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Teachers' and Parents' Perspectives on a Curricular Subject of "Religion and Spirituality" for Indian Schools: A Pilot Study Toward School Mental Health Program

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Abstract Religious–spiritual (R/S) education helps medical students cope with caregiving stress and gain skills in interpersonal empathy needed for clinical care. Such R/S education has been introduced into K-12 and college curricula in some developed nations and has been found to positively impact student's mental health. Such a move has not yet been seen in the Indian education system. This paper aimed to examine perspectives of teachers and parents in India on appropriateness, benefits, and challenges of including R/S education into the school curriculum and also to gather their impressions on how a R/S curriculum might promote students' health. A cross-sectional study of religiously stratified sample of teachers and parents was initiated in three preselected schools in India and the required sample size ($N = 300$) was reached through snowballing technique. A semi-structured

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questionnaire, with questions crafted from “Religion and Spirituality in Medicine, Physicians Perspective” (RSMPP) and “American Academy of Religion’s (AAR) Guidelines for Religious Literacy,” was used to determine participants’ perspectives. Findings revealed that teachers’ and parents’ “comfort in integrating R/S into school curriculum” was associated with their gender (OR 1.68), education status (OR 1.05), and intrinsic religiosity (OR 1.05). Intrinsic religiosity was significantly ($p = 0.025$) high among parents while “intrinsic spirituality” was high ($p = 0.020$) among teachers. How participants’ R/S characteristics influence their support of R/S education in school is discussed. In conclusion, participants believe R/S education will fosters students’ emotional health and interpersonal skills needed for social leadership. A curriculum that incorporates R/S education, which is based on AAR guidelines and clinically validated interpersonal spiritual care tools would be acceptable to both teachers and parents.

Keywords Religion-spirituality · Mental and social health · School education · Curriculum development · Parents–teachers–students

Introduction

Religious/spiritual (R/S) education as offered to K-12 (Kindergarten to 12th grade, i.e., children ranging in ages between 5 and 18 years) students in three grossly classed schooling systems in India is studied briefly: Public Schools and Private Schools are two of those different classes of schooling systems. However, both are governed by State/Federal Education Boards or Councils that impose a “Formalized” curriculum grounded in Article 51A of the Indian Constitution (Gulati and Pant 2008). Called “Value Education,” instead of R/S education, this curriculum, based on Indian Constitution, is aimed to promote social harmony and spirit of common brotherhood that transcends religious boundaries, help students develop scientific temper, strive toward excellence in all spheres of individual and collective activity so that the nation constantly rises to higher levels of endeavor and achievement’ (Aggarwal 1966; Gulati and Pant 2008). Apart from “Value Education,” R/S education in these “Formal” school systems is limited to community-wide prayers (Roeser et al. 2006). It is in the community-wide prayers conducted to begin and end the day that the character of R/S education of public and private school systems differ. “Prayers” in public schools are “secular” in nature: they would include National Anthem and/or patriotic songs. On the other hand, community prayers in private schools are drawn from scriptures appropriate to the religious constitution of the student body and/or in accordance to the religious institution that governs and support those schools. Occasionally, these schools also offer spiritual exercises such as meditation or yoga to their students (Roeser et al. 2006). Such R/S education received through formal school curricula is considered inadequate, and it is left to be fulfilled by elders/parents of school children (Ramakrishnan et al. 2014a).

Contrasting with these “Formalized” private and public schooling systems is the third type, which is traditional religious schooling system. These schools are spread across India and provide intense religion-specific and even denomination-specific R/S education and training; they are called as *gurukuls* (Hinduism), *madarsas* (Islam), *viharas* (Buddhism) and/or seminaries (Christianity) (Department of School Education and Literacy 2017). Though the primary aim of these schools is to groom their students as priests/clergy and/or religious scholars. They also often provide education in formal subjects such as math and science toward board certification with or without being registered under the State/Federal

Board of Education and hence without necessarily being governed by its educational policy that upholds Article 51A of Indian Constitution (Gulati and Pant 2008). However, over the last decade or more, the Indian Government has started to mainstream these religious schools to formalize their curriculum and place them *on par* with private and public school systems of India (Department of School Education and Literacy 2017). Nonetheless, these “mainstreamed” religious schools continue to provide R/S education that privileges their religious tradition over others.

