FORMAN CHRISTIAN COLLEGE
(A CHARTERED UNIVERSITY)

Exploring the Relationship between Educational Inequalities and Mental Health in Christian Youth of Pakistan

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Table of Contents

Abstract

This study aims to investigate the relationship between educational inequalities and mental health in the Christian youth of Pakistan. Educational disparities have been measured using the Student Satisfaction Scale, and students' mental health has been assessed using the Student Mental Health Self-Assessment Questionnaire. The sample consisted of the Christian youth enrolled at (i) Forman Christian College, (ii) Kinnaird College for Women University, and (iii) Don Bosco Technical Institute. Data was collected using convenience sampling and the final sample consisted of 100 Christian youth. The findings from linear regression suggest that educational inequality significantly predicts mental health ($B = 0.572$, $t = 4.657$), indicating challenges faced by Christian youth when inequality is high. However, gender does not significantly predict composite mental health scores ($B = -0.987$, $t = -0.462$, $p = .645$), suggesting its limited influence. Similarly, there is no significant relationship between monthly household income and mental health ($t = 0.727$, $p = .469$), highlighting other impactful factors. The security concerns of Christian youth may have influenced their hesitancy to share mental health information due to cultural and religious stigma in Pakistan. The study underscores the need for comprehensive support systems for Christian students across educational levels, addressing both educational opportunities and mental health support to prevent dropout risks.

Keywords:

Educational Inequality, Mental Health, Christian Youth, Pakistan, Policy Implementation

1. Introduction

Pakistan is a nation of historical, cultural, and geopolitical significance, where religion and education have far-reaching implications, particularly for its Christian minority. Despite their contributions to education and healthcare, Christians and other religious minorities face unique challenges rooted in discrimination, curriculum biases, and limited access to quality education. These challenges intersect with socioeconomic factors, shaping educational outcomes and impacting mental well-being. Urgent efforts are needed to address educational disparities through policy reform, community engagement, and awareness-building. This research underscores the multifaceted nature of these challenges, highlighting the importance of a comprehensive national database on religious minorities (Haroon *et al*., 2020) and advocating for gender equality in education (Malik & Courtney, 2011). It also emphasizes the role of research in shedding light on these issues and informing evidence-based recommendations (Solomon, 1985; Erickson & Phillips, 2012).

Religion remains central to Pakistan's identity, shaping values, beliefs, and educational experiences. Religious identity's complex interplay with education warrants a comprehensive approach considering policy reform and community involvement (Asghar *et al.,* 2009; Yunus *et al.,* 2012; Rehman *et al.,* 2020). To create a more inclusive and equitable educational environment, addressing economic challenges and countering religious extremism is essential (Khan, 2010). In a nation where religion is intertwined with daily life, understanding, and addressing educational inequalities are crucial to fostering a cohesive and inclusive democracy that empowers all its citizens. Discrimination and limited access to quality education persist as significant problems affecting religious minority students in Pakistan. Still, concerted efforts can pave the way toward a more just and equitable future.

1.1 Statement of the Problem

In Pakistan, the issue of educational inequality is glaring, with almost half of the population lacking basic literacy skills. This disparity hits Christian youth particularly hard, limiting their personal growth and opportunities in a society where education is paramount. Furthermore, religious discrimination remains a significant challenge, hindering the access of religious minority groups, including Christians, to quality education. Biases within the curriculum and systemic prejudices create an atmosphere of intolerance that adversely affects the educational experiences and mental well-being of Christian youth. The lack of comprehensive data on religious minorities in Pakistan obstructs targeted efforts to address educational disparities and mental health issues among this demographic. The country's poorly formulated and implemented education policies exacerbate the problem, hindering the prospects of Christian youth who aspire to receive a quality education.

The complex interplay between religious identity and perceived discrimination also raises concerns about the mental well-being of Christian youth. Additionally, universities in Pakistan face the challenge of preventing religious radicalization, which could have profound effects on the mental health of Christian youth exposed to extremist ideologies within educational institutions. In summary, the substantial barriers that hinder access and success for Christians and other religious minorities in the education system represent a pervasive issue, with discriminatory practices and limited opportunities collectively undermining the educational prospects and overall well-being of Christian youth. Achieving equitable access to quality education remains a pressing goal in Pakistan.

1.2 Research Objectives

This research aims to:

(1) Explore the primary barriers and challenges faced by Christian students in accessing quality education, understand how socioeconomic factors and religious identity intersect to influence Christian students' educational opportunities and outcomes.

