those situations/factors/functions which produce maladjustment in students and to detect undesirable behaviour of students and to correct them.

Adolescents account for about 1/5th of India’s population (Anon, 2001). In recent times, newspapers reported least cases of suicides and attempts which mainly circumvented school life. This is particularly true of the class X and intermediate or pre university (PUC) students, who get frustrated because of the pressure imposed by the teachers and parents and factors like competition, high ambitions. Thus, are more prone to vulnerability which may lead to ill health, negative feeling or suicides.

At least one in five children and adolescents may express a mental health problem in any year and in the United States, it is estimated that one in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment. It is estimated that six to nine million children and adolescents in the United States have mental or behavioural problems. Indian Council of Medical
Research reported that about 12.8 per cent of children (1-16 years) suffer from mental health problems in India. To ignore adolescents means ignoring the future of our nation. When young people’s mental health problems go untreated, they can affect their development, school performance and relationships, also leads to school failure, family conflicts, drug abuse, violence and even suicide\(^2\). Adolescents with good mental health are able to achieve and maintain optimal psychological and social functioning and well being. They have a sense of identity and self-worth, sound family and peer relationships, an ability to be productive and to learn and a capacity to tackle developmental challenges and use cultural resources to maximize growth. Moreover, the good mental health of the children and adolescents is crucial for their active social and economic participation. It is important to provide effective intervention and support to 20% of children and adolescents believed to be suffering from overt mental health problems or disorders. The burden associated with mental disorders in children or adolescent is considerable, and it is made worse by stigma and discrimination. The mental health of children and adolescents can be influenced by a variety of factors. Risk factors increase the probability of mental health problems while protective factors moderate the effects of risk exposure\(^2\). The Child’s developmental stage can influence his/her degree of vulnerability to disorders and how the disorder is expressed. Thus, a developmental perspective is needed for an understanding of all mental disorders\(^3\). Children and adolescent are thinking and feeling beings with a degree of mental complexity. While, it has long been accepted that physical health can be affected by traumas, genetic disturbances, toxins and illness, it has recently been understood that these same stressors can affect mental health and have long-lasting repercussions. When risk factors and vulnerabilities outweigh or overcome factors that are protective or that increase resilience, mental disorder can result\(^4\).
If mental disorder of children and adolescents are likely to persist, then their social, educational and vocational prospects will diminish. This results in direct costs to the family and lost productivity for society. It is also known that individuals with mental disorders represent a disproportionately large segment of the populations in the juvenile justice and criminal justice systems.

**Risk and protective factors**

There are a number of factors that can affect the mental health of a child and adolescent (Offord, 1998). Broadly speaking, these can be divided into risk and protective factors. The former refers to factors that increase the probability of occurrence of mental health problems or disorders, while latter refers to factors that moderate the effect of risk disorders. The term 'bio-psycho-social' used for mental health suggests, these risk and protective factors can exist in the biological, psychological and social domains.

**Legislation and human rights:**

The United Nations convention on the Rights of the child (CRC) of 1989 commits signatories to ensuring that all children have the right to develop physically and mentally, and to be protected from abuse and exploitation. It explicitly and implicitly supports the need for addressing the mental health needs of children. The United Nations General assembly Resolution 46/119 on the protection of persons with mental illness and improvement of mental health care adopted in 1991, represent another serious International effort to safeguard the rights of all

### Prevalence of child and adolescent mental disorders, selected countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Study</th>
<th>Age (years)</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>Fleitlich-Bilyk &amp; Goodman, 2004.</td>
<td>7-14</td>
<td>12.7</td>
</tr>
<tr>
<td>Canada (Ontario)</td>
<td>Offord et al., 1987.</td>
<td>4-16</td>
<td>18.1</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Tadesse et al., 1999.</td>
<td>1-15</td>
<td>17.7</td>
</tr>
<tr>
<td>Germany</td>
<td>Weyerer et al., 1988.</td>
<td>12-15</td>
<td>20.7</td>
</tr>
<tr>
<td>India</td>
<td>Indian Council of Medical Research</td>
<td>1-16</td>
<td>12.8</td>
</tr>
<tr>
<td>Japan</td>
<td>Morita et al., 1993.</td>
<td>12-15</td>
<td>15.0</td>
</tr>
<tr>
<td>Spain</td>
<td>Gomez-Beneyto et al., 1994.</td>
<td>8, 11, 15</td>
<td>21.7</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Steinhäusen et al., 1998.</td>
<td>1-15</td>
<td>22.5</td>
</tr>
<tr>
<td>USA</td>
<td>United States Department of Health and Human Services, 1999.</td>
<td>9-17</td>
<td>21.0</td>
</tr>
</tbody>
</table>
people with mental disorders. Children are protected under all human rights instruments like international covenant on civil and political rights, article 7 which protects everyone including those with mental health problems. International covenant or Economic, social and cultural rights is another body to assist in same direction. The World Health Report 2001 (WHO, 2001) identified five priority research areas for mental health. The areas, which are also relevant for adolescents’ mental health are: epidemiological research, treatment, prevention, promotion outcome research, policy and service research, economic research and research in developing countries and cross cultural comparisons.

**FLOW CHART-1.1**

**ISLAM AND MENTAL HEALTH**

When considering the global strategy for health for all by the year 2000, the World Health Assembly in 1984 rightly stressed the importance of spiritual element in health. Importantly, it was also decided that this implies "a phenomenon that is not material in nature but belongs to the realms of ideas, beliefs, values and ethics that have arisen in the mind and conscience of human being." “These ideas have not only stimulated worldwide action for health but have also given to health, as defined in WHO's constitution, an added spiritual dimension.” This has made clear the role of psycho religious and psycho spiritual features in the mental health field.
Indeed Jung in his famous book "Modern Man in search of soul" emphasized the role of religion in attaining psychological health and attaining a normal state of mental well-being. He rightly concluded that it was high time for the clergyman and psychotherapists to join forces to meet this great spiritual task.

The challenge of mental health problems is immense and complex. Hence, the search continues for the development of more effective alternative treatment modalities, with a move away from the limited psychoanalytical technique to the behavioristic, to the humanistic and recently to the transpersonal and more holistic approaches. An example of the latter is the development of multifaceted model of psycho syntheses. Besides these, great emphasis has been given to the religious quest and the search for fundamental, meaningful, spiritual life.

**The Islamic quest:**

An important feature of the Islamic quest is the scrutiny of the basic human makeup, the inner weakness, potential qualities and the need to follow the right path to attain a healthy state of mind and need a meaningful life.