The Indian Government’s policies on providing value education in the “Formal” school system and “formalizing” seminary school systems are commendable for their possible role in nurturing students’ skills in interreligious understanding that ensure social harmony in Indian society. However, based on the new-found understanding of health benefits of R/S education and training in medical schools (Li et al. 2016; Tan et al. 2015; Lucchetti et al. 2013, 2012; Neely and Minford 2008; Koenig 1998), this paper argues for inclusion of healthcare-oriented R/S education uniformly across all the three schooling systems in India. The possible impact of R/S education and training on students’ health is understandable from how its inclusion in medical curriculum has reversed stress and burnout levels among medical students and clinicians-in-training and enhanced their skills in interpersonal empathy and care (Chen et al. 2016; Gordon 2014; Slavin et al. 2014; Dobkin and Hutchinson 2013; Hall et al. 2012). Having gained such an understanding, academic researchers in the USA have introduced R/S education (including mindfulness meditation and yoga) in K-12 school curriculum, to discover how it reduces students’ reported levels of anger, depression, and fatigue (Felder et al. 2015; Bostic et al. 2015; Noggle et al. 2012; Warnecke et al. 2011). R/S education was not only therapeutic among these school and college students but is also found to foster students’ skills in interpersonal relationships that are needed for leadership roles in society (Hojat et al. 2015; Bang and Zhou 2014). Based on our previous studies on the role of R/S in medicine in India (Ramakrishnan et al. 2014a, b, 2015), we argue that R/S education offered to children through school curricula would positively impact their mental, emotional, and social functioning in a much robust way. However, prior to introducing such a curriculum, it will be prudent to understand whether Indian school teachers and parents agree with reported health benefits of R/S education and, if so, to study their perspectives on the appropriate methods as well as challenges of including it.

Materials and Methods

This is an exploratory cross-sectional, survey–questionnaire-based study of parents and teachers of K-12 students. We hypothesized (null) that a higher number of parents as compared to teachers would feel uncomfortable having their children receive R/S education as a curricular subject in schools. Alternatively, we hypothesized that greater number of school teachers would feel uncomfortable or ill-prepared to offer R/S education to their students. In both cases, a *p* value lesser than 0.05 is considered as statistically significant at 5% level of significance (alpha).

Study Center/s

The primary study center was the Indus World School (IWS), Gurgaon, a city in the State of Haryana, located on the outskirts of New Delhi, the capital of India. This school had a

strength of 300 students in classes K-7 and 14 teachers at the time of this study. IWS—Gurgaon was preselected because of the school management's commitment to provide appropriate R/S education to boost their students' holistic growth. IWS belongs to the "private and yet a secular" school system, which follows the Central/Federal Board of Secondary Education (CBSE)'s curriculum that includes "Value Education" as described elsewhere in this paper. The school community prayers are multi-faith in character, i.e., drawing on scriptural verses from several of major religious traditions appropriate to its student community. It also offers meditation and yoga classes. This research proposal was approved by the IWS's ethics committee. For reasons described elsewhere, this study was expanded to include participants from IWS centers and other schools located in other cities/states of India. All the participants/schools included in this study were abiding with CBSE or National Council of Educational Research and Training (NCERT) curricular guidelines (Gulati and Pant 2008) on "R/S or values education" as described above.

Sampling Method

Since there were no previous studies of this type to guide us, we assumed 50% of the parents would approve their children to receive R/S education as curricular subject; since the IWS—Gurgaon school had about 300 students (at the time of conceptualizing this study in 2014), we arrived at a sample size of 150 parents (one parent, either mother or father, per student) as participants in this study. As a comparison to the parents' perspective, we decided to study teachers' ($N = 150$) perspectives as well. In addition, to gather perspectives across religious traditions represented in this school, we stratified both the parent and teacher participants into five religious groups (each with $n = 30$, of Christianity, Hinduism, Islam, Jainism and Sikhism)—knowing well that to complete our sampling we may have to expand the study to include two other schools of IWS system (Ludhiana city, Punjab, and Indore city, Madhya Pradesh, which had a combined strength of 1850 students in K-12 grades and 94 teaching staff). After announcing this study on the school notice boards for a week, we invited parents and teachers who were interested in this study (from all three schools of IWS system) to register their names. From among such enumerated teachers and parents, we selected even-numbered ones as participants in the study and stopped our recruitment process upon reaching the required sample size ($N = 30$ of teachers or parents belonging to each of the religious groups of our interest). The sample size was partially completed from within IWS system, i.e. only Hindu (both teachers and parents) and Sikh (only parents sample) participants were recruited from the three branches of IWS system. We used snowballing (referral sampling) method to complete our required sample requirement (see Table 1; Fig. 1). After explaining about the study and obtaining informed consent, the study questionnaire was distributed to all the participants from IWS as well as those recruited through snowballing. All our participants had language proficiency to answer survey questionnaire that was constructed in English. Three or more reminders through emails and personal phone calls were made to encourage participants to complete their surveys. The data were securely entered in an excel spreadsheet and verified for accuracy before statistically analyzing it.

Inclusion and exclusion criteria for participation in this study were: Participation is voluntary in nature. Parents of students studying in grades K-12 in schools of IWS system or other private or public schools were included into this study. Similarly, only those "teachers" who taught K-12th grade students were included into this study. Individuals, though interested to participate in this study, but who were not proficient in English, were excluded from this study, because the survey questionnaire was constructed in English—

Table 1 Breakdown of teacher and parent sample according to IWS centers and snowballing/referral sampling

Religious stratification	Teachers (<i>N</i> = 150)		Parents (<i>N</i> = 150)	
	IWS (all three centers)	Referral sampling	IWS (all three centers)	Referral sampling
Christian (<i>N</i> = 60)	3 (10%)	27 (90%) Bambolim, Goa	5 (16.67%)	25 (83.33%) Bambolim, Goa
Hindu (<i>N</i> = 60)	30 (100%)	0 (0%)	30 (100%)	0 (0%)
Islam (<i>N</i> = 60)	4 (13.33%)	26 (86.67%) Hyderabad, Telangana	7 (23.33%)	23 (76.67%) Hyderabad, Telangana
Jain (<i>N</i> = 60)	8 (26.67%)	22 (73.33%) Indore, Madhya Pradesh	24 (80%)	6 (20%) Indore, Madhya Pradesh
Sikh (<i>N</i> = 60)	24 (80%)	6 (20%) Ludhiana, Punjab	30 (100%)	0 (0%)

See the India map above for the IWS and other referral sampling centers of this study

we did not have enough resources to provide translations of it in five different languages spoken in as many states in which this study was conducted in India.