(2) Identify specific patterns or disparities in educational attainment and success between Christian students and the overall student population.

(3) Examine the unique obstacles Christian students face and how factors like poverty, social capital, and religious identity combine to impact access and achievement will provide insight into quantifiable gaps that may exist.

(4) This will enable targeted solutions to be developed to support equitable educational opportunities and outcomes for Christian students compared to their peers.

1.3 Research Questions

1. What are the primary barriers and challenges faced by Christian students in accessing quality education?

2. How do educational inequalities Christian University students face influence their mental health?

3. How can understanding these challenges facilitate the development of targeted solutions to ensure equitable educational opportunities and outcomes for Christian students?

1.4 Significance of the Study

The significance of this research lies in its potential to profoundly influence policy decisions concerning the education and mental health support for Christian youth in Pakistan. The findings derived from this study can serve as a clarion call for policymakers, shedding light on the urgent

necessity for targeted interventions and systemic reforms. By uncovering the pressing issues of educational disparities and the impact on mental well-being among Christian youth, this research paves the way for informed, evidence-based policy initiatives that can ultimately contribute to a more equitable and supportive educational environment for this demographic in Pakistan.

1.5 Definitions

Educational inequality is defined as unequal involvement or inclusion of social groups in educational systems, as well as disparities in educational attainment among them. 2019 (R. Nazil Somel)

Mental health is determined by how people feel and think about themselves and their circumstances. It also has an impact on how people handle and cope with hardship. (MHF, 2008)

Youth: Students above 18 years enrolled in a university or vocational center.

2 Literature Review

The intersection of educational inequalities and mental health has gained increasing attention in the context of Pakistan, particularly among its Christian youth population. This literature review aims to synthesize existing research to comprehensively understand the factors contributing to disparities in education and mental health and their implications for this specific demographic.

2.1 Educational Inequalities

Child health disparities in Pakistan are intrinsically linked to many factors, including severe poverty, high levels of illiteracy, limited awareness of child healthcare, inadequate provision of health services, and substandard infrastructure (Hiller *et al.,* 2008). These socio-economic factors disproportionately affect Christian youth, who often reside in marginalized communities with limited access to quality education and healthcare. The educational landscape in Pakistan further exacerbates inequalities. The nation's education system comprises various streams, each with distinct historical origins, pedagogical styles, and curricula, which result in students developing divergent worldviews (Nisar, 2009). This divergence has been identified as a potential catalyst for religious violence and terrorism.

Compounding these issues, the national policy on the social studies curriculum needs to adequately differentiate between religious education and citizenship education, potentially perpetuating educational disparities (Ahmad, 2004). Moreover, the current religious education system lacks teachings from other religions, underscoring the imperative need for a more inclusive approach (Muhaimin, 2019). Educational inequalities extend beyond the school environment. School policies and practices can either exacerbate or ameliorate these disparities. For instance, resource allocation and teacher quality can disproportionately favor students from more privileged backgrounds, further disadvantaging Christian youth from underprivileged communities (Welner,

2010). Educational mobility has also been identified as a crucial factor in addressing inequalities in access to upper-secondary education (Schindler, 2017).

2.2 Factors Contributing to Educational Inequalities

Several variables, including growing financial disparities and recent educational reforms centered on school choice and monitoring, contribute to increased educational inequality (Byun & Kim, 2010). The influence of systemic patterns of racial socioeconomic inequality extends to various educational outcomes (Shores, Kim, & Still, 2017).

Research findings indicate that individuals from socioeconomically disadvantaged backgrounds who enroll in educational institutions, with a significant proportion of students from similar backgrounds face a heightened risk of being excluded from pursuing higher education (Frempong *et al.,* 2012). According to research, social segregation within education systems has a substantial influence in the transfer of educational disadvantages between generations. This, in turn, exacerbates the broader issue of socioeconomic inequality within European societies (Burger, 2019). The intersection of educational inequalities and mental health outcomes is an emerging interest. Addressing mental health disparities necessitates a comprehensive approach. School-based mental health education and promotion initiatives have potential, particularly when it comes to leveraging religious education to positively influence the mental well-being of Christian kids (Estrada *et al.,* 2019).