Essentially, the correct understanding of the inner self and the uncovering of its hidden elements should lead to the recognition of the divine creation and of the holy god. This was clearly ordained, for example in the following Holy Quranic verses-

"We shall show them our portents on the horizons and within themselves until it will be manifest unto them it is the truth (41:53) and in the earth are portents for those whose truth is sure. And in yourselves can you then not see?" (51:20). In this respect, the quest for seeing and believing needs to be well conceived within the religious context and within the wider perspective of faith and within the inner complex mechanism of thinking and feeling.

**The Islamic directives:**

As explained by Wagdy, the Quran describes the sharp contrasts between the magnificent physical development of humans and their inner emotional turmoil and their inherent tendency to cruelty, passionate reactions, greediness and aggressive behaviour. Hence, as part of their destiny in life, humans have to face these human weakness and strive hard to overcome them.

Thus, from the practical point of view, the Islamic directives provide a clear way for leading a meaningful psychosocial life and enjoying a healthy mental state. In Sura 2 verse 177 of the Quran for instance, it is clearly stated that:

"it is not righteousness that you turn your face to the East and the west, but
righteousness is to believe in Allah, the last day and the Angles and the Scriptures and the Prophets and give wealth, in spite of love for it, to kinsfolk, orphans, the poor and the way farer and to those who ask, and set slaves free and observe the proper worship and pay the poor their due. And those who keeps their promises when they make one and be patient in tribulation and adversity and time of stress. These are the sincere and the pious.”

**ISLAM AND MENTAL HEALTH CARE**

1. **Strategic approaches:**
   Islam includes well defined guiding principles for healthy living and for the promotion of the quality in life. Essentially, the Islamic strategy for promotion of mental well-being is based on the recognition of the inherent human defects and emotional weaknesses and hence calls for systematic developments and constructive enactment to overcome them. In five time daily prayers, appeals to God to show him/her the straight path, the path of those who he favours and not the path of those who have angered him and those who have gone astray. This is a clear strategic line of action to be followed. The daily and seasonal Islamic practices are helpful for personality adjustment and the promotion of mental health. Ramadan (the month of fasting) and the pilgrimage to Mecca, in particular provide ideal opportunity for breaking away from harmful social habits, for resolving psychological conflicts and for the attainment of mental peace.

2. **Observation of a health code of behaviour:**
   The Holy Quran as a guide and source of enlightenment has examples of human endurance and supremacy, exemplary characters of Prophets as well as reference to the dismal fate of those with deviant behaviour. It aims to encourage humans to learn from past events, develop a refined quality of life and enjoy a healthy state of mind. Islam, as with after religions, provides clear codes of conduct and behaviour.

3. **Exemplary role of alcohol prevention:**
   The model, implemented in four stages at the dawn of Islam 14 centuries ago, for the control and prevention of alcoholism is still highly exemplary and unique. Due consideration was given to the prevailing psychological conditions, and a gradual systematic approach through persuasion, appeal to logic, religious conviction, demonstration by example and community mobilization to the degree of holy war
was effectively applied.

Management of specific mental health problems:
The Holy Quran is a religious code and not a medical text. But two specific mental health problems- suicide and the management of guilt feeling can be effectively dealt.

The problem of suicide is taken up with clear, precise and firm directives. The special commandment that you should not kill yourself prevents the followers from self injury and self killing.
Islam also helps in relieving guilt by step-by step process of learning by doing.

i. First, the person has to recognize his/her sin and wrong-doing.

ii. Second, he/she has to understand and face the mistakes.

iii. Third he/she should strictly promise to give up and not repeat the wrongful behaviour.

iv. Fourth he/she should invoke the help of God for forgiveness and guidance.

v. Lastly, this act of repentance must be complemented by an act of faith and useful work (Sura 6, verse-54).

Role of Islamic Institutions:
These institutions play an important role in the promotion of mental health and prevention of psychologically deviant behavior. The impact of these institution on health education, public information, community mobilization, promotion of mental well-being and the prevention of social evils, such as misuse of drugs are generally well known.

Conclusion:
Islamic culture is rich with guiding principles, appropriate directives and models of excellence, for the promotion of mental health and the realization of a meaningful quality of life29.

RELIGIOUSNESS

The term religiousness refers to religious faith. It indicates degree of religiousness of an individual30. Religion is a collection of cultural system, belief systems and world views that relate humanity to spirituality and sometimes to moral values. It
is intended to give meaning to live or explain the origin of life or the universe. They tend to derive morality, ethics, religious laws or a preferred life style from their ideas about the cosmos and human nature.

The world religion is sometimes used interchangeably with faith or belief system. Religion has a public aspect. It has organized behaviours, clergy, congregation of laity, regular meeting or services, for the purpose of veneration of a deity or for prayer, holy places, scriptures, festivals or other aspects of human culture. Anthropologist John Monoghan and Peter Just state that “It seems apparent that one thing religion or belief help us do is deal with problems of human life that are significant, persistent and intolerable. One important way in which religious beliefs accomplish this is by providing a set of ideas about how and why the world is put together that allows people to accommodate anxieties and deal with misfortune.”

According to Taylor, religion is religiosity belief in supernatural being; (London 1971) defined religion as religiosity motivational force, religiosity purpose of life, means of peace and prosperity (Tewari 1980) explains religion as an attempt to understand the secrets of various natural and social problems. Religiosity means faith in power beyond himself where by one seeks to satisfy emotional need and gain stability in life and which one expresses in acts of worship and service (Galloway, 1956)

L.I. Bhushan (1990) maintained that comprehensive definition of religiosity include three dimensions of definition of religiosity i.e. theoretical, practical and emotional.

1. Theoretical aspect is the cognitive aspect, which includes belief and faith in existence of God, partnership or identification with God.
2. Emotional aspect of religiosity relates to the feeling of devotion and dedication to god and experience of pleasure, right and satisfaction in observance of religious practices.
3. Practical aspect of religiosity relates to religious practices such as observing prayers or worship, observing rituals, ethical behaviour, tolerance, sacrifice and forgiveness are religious values.

**Etymology**
Religion (from O.Fr. religion “religious community” from Latin religionem (nom. Religio) “respect for what is sacred, reverence for the Gods, “obligation, the bond
between man and the Gods” is derived from the latin religio, the ultimate origin of which are obscure. Modern scholars such as Tom Harper and Joseph Campbell favour the derivation from ligare “bind, connect” probably from a prefixed re-ligare, i.e. re (again) + ligare or “to reconnect.”

According to philologist, Max Muller the root of the English world "religion" the Latin religio was originally used to mean only "reverence for God or the Gods, careful pondering of the divine things, piety." Max Muller characterized many other cultures around the world, including Egypt, Persia and India as having a similar power structure at this point in history. What is called ancient religion today, they would have only called "law".