Procedures

A semi-structured questionnaire, “RSMPP” (Religion and Spirituality in Medicine: Physician’s Perspective) that was developed by Curlin et al. (2005, 2006, 2007) and used extensively in medical research (Hvidt et al. 2016) was adapted to study school teachers’ and parents’ perspectives on the merit of including R/S education in school curriculum. In addition, we included supplementary question items to study participants’ opinion on the way the subject of R/S could be taught in schools—the constructs for this supplementary questionnaire were imported from the guidelines developed by the “Committee on Religious-Literacy program of American Academy of Religion” (Moore 2007, 2010). This new survey questionnaire that is adapted and modeled after RSMPP was developed using the “Question Appraisal System-1999” (QAS-99) (Willis and Lessler 1999) and followed the same methodology used successfully in earlier studies (Ramakrishnan et al. 2014a, b; Ramakrishnan et al. 2015).

Statistical Analysis

The data from our study groups, i.e., parents and teachers was analyzed using SigmaXL statistical software. First, using parametric (Student’s *t* test) and nonparametric (Chi-square) measures, we studied significant differences between the two study groups. The variables that we compared were: (1) socio-demographic characteristics, (2) religiousness and intrinsic religiosity, (3) “intrinsic spirituality,” and (4) participant perspectives on R/S education and its effect on personal and interpersonal health among students. Then, we used binomial logistic regression to identify which of the significant variables from the above-mentioned tests could successfully predict participants’ (teachers and parents) endorsement of “Spirituality” as an academic subject in schools. Consistent with our

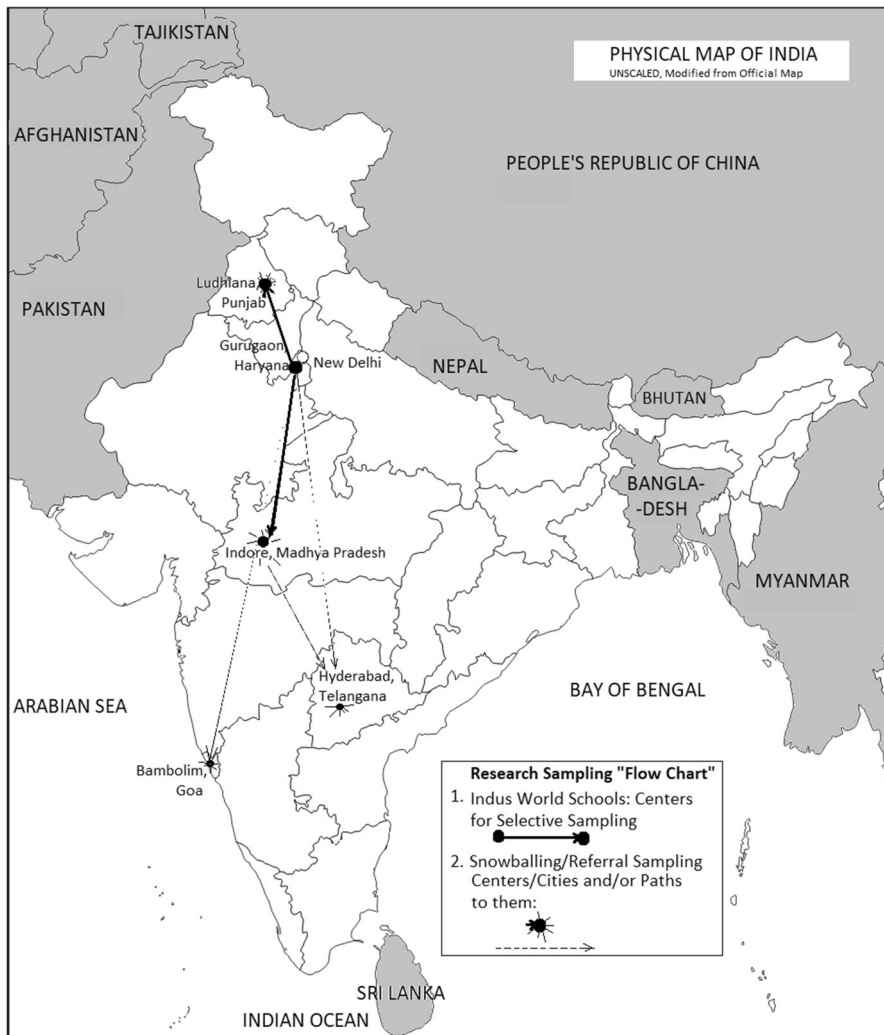


Fig. 1 Map of India showing the five cities (from five states) from where our study sample was completed. The study was initiated in the Gurugaon (Haryana) branch of Indus World School (IWS) system. To complete the required sample size, we expanded the study to include the Indore (Madhya Pradesh) and Ludhiana (Punjab) branches of IWS. Through “snowballing” or referral sampling, our study included participants (both parents and teachers, as needed) from the community beyond the IWS school limits. While Jain and Sikh sample sizes could be completed from the community around IWS in Indore and Ludhiana, respectively, our “Referrals” for Muslim and Christian participants took us to Hyderabad (Telangana state) and Bambolim (Goa state), respectively). For details on the number of participants recruited into the study from each of these centers, see Table 1

methodology in previous studies (Ramakrishnan et al. 2014a, b, 2015) the responses on the Likert scale were collapsed into either two (strongly agree and agree vs. disagree and strongly disagree) or three groups (very much and much vs. somewhat vs. little and none) for analysis (see tables).

Results

The response rate was 100%; this was achieved with persistent reminders through multiple emails, telephone calls, and personal visits when possible.

Socio-demographic Characteristics (Table 2)

There was a significant ($p = 0.038$) difference in the gender composition of our study groups: 66.7% of teachers, but only 56% in parents' group were females. Significantly ($p = 0.000$) greater number (75.3%) of teachers had Master's or doctoral level of education than parents (34.7%) (Table 2).

R/S Characteristics (Tables 3, 4)

Analyzing participants' religiousness and intrinsic religiosity revealed that a significant ($p < 0.05$) majority of parents as compared to teachers (64.2 vs. 46%) reported (1) "[their] whole approach to life is based on [their] religion," (2) that they (61.3% parents vs. 45.3% teachers) "try hard to carry [their] religious beliefs over other dealings in [their] life and," (3) they (44.7% parents vs. 32.7% teachers) "find it challenging to remain faithful to [their] religion in [their] relationship with friends from different religious traditions." A significantly ($p = 0.020$) different and yet a great majority of teachers (95.3%) than parents (88%), reported that "The family in which [they were] raised emphasized the importance of serving people from different religious backgrounds equally" (Tables 3 and 4).

R/S Education in Schools (Table 5)

Significantly ($p = 0.001$) more teachers (66%) than parents (41.3%) reportedly received "formal" R/S education in their childhood, not necessarily as part of their schooling. They believed that such education in schools would influence students' health (97.9% teachers vs. 88.6 parents, $p = 0.000$). A majority (>89.3%) in both study groups believed R/S education would improve students' skills in coping stress, instill morality and ethical values and promote understanding and tolerance toward other's religious traditions. A majority ($p = 0.009$) in both groups (94.7% teachers vs. 86% parents) believed that it is appropriate "for a student to learn about other's (friends') religious traditions through an academic subject at school." Regarding the way R/S be taught in schools (data not in the tables), 49.3% of parents and 50.7% teachers preferred it as a literary subject while 35.3% parents and 49.3% teachers preferred it to be taught as a history course. A small percentage wanted it to be taught as a course on ethics (20% parents and 23% teachers) and further less as health-related subject (12.7% parents, 10% teachers). Least of all (1.3% parents and 2.7% teachers) believed it could be included as a mindfulness-based program in schools (Table 5).

However, there were some contradictory findings: While a majority (> 54%) of both, parents and teachers believed R/S education in schools should be "mandatory," a small (14% parents and 4.7% teachers, $p = 0.005$) percentage among them believed that it is "never" appropriate to be included in school curriculum. In addition, a minority in both groups (21.3% parents and 16.7% teachers) believed that teaching other R/S traditions can be considered as "indoctrination or brainwashing."

Table 2 Socio-demographic characteristics

Variable	Parents (N = 150)	Teachers (N = 150)	Two-sample t test
Mean age (years)	n = 142, Mean = 37.16, SD = 6.4	n = 145, Mean = 36.97, SD = 9.3	p (2-sided) = 0.842, df = 285, T = -0.200
	N = 150 ^a (%)	N = 150 ^a (%)	χ^2 , df, p value
Age groups			
< 29	18 (12.0)	27 (18.0)	$\chi^2 = 5.601$, df = 3, p = 0.133
30–39	88 (58.7)	69 (46.0)	
40–49	28 (18.7)	35 (23.3)	
> 50	9 (6.0)	13 (8.7)	
Gender			
Male	64 (42.7)	46 (30.7)	$\chi^2 = 4.323$, df = 1, p = 0.038
Female	84 (56.0)	100 (66.7)	
Education level			
High school or less	20 (13.3)	0 (0.0)	$\chi^2 = 57.428$, df = 2, p = 0.000
Senior secondary and/or Bachelor's degrees	77 (51.3)	36 (24.0)	
Masters and/or Doctoral degree	52 (34.7)	113 (75.3)	
Marital status			
Married	142 (94.7)	120 (80.0)	$\chi^2 = 0.04$, df = 1, p = 0.8415
Other	3 (2.0) (divorced = 2, widowed = 0, separated = 1)	4 (2.7) (divorced = 2, widowed = 2, separated = 0)	