Many languages have words that can be translated as "religion" but they may use them in a very different way. For example, in Sanskrit “Dharma” is some time translated as “religion” also means law. In Medieval Japan, the term religion at first had a union between “Imperial law” and universal or “Buddha law” but these latter became independent sources of power.

Judaism has religion as a central concept “Halakha” some time translated as "Law" which guides religious practice, belief and many aspects of daily life. Muslims find religion as obedience to God or Islam which are grounded in particular histories and vocabularies.

ORIGINS:

There are number of theories regarding the origin of religion. Greg M. Epstein a humanist Chaplin at Harvard university states that “essentially all the world’s major religion were founded on the principle of divine beings or forces can promise a level of justice in a supernatural realm that cannot be perceived in this natural one.” According to anthropologists John Monhogan and Peter Just, “Many of the great world religions appear to have begun as revitalization movements of some sort, as the vision of a Charismatic prophet fires the imagination of people seeking a more comprehensive answer to their problems than they feel is provided by everyday beliefs. Charismative individuals have emerged at many times and places in the world. It seems that the key to long terms success and many movements come and go with little long term effect has relatively little to do with the prophets, who appear with surprising regularity, but more to do with the development of a group of supporters who are able to institutionalize the movement.

Religious movements:
In the 19th and 20th centuries, the academic practice of comparative religion divided religious belief into philosophically defined categories called "world religions." The current state of psychological study about the nature of religiousness suggests that it is better to refer to religion as a largely invariant phenomenon that should be distinguished from cultural norms (i.e., “religion”). The four largest religious groups by population estimated to account for between 5 and 7 billion people, are Christianity, Islam, Buddhism and Hinduism.

**TABLE 1.6**

**World Population: 6.99 Billion**

<table>
<thead>
<tr>
<th>Four largest religion</th>
<th>Adherents</th>
<th>% World population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>2.1–2.2 billion</td>
<td>33%–34%</td>
</tr>
<tr>
<td>Islam</td>
<td>1.5–1.6 billions</td>
<td>22%–23%</td>
</tr>
<tr>
<td>Buddhist</td>
<td>500 million–1.9</td>
<td>7%–29%</td>
</tr>
<tr>
<td></td>
<td>billion</td>
<td></td>
</tr>
<tr>
<td>Hinduism</td>
<td>1.0 billion–1.1</td>
<td>15.2%–16.2%</td>
</tr>
<tr>
<td></td>
<td>billion</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5.1 billion–6.8</td>
<td>77%–99%</td>
</tr>
<tr>
<td></td>
<td>billion</td>
<td></td>
</tr>
</tbody>
</table>

**MAP 1.4**

COUNTRYWISE DISTRIBUTION OF MAJOR RELIGIONS OF THE WORLD
A. Abrahamic religion are monotheistic religions which believe they descend from Abrahams.

1. Judaism is the oldest Abrahamic religion, originating in the people of ancient Israel and Judea. It is primarily based on religious text Torah, which is believed to be handed down through Prophet Moses.

2. Christianity: It is based on the life and teachings of Jesus of Nazareth (1st Century) as presented in the New Testament.

B. Islam refers to the religion taught by the Islamic Prophet Mohammad, a major political and religious figure of the 7th century CE. It is the dominant religion of northern Africa, the Middle East, and the South Asia.

C. Indian religions are practiced or were founded in the Indian sub continent. It includes-

1. Hinduism: It is the most ancient of still active religions, with origins perhaps as far back as prehistoric times. It is a religious category containing dozens of separate philosophies amalgamated as Sanatana Dharma.

2. Jainism primarily taught by Parsva (9th century BCE), and Mahavira (6th century BCE) is an ancient religion that prescribes the path of non-violence.
3. Buddhism was founded by Siddharta Gautam in the 6th century BCE. He aimed to end the suffering by explaining the true nature of phenomena.


D. Iranian religions are ancient religions whose roots predate the Islamization of greater Iran. It includes:
   1. Zoroastrianism is a religion and philosophy based on the teachings of Prophet Zoroaster, in the 6th century BC. They worship the creator Ahura Mazda.
   2. Mandaeism is a monotheistic religion with a strongly dualistic world views.
   3. Kurdish religion includes the traditional beliefs of Yazidi, Alevi and Ahl-e-Haqq.

E. Folk religion is a term applied loosely and vaguely to less-organized local practices. This category includes anything that is not part of an organization.
   1. African traditional religion is a category including any type of religion practiced in Africa before the arrival of Islam and Christianity such as Youruba religion or San religion.
   2. Folk religions of the America include Aztec religion, Inca religion, Maya religion and modern Catholic religions.
   3. Australian Aboriginal culture contains a mythology and sacred practices characteristic of folk religion.

4. Chinese folk religion practiced by Chinese people around the world, is a primarily social practice including popular elements of Confucianism and Taoism with some remnants of Mahayana Buddhism.

5. Traditional Korean religion is a syncretic mixture of Mahayana Buddhism and Korean Shamanism.

6. Traditional Japanese religion is a mixture of Mahayana Buddhism and ancient indigenous practices which were codified as Shinto in the 19th century.

F. A variety of new religious movements still practiced today have been founded in many other countries besides Japan and the United States, including-
   1. Shinshukyo is a general category for a wide variety of religious movement founded in Japan since the 19th century.
   2. Cao Dai is a syncretistic, monotheistic religion established in Vietnam in 1926.
3. Unitarian Universalism is a religion characterised by support for a “free and responsible search for truth and meaning.”
4. Scientology teaches that people are immortal beings who have forgotten their true nature.
5. EcKankar is a religion with the purpose of making God an everyday reality in one’s life.

**Sociological classification of religious movements** suggest that within any given religious group a community can resemble various types of structures, including “churches” “denominations” “sects” “cults” and institutions”. Some scholars classify religions as either universal religions that seek worldwide acceptance and actively look for new converts or ethnic religions that are identified with a particular ethnic group and do not seek converts. Other reject the distinction, pointing out that all religious practices, whatever their philosophical origin, are ethnic because they come from a particular culture.

**ISLAM**

There are approximately 1.57 billion Muslims living in 232 countries around the world, representing 23% of an estimated 2009 world population of 6.8 billion (Pew Research Center, 2009). They serve as majority in approximately 50 countries around the globe (Miller, 2009). Islam dates back more than 1,400 year but subsequent to terrorism in India and 9/11 incidents in America led to an increased visibility of Muslims and an interest in Islam. Islam comes from the Arabic root word meaning peace. The word aslama is drived from these letters and refers to the one who had submitted to Allah, Arabic for god.

Islam is monotheistic religion and asserts that since the beginning of time, Allah has sent to nations numerous prophets or messengers who brought the message of tawhid, or the oneness of God.