Significant p values are given in bold

^a Counts do not equal 'N' due to participants' partial non-responses and we could not follow-up with them to complete their questionnaires

Table 3 Religious characteristics of participants and the way it influences their social interactions

Variables related to participants' religiosity	Parents (N = 150) n (%) ^a	Teachers (N = 150) n (%) ^a	Analysis χ^2 , df, p value
To what extent do you consider yourself a Religious person? Would you say you are...			
Very or moderately	122 (81.3)	122 (81.3)	$\chi^2 = 0.017$, df = 1, p = 0.896
Slightly or not	24 (16.0)	25 (16.7)	
How often do you attend religious prayer/worship services?			
Never—few times a year	56 (37.3)	72 (48.0)	$\chi^2 = 3.499$, df = 2, p = 0.174
Several times a year	29 (19.3)	22 (14.7)	
Every day—Several times a day	63 (42.0)	55 (36.7)	
Think about how you try to understand and deal with major problems in your life: I pray to God for strength, support and guidance			
High (a great deal/quite a bit)	125 (83.3)	130 (86.7)	$\chi^2 = 1.098$, df = 2, p = 0.578
Medium (somewhat)	16 (10.7)	11 (7.3)	
Low (not at all)	6 (4.0)	7 (4.7)	
To what extent do you agree with the following statements? My religious beliefs influence my interaction with people I meet in my daily life			
High (strongly agree/agree)	105 (70.0)	105 (70.0)	$\chi^2 = 0.034$, df = 1, p = 0.854
Low (disagree/strongly disagree)	41 (27.3)	43 (28.7)	
To what extent do you agree with the following statements? I try hard to carry my religious beliefs over into all my other dealings in life			
Agree (strongly agree/agree)	92 (61.3)	68 (45.3)	$\chi^2 = 8.300$, df = 1, p = 0.004
Disagree (disagree/strongly disagree)	54 (36.0)	79 (52.7)	
To what extent do you agree with the following statements? My whole approach to life is based on my religion			
Agree (strongly agree/agree)	94 (62.7)	69 (46.0)	$\chi^2 = 7.986$, df = 1, p = 0.005
Disagree (disagree/strongly disagree)	52 (34.7)	75 (50.0)	
I find it challenging to remain faithful to my religion in my friendship with people from different religions			
Agree (strongly agree/agree)	67 (44.7)	49 (32.7)	$\chi^2 = 5.027$, df = 1, p = 0.025
Disagree (disagree/strongly disagree)	79 (52.7)	99 (66.0)	

Significant p values are given in bold

^a Counts do not equal 'N' due to participants' partial non-responses and we could not follow-up with them to complete their questionnaires

Table 4 Participants' spirituality and their relationship with others in society

Variables that identify participants' spirituality	Parents (N = 150) n (%) ^a	Teachers (N = 150) n (%) ^a	Analysis χ^2 , df, p value
To what extent do you consider yourself a spiritual person? Would you say you are...			
Very or moderately	108 (72.0)	119 (79.3)	$\chi^2 = 1.256$, $df = 1$, $p = 0.262$
Slightly or not	35 (23.3)	28 (18.7)	
To what extent do you agree with the following statements? I feel a deep sense of responsibility for reducing pain and suffering in the world			
Agree (strongly agree/agree)	141 (94.0)	142 (94.7)	$\chi^2 = 0.0001$, $df = 1$, $p = 0.990$
Disagree (disagree/strongly disagree)	6 (4.0)	6 (4.0)	
To what extent do you agree with the following statements? The family in which I was raised emphasized the importance of serving people from different religious backgrounds equally			
Agree (strongly agree/agree)	132 (88.0)	143 (95.3)	$\chi^2 = 5.4367$, $df = 1$, $p = 0.020$
Disagree (disagree/strongly disagree)	15 (10.0)	5 (3.3)	
To what extent do you agree with the following statements? For me, kindness and compassion is more important than focusing on interreligious differences			
Agree (strongly agree/agree)	145 (96.7)	144 (96.0)	$\chi^2 = 0.2035$, $df = 1$, $p = 0.652$
Disagree (disagree/strongly disagree)	2 (1.3)	3 (2.0)	
To what extent do you agree with the following statements? Knowledge of Religious-Cultural etiquette is important for an effective interpersonal communication			
Agree (strongly agree/agree)	127 (84.7)	135 (90.0)	$\chi^2 = 0.4324$, $df = 1$, $p = 0.511$
Disagree (disagree/strongly disagree)	18 (12.0)	15 (10.0)	

Significant *p* value is given in bold

^a Counts do not equal 'N' due to participants' partial non-responses and we could not follow-up with them to complete their questionnaires