**Basic beliefs in Islam:**

1. The first is to have faith in Allah. According to Islamic beliefs, Allah created everything and is All-Powerful.
2. The second belief is the existence of angles who also obey Allah.
3. The third belief is in the prophets and messengers of God and that Prophet Muhammad was the last Prophet.
4. Muslims also belief in all the religious texts revealed by God. Such as Bible,
Torah, Zuboor and the Quran.

Quran was sent to spread the final message which is considered to be same word for word as it was 400 years ago. Thus the Quran is the book of guidance for the Muslims. As far as other books are considered, Muslims believe that additions and deletions were made to the previous religious texts by then followers.

5. The fifth belief is the existence of the Day of Judgment when individuals will be resurrected in front of God and be judged according to their deeds. Muslims believe that God knows what will happen to an individual, but at the same time the individual has free will.

In addition to the main beliefs, there are five pillars, or essential practices, in Islam.

1. The Shahadah, or the belief that there is only one god and Muhammad is the last messenger is the central pillar.
2. The second pillar is Salah, performing the five daily prayers.
3. The third is sawm or fasting, refraining from eating or drinking from dawn to sunset during the month of Ramadan.
4. The fourth pillar is zakat, giving charity to the poor and needy.
5. The last pillar is hajj, performing pilgrimage to the holy city of Makkah, if one is able to financially and physically.

In order to act in accordance with Islamic beliefs, Muslims turn to Quran, the Muslim book of guidance and the hadith - the saying of prophet Muhammad which provide the basic structure of the laws of human conduct, also known as Sharia or divine laws. The literal meaning of Sharia is “to introduce or prescribe to Muslims in matters of religious rituals, and civic and criminal matters” – it also includes ethical and moral principles.

Islamic jurisprudence or fiqh is based on Shariah or Divine laws. These laws covers ways of worship, right and wrong, and dealing in one’s everyday lives, including business transaction, family issues, societal issues etc.

Muslims believe that Muhammad was the last prophet of Allah, brought the final version of divine laws, which apply to all humanity and for all times. Islamic jurisprudence is derived primarily from the Quran and Sunnah and is dynamic in nature because individual and societal considerations are taken into account, The Quran is considered the word of Allah, and is understood to have stronger proofs than the Sunnah or the saying, actions and attitudes of Prophet Muhammad. The details of the application of Islam in everyday life may not always be explained in the Quran. As such Muslims rely on the prophet’s Sunnah for such guidance.
Historical perspective:
Muhammad was born in Mecca in 570 A.D. and it was in his 40th year that he started receiving his revelation and preaching of Islam. As a result of conveying the message of Islam, Muhammad was tortured by his tribesmen, who tried to kill him on many occasions. He preached monotheism and perfecting one’s character while in Mecca.
After 13 years of persecution, Muhammad migrated to Madina, where he established the first Muslim community. In Madina, Prophet Muhammad continued to teach Islam to people. Much of the Shariah was revealed in Madina, and Muhammad elaborated on rituals in Islam for the Muslim community. It was also in Madina that Muhammad began to teach people general concept of justice, freedom, tolerance and understanding. He made treaties with nearby tribes and groups that consisted of people of other faiths. The Arabs from Mecca fought battles with the Muslims on multiple occasion in an effort to eradicate Islam in its infancy stage, but were not successful. By the time he died in 632 A.D. the entire Arab peninsula had adopted Islam (al-Mubarakpuri, 2002)

After the Prophet’s death, a political difference emerged over views on who would become the successor of Prophet Muhammad. The Muslims at that time were divided into two different groups. The first group believed that the caliphate, or successor, should have remained from the Prophet’s family (Shi’a)
The second group believed that the caliph should be chosen through the elective process (Sunni). Modern day Sunni and Shi’a share basic Islamic beliefs but differ in their interpretation of Islamic jurisprudence.

The importance of religious orientation in managing mental health among adolescents:
Mayo clinic researchers examined the association between religious movement and spirituality, and physical health, mental health, health – related quality of life and other health outcomes. The author reported that: “Most studies have shown that religious involvement and spirituality are associated with better health outcomes, including greater longevity, coping skills, and health –related quality of life (even during terminal illness) and less anxiety, depression, and suicide.”
Psychologists have long been interested in the role that religion plays in the interpretation of and response to life events and how this manifests itself in everyday psychological adjustment.

Some (Ellis, 1965) claim that religion represents institutionalized irrationality and is deleterious to psychological functioning. Other psychologists (Jung 1933, Allport 1950) see religions as a source of meaning and stability in an uncertain world and conducive to positive psychological health. Religion is a multifaceted construct and it is possible that different aspect of religiosity are differentially related to mental health.

Many people experience stress as they combine busy lives and demands of study and work while also trying to save time for friends and family. This stress over a prolonged period of time leads to certain health risks as well as affecting the relationship and general wellbeing. This distress in college leads to increased dropout rate. This is aversive side of the “fight or flight” formula that is, students feeling a mismatch between themselves and their college, wish to distance themselves from the source of stress which will affect their mental health causing them to leave the college (Falk, 1975, Hirsch and Keniston 1970 , Katz , 1969)

Not surprisingly, the workload of adolescent is significantly more than previous classes’ workload and it comes with less hand – holding from parents and teachers. With challenging classes, scheduling issues to co-ordinate, difficult tests and other academic obstacles coupled with more independent nature of the senior classes learning structure, many new and returning students find themselves studying long, hard hours

In senior classes, freshers face the most obvious challenges that usually involve leaving one’s entire support structure behind, creating a new social network, dealing with being away from home for the first time, and finding less parental support, most students may feel mental strain, putting them at risk of mental health problems. Balancing friends with school work, dealing with dynamics of young adult relationship can be difficult, thus affecting their mental health (Elizabeth S.,2008)

One model that is useful in understanding stress and subsequent affected mental health among the students is the person – environmental model. According to one variation of this model, stressful events can be appraised by an individual as “challenging” or “threatening” (Lazarus 1966). When students appraise their education as a challenge, stress can bring them a sense of competence and an
increased capacity to learn. When education is seen as a threat, however stress can elicit feeling of helplessness and a foreboding sense of loss which proves detrimental to their mental health.

A critical issue concerning mental health among students is its effect on learning. The Yerkes Dodson law (1908) postulates that individuals under low and high stress learn the least and that under moderate stress learn the most. A field study and laboratory tests support the notion that excessive stress is harmful to students’ performance.

Students seem to be more emotionally and psychologically vulnerable at examination time. Mechanic (1978) showed that within the American university system, examinations had a profound negative effect on students and their families. Hamilton (1955) argued that one of the possible explanations of the debilitating effect of test anxiety is that it generates train of “internal” information or worry directed towards the likely effects of failures and this distracts from task activity. When information generated by worrying about the test reduces the capacity available for performing the task, the result is that performance breaks down and the result becomes self confirming. Breaking the test- anxiety loop is therefore very important to maintain healthy mental health.

Strain is a term use to indicate excessive tension in a muscles or nerve unit. It’s usually caused by an activity overload or psychological adjustment, usually due to an emotional overload (Goldenson,1984). The term “Stress” and “strain” go together in the literature- strain is the indicator of stress. According to Khan (1989), strain refers to persons’ maladjustive psychological, physiological and behavioural responses to stress. It should be noted that the term “strain” and “tension” are often used interchangeably. However, the manifestation of strain can be seen in anxiety, depression, psychosomatic complaints or in physiological changes in blood chemistry.

Even in the absence of deliberate conscious strategy to deal with stress, individual cannot remain in continuous state of tension and emotional strain. Stress can be psychologically positive or negative.

Researchers have grouped the way students cope with stress and subsequent effect on mental health in four categories-

i. First, they may decide to confront stress by struggling to meet targets.

ii. Secondly, they could detach themselves from the stressful situation.

iii. Thirdly, they may reduce the stress through religious activity.
iv. Finally they may decide to accept their life as it is.
According to Pargament (1985), religion has three roles in the coping process. Religion can serve (i) as a part of the elements of coping (ii) as a contributor to coping and (iii) as a product of coping.

Affected mental health evokes negative thoughts and feelings in a person. The same situation is not evocative or stressful for all people and all people do not experience the same negative thoughts and feeling in stressful situation (Whitman, Neal A. (1985).

According to some Muslim scholars like Sadiq Husain (1984), stress is in the nature of human being and perhaps best regarded as a healthy and normal reaction that is likely to produce illness, if prolonged. Severe stress to any individual who does not have the capacity to adapt himself or herself to it is at risk of affected mental health.

A recent study by Richaudde and Sacchi (2001) indicated that coping includes behaviour and thoughts employed by the individual to manage the stressing situation. Moreover, the relationship between religion and mental health is a topic about which much has been written in terms of pros and cons. In the early 20th country, Sigmund Freud wrote about the deleterious effects of religion on psychological development and predicted that religion was an illusion that had no future. More recently, attorney Richard Yao founded a group named “Fundamentalists Anonymous” “designed to help people overcome the so called “emotional distress” of a conservative religious upbringing (Malony, 2001). Among this group are counsellor Donald slot, who titled his recent book “the dangers of growing up in a Christian home and California Clergyman named Booth” who had appeared on a number of television talk shows warning the public about the bad effects of what he termed “religious addiction” (Malony, 2001).

Islamic view point sees religion as faith “Imam”, action “Amal” and worship “Ibadah” triple mandate. Adjustment to difficult circumstances appeared to be better predicted by religious coping than by general religious orientation (Pargament etal., 1990). More over, religious coping strategies showed differential relationships to the outcome of various stressful situation (Zwingmann and Murken, 2000) More specifically, religious coping was helpful or harmful depending on the particular type of religious coping strategy employed. Thus, religious coping would appear to be ambivalent phenomena which does not automatically entail beneficial outcomes.
Higher order factor analyses have revealed that particular religion coping methods can be classified into two broad overreaching patterns: positive and negative religious coping (Pargament et al., 1998). In general, positive religious coping strategies, which reflect a confident and constructive turning to religion for support, tend to be beneficial for people at risk of mental health (Ano and Vasconcelles, 2005). In contrast, negative religious coping strategies, those which reflect an engaging in religious struggle and doubt, are generally more maladaptive (Ano and Vasconcelles, 2005).

Pargament (1997) argues that religiosity should not be considered as a simple dimension. Instead, it should include religious acts such as personal prayer and church attendance—this way religion permeates all aspects of life and this buffers against suicide (O’Connor and Sheehy, 2000). Must previous research on the subject, indicates evidence of association between good mental health and well-being occasioned by religious faith. The daily pressure experienced by students may not be sufficiently stressful for them to turn to religion for remedy. Perhaps, religion is more likely to be used in coping with major traumatic stressors relative to daily hassles (Plante et al., 2001).

Adolescent experience appreciable level of stress and strain due to academic challenges which may affect their mental health. However, religious orientation seems to be adopted as coping mechanism by majority of students.

**ACADEMIC PERFORMANCE**

In educational institutions, success is measured by academic performance, or how well a student meets standards set out by local government and the institution itself. As career competition grows even more fierce in the working world, the importance of students doing well in school has caught the attention of parents.

**Significance**

Although education is not the only road to success in the working world, much effort is made to identify, evaluate, track and encourage the progress of students in schools. Parents care about their child’s academic performance because they believe good academic results will provide more career choices and job security. Schools, though invested in fostering good academic habits for the same reason, are also often influenced by concerns about the school’s reputation and the
possibility of monetary aid from government institutions, which can hinge on the overall academic performance of the school. State and federal departments of education are charged with improving schools, and so devise methods of measuring success in order to create plans for improvement.

**History**

In the past, academic performance was often measured more by ear than today. Teachers’ observations made up the bulk of the assessment, and today’s summation, or numerical, method of determining how well a student is performing is a fairly recent invention. Grading systems came into existence in America in the late Victorian period and were initially criticized due to high subjectivity. Different teachers valued different aspects of learning more highly than others and although some standardization was attempted in order to make the system more fair, the problem continued. Today, changes have been made to incorporate differentiation for individual students’ abilities, and exploration of alternate methods of measuring performance is ongoing.

**Function**

The tracking of academic performance fulfills a number of purposes. Areas of achievement and failure in a student’s academic career need to be evaluated in order to foster improvement and make full use of the learning process. Results provide a framework for talking about how students fare in school and a constant standard to which all students are held. Performance results also allow students to be ranked and sorted on a scale that is numerically obvious, minimizing complaints by holding teachers and schools accountable for the components of each and every grade.

**Features**

Performance in school is evaluated in a number of ways. For regular grading, students demonstrate their knowledge by taking written and oral tests, performing presentations, turning in homework and participating in class activities and discussions. Teachers evaluate in the form of letter or number grades and side notes to describe how well a student has done. At the state level, students are evaluated by their performance on standardized tests geared toward specific ages and based on a set of achievements, students in each age group are expected to meet.