Table 5 Participants' perspectives on R/S education and its impact on students

	Parents (N = 150) n (%)	Teachers (N = 150) n (%)	Analysis χ^2 , df, p value
Overall, how much influence do you think R/S has on a student's health (physical/emotional)?			
Very much/much	125 (83.3)	125 (83.3)	$\chi^2 = 16.330, df = 2, p = \mathbf{0.000}$
Somewhat	8 (5.3)	22 (14.6)	
Little/none	17 (11.3)	3 (2.0)	
In your opinion, how would teaching of R/S subject at schools affect students and the society in which they live? It improves their ability to cope with stress			
Agree (strongly agree/agree)	136 (90.7)	143 (95.3)	$\chi^2 = 2.510, df = 1, p = 0.113$
Disagree (disagree/strongly disagree)	14 (9.3)	7 (4.7)	
In your opinion, how would teaching of R/S subject at schools affect students and the society in which they live? Exposure to other faith traditions will enhance one's own spiritual enlightenment			
Agree (strongly agree/agree)	136 (90.7)	134 (89.3)	$\chi^2 = 0.1481, df = 1, p = 0.700$
Disagree (disagree/strongly disagree)	14 (9.3)	16 (10.7)	
In your opinion, how would teaching of R/S subject at schools affect students and the society in which they live? It promotes understanding and tolerance toward other's traditions			
Agree (strongly agree/agree)	142 (94.7)	146 (97.3)	$\chi^2 = 1.389, df = 1, p = 0.239$
Disagree (disagree/strongly disagree)	8 (5.3)	4 (2.7)	
In your opinion, how would teaching of R/S subject at schools affect students and the society in which they live? It would help in instilling morality and ethics in student's life			
Agree (strongly agree/agree)	146 (97.3)	141 (94.0)	$\chi^2 = 2.010, df = 1, p = 0.156$
Disagree (disagree/strongly disagree)	4 (2.7)	9 (6.0)	
In your opinion... "Teaching students about other religions can be considered as indoctrination/brainwashing"			
Agree (strongly agree/agree)	32 (21.3)	25 (16.7)	$\chi^2 = 1.0613, df = 1, p = 0.303$
Disagree (disagree/strongly disagree)	118 (78.7)	125 (83.3)	
In your opinion... "Offering devotional way of religious/spiritual education will exclude students of other faiths"			
Agree (strongly agree/agree)	64 (42.7)	54 (36.0)	$\chi^2 = 1.3970, df = 1, p = 0.237$
Disagree (disagree/strongly disagree)	86 (57.3)	96 (64.0)	
Have you had any formal education/training regarding spirituality/religion?			

Table 5 continued

	Parents (N = 150) n (%)	Teachers (N = 150) n (%)	Analysis χ^2 , df, p value
Yes	62 (41.3)	99 (66.0)	$\chi^2 = 10.420, df = 1, p = \mathbf{0.001}$
No	69 (46.0)	39 (26.0)	
In general, is it appropriate or inappropriate for a student to learn about other's (friends') religious traditions through an academic subject at school?			
Always/usually appropriate	129 (86.0)	142 (94.7)	$\chi^2 = 6.883, df = 1, p = \mathbf{0.009}$
Always/usually inappropriate	20 (13.3)	7 (4.7)	
When, if ever, is it appropriate for schools to teach 'Spirituality/Religion' as a subject in schools?			
Mandatory	85 (56.7)	81 (54.0)	$\chi^2 = 10.667, df = 2, p = \mathbf{0.005}$
Only on student's request	41 (27.3)	60 (40.0)	
Never	21 (14.0)	7 (4.7)	

Significant *p* values are given in bold

^a Counts do not equal 'N' due to participants' partial non-responses and we could not follow-up with them to complete their questionnaires

Multivariate Model (Table 6)

The “primary criterion/outcome variable” was participants’ endorsement to our research question: “Do you feel comfortable in having a curricular subject on R/S taught in schools?” Significant variables from our parametric and nonparametric tests (Tables 2, 3, 4, 5) were introduced into the regression as “numerical predictors” and, study groups formed “categorical predictor” of the primary criterion variable. Numerical variables were stratified in a stepwise manner creating three different regression models; in the first model, the demographic variables of gender and educational statuses were entered (Step-1); to these Step-1 variables, participants’ R/S characteristics that significantly influenced their social relationships/responsibilities (Tables 3, 4) were included (Step-2 variables) as Model-2. And, in the Final Model, we included Step-3 variables (participants’ impressions on appropriateness, benefits, and negative effects of R/S education in schools, Table 5) along with Step-1 and 2 variables: logistic regression; Model-1 revealed no statistically significant relationship between gender or education and the criterion variable. In Model-2, participants’ spirituality/empathic service across religious boundaries were predictive of the primary criterion. And, in the final model, several of Step-3 variables as well as categorical variable (Parents vs. Teachers) were found to be significant ($p < 0.05$) predictors of our criterion variable. Final Model’s “Goodness-of-fit” was significant ($\chi^2 = 63.830$, $df = 11$, $p = 0.000$) while Model-1 and 2 were not; McFadden’s pseudo- R -square increased significantly to 27.53% from 1.78% in Model-1 and 4.80% in Model-2; the predictability of this model was 90%. Other participant variables that had higher odds (Odds Ratio, OR) of being predictive, though not significant ($p > 0.05$) were: female gender (OR 1.678, CI 0.709–3.9760), high education status (OR 1.051, CI 0.390–2.833), high intrinsic religiosity (those that “find it challenging to remain faithful to their religion in their friendship with people from other religious traditions”; OR 1.054, CI 0.400–2.779), and having received “formal” R/S education in their childhood (OR 1.813, CI 0.740–4.444); values not shown in Table 6.