**Considerations**
The subjectivity of academic performance evaluation has lessened in recent years, but it has not been totally eliminated. It may not be possible to fully remove subjectivity from the current evaluation methods, since most are biased toward students that respond best to traditional teaching methods. Standardized testing is best responded to by students that excel in reading, mathematics and test-taking, a skill that is not in itself indicative of academic worth. The tests reward visual learners, and give no chance for kinesthetic or auditory learners to show their abilities. The standardized test fails to recognize students with learning and physical disabilities that do not allow them to compete the test in the same manner or amount of time as other students. Evaluations from classroom teachers, though they give the most detailed information, may still retain bias if individual differentiation and learning styles have not been taken into account.\textsuperscript{36}

**Individual differences influencing academic performance:**

Individual differences in academic performance have been linked to differences in Intelligence and personality. Students with higher mental ability as demonstrated by IQ tests (quick learners) and those who are higher in conscientiousness (linked to effort and achievement motivation) tend to achieve highly in academic settings. A recent meta-analysis suggested that mental curiosity (as measured by typical intellectual engagement) has an important influence on academic achievement in addition to intelligence and conscientiousness\textsuperscript{37}.


In addition to this, income inequality is strongly correlated with test score inequality (Nickell, 2004)

Equity in education is of particular concern in certain developing countries. Despite primary education being a fundamental right for all children, aged 6-14 in India, and in spite of affirmative action policies to promote disadvantaged groups participation in education, previous analyses suggest the persistent social, religious and gender bias in the Indian education system. This is the case whether one looks at enrolment or academic performance.

Internationally, also there are persistent differences in school performance between the genders and ethnic group.
Reducing or eliminating these gaps in education by raising academic performance of certain students, is seen as a critical component of promoting broader social equity with respect to variety of outcomes in addition to educational attainment such as earning, crime reduction, health improvements and strengthening the family structure (Jencks and Phillips, 1998).

FACTORS AFFECTING ACADEMIC PERFORMANCE

1. Teachers:
Akerlof and Kranton (2002) translate key sociological concept into an economic model of students and schools to show how sociological variables can affect academic performance and they emphasize the need to include certain sociological variables and issues to enhanced economic analysis. They state that an individual gains utility when his or her actions or those of others enhance his or her "self-image". Individuals then gain or lose utility so far as they belong to social categories with high or low social status. It has been acknowledged that teacher quality is the most significant institutional determinant of academic performance (Clot Felter, Ladd and Vigelor, 2006). Teacher’s subject matter knowledge is seen as one good predictor of Academic performance (Fuller et al., 1999, Harbison and Hanushek, 1992, Mullens Murnane and Willet, 1996). According to Bernard (1999), the teachers’ ability to spot mistake has a positive relationship with academic performance. According to Fuller et al. (1999), when children spend more time on instructional tasks as compared to being disciplined by the teacher, their scores improved. There is a positive relationship between the time the teacher spent monitoring and evaluating children's performance and student achievement (Lockheed and Komenan, 1989). The use of teaching process i.e., lesson planning, questioning students during class, intrinsic motivation matter significantly.

There are two main ways in which demographic matches may influence student outcomes (Dee, 2005)-

a. First, they influence performance through passive teacher effects. They arise from the teacher's gender, ethnicity etc. and are not triggered from explicit teacher behaviours.

b. Secondly, they influence performance through active teacher effects. They include intended or unintended teacher biases in their prior expectations and interaction with students who have different demographic traits (Ferguson, 1998).
The teachers as role model may provide children with examples of well-adjusted, successful, and academically performing individuals of their gender/ethnicity/social background and thereby improve their attitude towards education and efforts in school.

According to Maylor (2009), in order for these role model effects to improve academic performance, one must assume that:

a. Teachers regard themselves as role models and accept such a role.

b. Pupils automatically see teachers as role models and connect their behavior or actions with their own behavior, aspiration, and performance.

In face of actual or perceived discrimination because of different demographic characterization, students can perform badly. This is called Pygmalion effect. Stereotypical perception that boys are good in certain subjects while girls are good in others can affect students' confidence.

If the students share their gender or ethnic minority with the teacher, they show better results. According to Holmlund and Sund (2005), in upper secondary school, there is no strong support that same-sex teachers improve the academic performance. They attribute this to the fact that gender effect is more pronounced in early stages of child's education than the older students.

2. Gender:

The Indian educational system has been characterized by gender bias (especially in rural areas) with Indian girls facing significantly different educational treatment, outcomes, and opportunities than their male counterparts. India ranked 103/107 in the UNDP gender development index in 1996 and 114/155 in 2007 (UNDP, 2009). It is apparent that females in India generally acquire less education than males and this lack of education is of concern not only for equity standpoint but it is also economically and socially inefficient (Kingdon, 1998). Female education is more important than male education for social outcomes such as fertility, child health and infant mortality emphasizing the need to address gender gaps in education. According to UNESCO (2006) hiring more female teachers in developing countries will lead to higher levels of girls’ enrollment and academic performance.

The most ambitious program, Sarva Shiksha Abhiyan continues to aim for the goal of 50% female teachers.
Chudgar and Shankar (2008) say that the male and female teachers differ in terms of their classroom management practices and their belief in students’ learning ability. In support of the policy in India to hire female teachers, it has been found that being in a female headed classroom is advantageous for language learning but that teacher's gender has no effect on mathematics learning.  
With regards to attitudes, they find that female teachers seem to bring out the best in both genders.

3. **Caste:**

The caste system in India can be described as "a highly stratified social hierarchy, “in which largely endogamous groups of individuals are invested with different social status and social meaning "(Hoff and Pandey, 2004). The origin of caste system is linked to traditional professional occupations and result in four classes in hierarchical order. The fifth group, previously known as the "Untouchables," were considered too lowly to be counted within the caste system. The Indian constitution of 1950 abolished the caste system; however it is still a visible part of society especially in rural India. The low return of education for the lower castes individuals are well documented and these can be seen to be attributed to wage and job discrimination (Kingdon, 2002). This in turn may lower the motivation of lower caste children and parents to acquire schooling as well as translating to less effort being exerted by these children when they are in school. "Reservation" of a certain proportion of public sector jobs for person from low caste backgrounds by the Indian government has given low caste individuals an economic incentive to enhance their academic performance.

Another policy relating to caste by the Indian government to improve access to schooling, is to make provision of a school within walking distance from each rural household a priority. Due to the fact that habitations are generally organized along caste lines, one finds that schools in rural India can be characterized by considerable degree of caste based segregation (Kochar, 2008). These policies therefore translate extensive residential segregation into a system of defacto schooling segregation that is likely in turn to affect schooling performance and reinforce caste based division (Kochar, 2008)

The low schooling attainment of the lower caste children could reflect the poor physical condition of government schools. Many very small schools do not justify the fixed cost requirement for investment in physical infrastructure and basic
facilities in many schools. These lower quality schools with fewer teachers affect the scheduled caste children more than the general caste child. According to Hoff and Pandey (2004), it was examined to see whether history shapes people's belief systems and individuals’ response to opportunities despite the fact that legal barriers to economic and social advancement by oppressed groups have been abolished. It has been found that there is no caste difference in the academic performance of students when caste is not publicly revealed. Social identity, that is a product of history, culture and personal experience of discrimination can create a pronounced economic disadvantage for a group through its effect on individual's expectation and provide an explanation for the persistence of historical inequalities across social groups. Even in making examination papers, teachers give those answers assigned to be of lower caste students, lower scores than similar answers that are assigned to higher caste students.

4. **Religion**
There have been mixed reports as far as academic performance of Indian Muslim children is concerned. Dreze and Kingdon (2001) find no evidence of intrinsic educational disadvantage among Muslim children. There is evidence of Muslim educational disadvantage in schooling even after accounting for difference in family background and personal attributes. More recently, there has been evidence of social disparity in academic performance in that children from Muslim and lower caste families achieve much less than those from Hindu families (Borooah and Iyer, 2005). Jeffrey and Jeffrey (1997) state that many Muslims themselves regard their relative economic weakness as stemming from discriminatory practices in job hiring and the belief that their children will not get good jobs may lead to Muslim parents devaluing the importance of education for their children. The perpetuation of ancestral manual occupations and labour market discrimination is likely to lower the expected rate of return to education for Muslims and cause them to desire fewer years of schooling. Representation of Islamic norms by clergy (e.g. relating to the education of girls), the existence of alternative madarsa education and lack of teaching of Urdu language in the formal school sector play an important role in determining academic performance of Muslim children. Muslim parents maybe reluctant to
send their daughter to school due to purdah restrictions and this may also be affected by the proportion of male teachers in schools\textsuperscript{38}.

**DEFINITION OF CERTAIN TERMS:**

1. **Mental health**- in the words of Norman Cutts “mental health is the ability to adjust satisfactorily to the various strains of the environment that we meet in life.”\textsuperscript{39}

2. **Adolescence**- according to A.T. Jersild, “Adolescence is that span of years during which boys and girls move from childhood to adulthood, mentally, emotionally, socially and physically”.\textsuperscript{40}

3. **Religiousness**- according to Muslim philosophy- “Dharma is related to education of conduct (behavior) and the aim of namaaz, roza or Haj is to create feeling of brotherhood on a large scale. Religiousness according to some is considered as social service and it is considered as super most duty of man\textsuperscript{41}.

4. **Academic performance**- performance in tests in important subjects based on annual curriculum.

5. **Muslim**- one who professes the faith of Islam or born to a Muslim family.

**JUSTIFICATION OF STUDY**

A very characteristic feature of modern times is the demand voiced by the world over for equality of educational opportunity. A careful study of the motivation behind this universal demand reveals that it arises mainly from two considerations:

1. Universal human rights: Article 26(1) of the universal declaration of human rights mentions that education is a fundamental right and on no ground-caste, colour, creed, race, religion etc. can anyone be excluded from exercising this right. The Indian constitution is committed to the equality of citizens and it is the responsibility of the state to preserve, protect and assure the right of minorities. Article 45 of the Directive Principles of State Policy states-"The state shall endeavor to provide within a period of the ten years from the commencement of this constitution, for free and compulsory education for all children until they complete the age of fourteen years"

In 1993, in a landmark judgment, the Supreme court ruled that the right to education is a fundamental right flowing from the right to life in Article 21 of the constitution.
Article 21-A states that "The state shall provide free and compulsory education to all children of the age six to fourteen years in such a way as the state may, by law, determine".

The 86th Amendment also modified Article 45 which now read as "The state shall endeavor to provide early childhood care and education for all children until they complete the age of 6 years".

Finally in 2010, education become a fundamental right and came to be known as "Right to Education."

Since education is a concurrent subject, both the state and central government are responsible for it.

The desire of more and more people for more and more education has its origin in the supposed capacity of education to help people to move up on the socioeconomic ladder. More and better education is believed to be the key to a better income and improved social status.

According to Article 22 of Human right-"the economic, social and cultural rights are indispensable for his dignity and free development of his personality."

2. From the point of view of society-The role of education in facilitating social and economic progress is well accepted today. The ability of nation's population to learn and perform in an environment where scientific and technological knowledge is changing rapidly, is critical for its growth. While the importance of human capital and its augmentation for a nation's development cannot be over emphasized, its micro-economic consequences also need to be acknowledged.

In the functional and analytical ability of children and youth, though education open up opportunities leading to both individual and group entitlements. Improvement in education are not only expected to enhance efficiency (and therefore earning) but also augment democratic participation, upgrade health and quality of life.

All minorities other than Muslim have taken care of their educational advancement by reaping full advantage of constitutional provisions. But Muslim community somehow could not do so. Muslims form the largest proportion of minority group in India. Their contribution for the development of independent India on various fronts (political, educational, economic, cultural etc) cannot be overlooked.
In spite of all the reasons for poor education, according to Ansari, it is seen in educational philosophy of Islamic culture that education has great importance. The points given below is proof of this fact:
1. The aims of Islamic education were realization of eternity, truth, perfect living and inculcation of democratic values.
2. Islamic education advocated the use of inductive deductive method, questioning, experimentation and discussion.
3. Curricula were planned for different stages of education.
4. The teacher was the role-model and enjoyed high status in the society.
5. The teacher-student relationships were cordial.
6. Education was obligatory for males and females and was a life-long process, though formal schooling started at five years of age.
7. Women’s education and art education were given prominence.
8. The Islamic philosophy of education advocated development of universal and objective values as being ultimate.
9. Islamic education made a significant contribution in the fields of mathematics, physics, philosophy, biology, astronomy, pharmacology and agriculture.
10. Islam advocated universal brotherhood and dignity of man, equality, social justice, freedom for all, tolerance, forbearance, welfare measures for the progress of humanity and the development of human nature in its entirety.
11. Islamic education gave importance to acquisition of knowledge.
12. Islamic education was by and large religion centered and emphasized equilibrium between spiritual and material needs.

Adolescence is a stage just before an individual attains adulthood. It is a pre-stage for the active involvement of an individual in all matters related to the society. His education therefore is of prime importance. Mental health is as important for education as for his life ahead. Mental health and education are closed related with each other. For any type of education, sound mental health is the first condition. Sound mental health is required to concentrate on learning and retain the knowledge received in the classroom. Learning is dependent on sound mental health. Healthy children have a desire to acquire more and more information and skills that will give them better control over the environment.
Recent research studies have proved that learning is not the activity of single function but is bound up with total personality of the learner. Mental health is as essential to the learning process as intelligence$^{45}$. The students are exposed to the risks of mental health when they come to educational institutions with certain explicit and implicit expectations from the school and schooling. They are endowed with certain characteristics at the point of entry. Thus, the family environment, the personality make-up and other dispositions (e.g., aptitudes, interests, abilities), assets and liabilities of a learner prepare him or her uniquely to interact with the school and college in a healthy and productive or unhealthy and destructive ways. Considerable individual differences do exist in these characteristics. Health problems may arise due to incompatibilities between the demands of the educational system and the characteristics of learners or between learner’s expectations and the educational processes or both. Such incompatibilities are becoming more and more salient in the context of increasing competition in the job market, increased pressure for achievement from parents, uncertain future and parental aspiration and their desire for compensation through their progeny. Failure in examination, under achievement and the resulting frustrations are becoming prominent features of educational life at school as well as at the higher educational levels, leading to wide range of health problems having far-reaching consequences for individual as well as societal well-being$^{46}$.