Discussion

Associated with a greater comfort in instituting a R/S education in schools were female gender, higher education, greater intrinsic religiosity (friendly relationship with people from other religions), and experience of having received R/S in one’s own schooling. Though the 95% CI’s for all these variables were large, including 1.0, and hence, traditionally, these odds should be considered as nonsignificant; research suggests otherwise (Szumilas 2010). It is indeed possible that these participant characteristics would be significantly associated with comfort in having R/S education instituted at schools with a larger sample size. The higher Odds would also indicate participants’ belief in the positive impact of R/S education on students’ health, which in turn, may positively affect their interreligious relationships in society.

Findings of this exploratory study revealed an important difference between participants’ behavior based on their religious beliefs, “intrinsic religiosity” (Allport and Ross 1967) and other behavior that is not limited to religious affiliation; statements such as “My whole approach to life is based on my religion,” “I find it challenging to remain faithful to my religion in my friendship with people from different religions,” and “I try hard to carry my religious beliefs over into all my other dealings in life” are to be understood to

Table 6 Binary logistic regression

Binary response: the outcome measure was agreement to a question: "Do you feel comfortable in having a curricular subject on R/S taught in schools?"

	Model 1 = step 1		Model 2 = step 1 + 2		Full model = step 1 + 2 + 3	
	β	Z	β	Z	β	Z
Step 1: Demographic variable						
1. Gender (female)	0.429	1.196	0.467	1.284	0.518	1.177 [§]
2. Education status (masters/doctoral)	0.134	0.336	0.048	0.116	0.050	0.099 [§]
3. Categorical variable	0.531	1.347	-	-	-	-
Step 2: R/S characteristics and their relationship with society and education						
4. I try hard to carry my religious beliefs into all my other dealings in life. (agree)	-	-	0.195	0.459	0.029	0.058
5. My whole approach to life is based on my religion. (agree)	-	-	0.035	0.085	0.247	0.051
6. I find it challenging to remain faithful to my religion in my friendship with people from different religions. (agree)	-	-	0.190	0.454	0.053	0.107 [§]
7. The family in which I was raised emphasized the importance of serving people from different religious backgrounds equally. (agree)	-	-	1.393	2.432*	1.019	1.283
8. Categorical variable	-	-	0.677	1.608	-	-
Step 3: Impressions on the role of R/S education on students						
1. Overall, how much influence do you think spirituality has on student's health? (Very much/much)	-	-	-	-	1.074	3.198** ¹
2. Have you had any formal education/training regarding spirituality/religion? (yes)	-	-	-	-	0.595	1.301 [§]
3. In general, is it appropriate or inappropriate for a student to learn about other's (friends') religious traditions through an academic subject at school? (always/usually appropriate)	-	-	-	-	2.126	3.613** ²
4. When, if ever, is it appropriate for schools to teach "Spirituality/Religion" as a subject in schools? (It has to be mandatory)	-	-	-	-	1.151	2.503** ¹
5. Categorical variable	-	-	-	-	1.514	2.717** ²

* $p < 0.05$, odds ratio; (95% CI)
[§] $p < 0.10$, (0.129-0.779)
¹ $p < 0.015$, 0.248 (0.081-0.763)
² $p < 0.007$, 0.220 (0.074-0.656)

Table 6 continued

Binary response: the outcome measure was agreement to a question: “Do you feel comfortable in having a curricular subject on R/S taught in schools?”

Model	Model 1 = step 1		Model 2 = step 1 + 2		Full model = step 1 + 2+3	
	β	Z	β	Z	β	Z

**Significance at $p < 0.005$, odds ratio; (95% CI)

***¹ $p = \mathbf{0.001}$, 0.342 (0.176–0.660)

***² $p = \mathbf{0.000}$, 0.119 (0.038–0.378)

Significant p values are given in bold

§ Variables with high odds ratio but with p value considered as insignificant (> 0.05) because the 95% CI was large, spanning the null value (please see the text, under “Results” and “Discussion” sections for details)

represent participants' intrinsic religious attitudes (Koenig and Büssing 2010; Hoge 1972). Parents and teachers also stressed the importance of "R/S education on how to set aside one's personal religious beliefs to be kind and compassionate while serving people from diverse religious backgrounds." Such behavioral expectations are identical to the needs of an effective spiritual care process; clinical chaplains set aside all their judgmental or discriminating thoughts, religiously inspired or not, when attending to patients from different religious traditions (Ramakrishnan et al. 2014a, b; Ramakrishnan 2015a, b). Such empathic behavior that reaches out to people across faith-tradition boundaries may be understood to describe an individual's "spirituality" (henceforth "intrinsic spirituality"). And, it may be true that it was our participants' "intrinsic spirituality" that had significantly accounted for their comfort in instituting R/S as an academic subject in school curriculum. Cultivating such "intrinsic spirituality" among school students is possible if we could develop school curriculum modeled after Clinical Pastoral Education (CPE), a move that is taking place within medical education programs (Ramakrishnan 2015a, b; Puchalski et al. 2014; Puchalski 2006; Puchalski and Larson 1998; Levin et al. 1997).

As we had hypothesized, belief and/or hope for positive influence on students' health could have inspired our participants to endorse R/S as a mandatory curricular subject in schools. In addition, majority of our participants (both parents and teachers alike) believe that R/S should be taught as part of language arts and/or history subjects—such an approach is advocated as most appropriate method for school religious literacy program by American Academy of Religion's committee on K-12 education (Moore 2007, 2010). Surprisingly, this study also revealed how unaware were Indian academicians (teachers) and parents about inclusion of mindfulness exercises and yoga in school education programs in USA (Felver et al. 2015; Bostic et al. 2015; Noggle et al. 2012).

Limitations

Because of the exploratory nature of this study, there are several limitations to this study and its findings. First, exploratory studies are said to produce non-generalizable findings. However, through the development and use of a semi-structured questionnaire, we were able to convert our exploratory study into a quantitative study that can be reproduced. Second, our survey questionnaire is not a standardized one. However, our adaptations on RSMPP, a very extensively used research tool, were inspired by previous models that were successfully published in several international journals (Ramakrishnan et al. 2014a, b, 2015). Third, participant selection process was inconsistent, and it included simple random sampling (Hindu teachers—Hindu parents and Sikh parents), selective sampling (includes rest of participant groups and preselected IWSs as centers of this study) and, a third method of snowballing/referral sampling. Such inconsistent method of sampling could influence the outcome in ways that are unpredictable. Snowballing is not considered as a rigorous research as it might lead to participant's self-selection into the study; however, it has been employed by researchers when it becomes difficult to complete the sampling size as was in this study (Penrod et al. 2003). Fourth, participant non-responses are common in all survey-based studies, and several missing responses/variables were noted at the time of data entry. Because of poor resources, we could not return to our participants with a request to complete their surveys. Fortunately, the missing variables were not significant enough to affect the automated statistical analysis. Despite such limitations, exploratory studies also provide researchers a greater clarity and knowledge on how future studies need to be developed. In addition, like all exploratory studies, our study also produced unexpected and yet, significant findings, it revealed how to differentiate

between participant's "intrinsic religiosity" versus "intrinsic spirituality" and, also understand how those characteristics influence participants' support for R/S education in schools.

Future Implications

Similar to how patients' demand had spurred medical researchers' interest in developing religious–spiritual component of medical care (Ring et al. 2014; Crammer et al. 2011; Menniti-Ippolito and De Mei, 1999; Wu et al. 2009), understanding parents' preferences would help us in developing an effective and feasible R/S curriculum for school education programs. R/S curricula that are developed with inputs from informed participants, and from population-based studies would have great potential in galvanizing changes in government policies on school and education. Such policy changes would also impact nation's preventive mental health programs in a positive way. This pilot study has identified, first, ways to inform participants about potential benefits of R/S education on student's mental health and, to educate them of the importance of this study and their participation in it. Secondly, the findings of this study highlight participants' concerns regarding the inclusion of R/S as academic subject, as well as their approved methods for incorporating it in school curriculum. We believe that replicating and expanding such a study on a larger scale, as a population study, may help social-medicine professionals to advocate policy changes on R/S education in schools. Future studies should also be directed toward understanding the relationship between high intrinsic religiosity and spirituality of participants to better understand these two constructs for research and educational purposes.

Conclusions

Both parents and teachers believe that R/S education would positively impact students' emotional and interpersonal health. Participants' perspectives on the method of providing R/S education as part of social sciences and language textbooks and courses support AAR's guidelines on "Religious Literacy in Schools." Our study participants indicated that R/S education should be mandatory, but needed to be delivered in a non-devotional way. This study highlights how familial R/S education that advises participants to set aside their personal religious belief/s to form empathic relationship with individuals from other religious traditions is similar to the process of training that chaplains undergo. Such empathic behavior that cuts across religious boundaries is described as "intrinsic spirituality," and need to be differentiated from "intrinsic religiosity." This sets the stage for researchers to study how R/S education for schools could be modeled after CPE programs, a move that is currently underway for medical school curricula in USA (Puchalski et al. 2014; Ramakrishnan 2015a, b). Finally, we believe that mind–body exercise programs, such as mindfulness, yoga, and centering prayer, developed from contemplative practices drawn from diverse religious traditions, may be included as a part of the R/S curriculum in Indian schools. Such a curricular R/S education program may serve to enhance health and foster resilience among students as part of national preventive mental health program as suggested by other researchers (Atkins et al. 2010). Such training on R/S needs to be included in the curriculum of both formal government and traditional religious school systems.

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Compliance with Ethical Standards

Ethical Approval The ethics committee of Indus World School had approved this study which was in accordance with the ethical standards of the institutional (Indus World School) and/or national research committee and with the 1964 Declaration of Helsinki and its later amendments.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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