**The practice of religion has a number of benefits**-

1. The strength of the family unit is intertwined with the practice of religion. Religion strengthens personal values resulting in mutual love, respect and tolerance of each other in the family. This results in stronger family ties and reduction of divorces, children going astray, old age neglect etc.

2. The regular practice of religion helps poor persons move out of poverty. Poor people if religious believe in honest, hard work. They are mentally healthy also. All this helps in improving the financial situation of the person.

3. Religious belief and practice contribute substantially to the formation of personal moral criteria and sound moral judgment. A moral person acquires certain attributes such as-
   a. an attitude of accepting other people's feeling. (b) an awareness of one’s own and other peoples’ feelings (c) an idea of consequence of one's action (d) commitment to a set of rules or principles(e) the ability to make decision and translating these decisions into action.
As moral character improves, instances of crime, alcohol and drug abuse, divorce and out of wedlock births etc. goes down.

4. The regular practice of religion also encourages such beneficial effects on mental health as less depression, more self esteem and greater family and marital happiness.

5. In repairing damages caused by alcoholism, drug addiction and marital breakdown, religious belief and practice is a major source of strength and recovery.

6. In public health criteria, the level of educational attainment is held to be the key demographic predictor of physical health. For over two decades, however the level of religious practice has been shown convincingly to be equally important.

7. The practice of religion has beneficial effects on behaviour and social relations: on illegitimacy, crime and delinquency, welfare dependency, alcohol and drug abuse, suicide, depression and general self-esteem. All this prevents social breakdown and keep the society healthy\textsuperscript{47}.

The Indian Education Commission or Kothari Commission says "A serious defect in the school curriculum is the absence of provision for education in social, moral and spiritual values. In the life of the majority of Indians, religion is a motivating force and is intimately bound up with the formation of character and the inculcation of ethical values. A national system of education that is related to the life, need and aspiration of people, cannot afford to ignore this purposeful force. It is recommended, therefore, that conscious and organized attempts be made for imparting education in social, moral and spiritual values with the help wherever possible, of the ethical teaching of great religions." \textsuperscript{48}

Considering the above mentioned importance of religion, the level of religiosity has been sought. Also, its relation with academic performance and mental health has been sought.

**STATEMENT OF PROBLEM**

The problem may be stated as-"A study of Mental Health concomitant of religiousness and academic performance in Muslim students at Adolescent level."
OBJECTIVES OF STUDY

1. To study the relationship of religiosity and academic performance of Muslim students at adolescent level.
2. To study the relationship of religiosity and mental health of Muslim students at adolescent level.
3. To study the relationship of mental health and academic performance of Muslim students at adolescent level.
4. To compare the mental health of Muslim boys and girls at adolescent level.
   a. To compare various dimensions of mental health of Muslims boys and girls at adolescent level.
   b. To compare various dimensions of mental health of Muslims boys and girls of U.P. Board at adolescent level.
   c. To compare various dimensions of mental health of Muslims boys and girls of CBSE Board at adolescent level.
5. To compare the mental health of U.P. Board and CBSE Board Muslim students at adolescent level.
   a. To compare various dimensions of mental health of U.P. Board and CBSE Board Muslim students at adolescent level.
   b. To compare various dimensions of mental health of U.P. Board and CBSE Board Muslim girls students at adolescent level.
   c. To compare various dimensions of mental health of U.P. Board and CBSE Board Muslim boys at adolescent level.
6. To compare the religiosity level of Muslim boys and girls at adolescent level.
7. To compare the academic performance of Muslim boys and girls at adolescent level.
8. To compare the religiousness of U.P. Board and CBSE Board Muslim students at adolescent level.
9. To compare the academic performance of U.P. Board and CBSE Board Muslim students at adolescent level.
10. To compare mental health, religiousness and academic performance of U.P. Board and CBSE Board Muslim girls at adolescent level.
11. To compare mental health, religiousness and academic performance of U.P. Board and CBSE Board Muslim boys at adolescent level.
FORMULATION OF HYPOTHESES

1. There is no positive relationship between religiosity and academic performance of Muslim students at adolescent level.
2. There is no positive relationship between religiosity and mental health of Muslim students at adolescent level.
3. There is a positive relationship between mental health and academic performance of Muslim students at adolescent level.
4. There is no significant difference in mental health between Muslim boys and girls at adolescent level.
   a. There is no significant difference in various dimensions of mental health between Muslim boys and girls at adolescent level.
   b. There is no significant difference in various dimensions of mental health between Muslim boys and girls of U.P. Board at adolescent level.
   c. There is no significant difference in various dimensions of mental health between Muslim boys and girls of CBSE Board at adolescent level.
5. There is no significant difference between mental health of U.P. Board and CBSE Board Muslim students at adolescent level.
   a. There is no significant difference in various dimensions of mental health between U.P. Board and CBSE Board Muslim students at adolescent level.
   b. There is no significant difference in various dimensions of mental health between U.P. Board and CBSE Board Muslim girls at adolescent level.
   c. There is no significant difference in various dimensions of mental health between U.P. Board and CBSE Board Muslim boys at adolescent level.
6. Religiosity level of Muslim girls is higher than the religiosity level of Muslim boys at adolescent level.
7. Academic performance of Muslim girls is better than the academic performance of Muslim boys at adolescent level.
8. There is no significant difference between religiousness of U.P. Board and CBSE Board Muslim students at adolescent level.
9. There is no significant difference between academic performance of U.P. Board and CBSE Board Muslim students at adolescent level.
10. There is no significant difference in mental health, religiousness and academic performance between U.P. Board and CBSE Board Muslim girls at adolescent level.
11. There is no significant difference in mental health, religiousness and academic performance between U.P. Board and CBSE Board Muslim boys at adolescent level.

DELIMITATION OF RESEARCH STUDY:
1. This research study will be limited to Meerut city
2. This research study will be limited to Government and Public Schools affiliated to CBSE and U.P. Board.
3. This research study will be limited to higher secondary students
4. This research study will be limited to Muslim community

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