2.3 Mental Health Disparities

The mental health landscape in Pakistan is characterized by its complexity. Faith healers are predominant in providing mental health care, particularly for women and individuals with limited education (Saeed *et al.,* 2000). However, research indicates that religious minority adolescents,

including Christians, may experience higher levels of depression than their Muslim peers, possibly due to their marginalized status (Iqbal *et al.,* 2012). Social determinants significantly influence mental health outcomes. Factors such as health complaints, economic status, relocations, and social networks have been identified as crucial contributors (Yokoyama *et al.,* 2014). Cultural factors also play a substantial role in shaping the stigma associated with mental illness (Ran *et al.,* 2021).

2.4 The Intersection of Education and Mental Health

The intersection of educational inequalities and mental health outcomes is an emerging interest. Addressing mental health disparities requires a multifaceted approach. School-based mental health education and promotion techniques show potential, particularly when it comes to leveraging religious education to improve the mental health of Christian kids (Estrada *et al.,* 2019). Furthermore, studies have found that educational gaps might lead to differences in mental health outcomes. Education system social segregation may sustain intergenerational transfer of educational disadvantage, worsening socioeconomic inequality (Burger, 2019).

2.5 Examining Barriers

Effective policies at all levels of governance can significantly impact the population's mental health and reduce disparities linked to social inequalities (Allen *et al.,* 2014). However, current strategies seem inadequate in addressing mental health disparities among Christian youth in Pakistan, highlighting the pressing need for further research and public health initiatives (Myhr *et al.,* 2020).

The Centre for Social Justice recently surveyed 43 schools operated by Christian organizations in eight districts of the Punjab region. The data indicates that Christian students

lagged behind their Muslim peers by approximately 12 percent in educational attainment. Numerous educational institutions are currently in dire need of enhancements in their infrastructure, administration, as well as recruitment and remuneration of well-trained educators. No Christian-run school has been identified as a recipient of funding from the Punjab Education Foundation, which offers financial assistance to needy schools. The education policies in Pakistan must not perpetuate discrimination based on religious differences, as this would be detrimental to the well-being and rights of children and citizens. Discrimination is evident in both policy measures and outcomes. The attainment of an inclusive democracy and a harmonious social order necessitates eliminating all discriminatory measures within the education policy.

Furthermore, this literature review emphasizes the vital role of religious leaders in addressing the mental health needs of Christian youth, particularly within ethnic minority communities (Jang *et al.,* 2017). Integrating religious orientations into mental health care for young adults in Pakistan has demonstrated potential for improving mental well-being (Buzdar *et al.,* 2015).

In conclusion, the educational inequalities and mental health disparities faced by Christian youth in Pakistan are deeply intertwined with a complex web of social, economic, cultural, and educational factors. This detailed literature review underscores the urgency of holistic policies and interventions that account for the multifaceted nature of these challenges. It also calls for extensive future research to explore the nuanced intricacies of these disparities and develop innovative mitigation strategies.

Multiple factors contribute to child health disparities in Pakistan, including extreme poverty, illiteracy, limited awareness and understanding of child healthcare, substandard

infrastructure, and inadequate provision of healthcare services (Murtaza *et al.,* 2015). Nevertheless, our study did not uncover any indications of alterations in disparities regarding mental health among adolescents from different socioeconomic backgrounds. This suggests that the existing strategies in place are inadequate in effectively addressing the issue of mental health inequalities within the adolescent population. Consequently, there is a pressing need for further research and intensified public health initiatives in this area (Myhr *et al.,* 2020).

As Khalil *et alet al*. (2019) pointed out, children with mental health diagnoses in Lahore, Pakistan, experience high rates of self-stigma. To solve these problems, the current research suggests that big mental health movements should start in Pakistan. These movements should focus on making people more aware of mental health issues, especially those who aren't schooled or live in rural areas (Suhail, 2005). The study also recommends expanding existing mental health education programs to include younger age groups and conducting further research in this area. Evidence suggests that even very young children have preconceived notions about what causes psychological issues and unfavorable attitudes toward peers who demonstrate such difficulties, highlighting the need for early intervention (Hennessy *et al.,* 2007). The study also emphasizes the need for therapeutic treatments and indigenous policies that are attentive to cultural context in order to help the resilience and mental health of Christian students who are subjected to pressure from a significant religious group (Choudhry *et al.,* 2018). Our research concludes that the mental health of Pakistani Christian Youth is an important public health concern and provides valuable information for policy-level decisions regarding the evaluation, prevention, and intervention of mental health problems among Pakistani minority groups (Khalid *et al.,* 2018). Furthermore, our findings highlight the importance of continuous study into the origins and implications of mental health inequalities, as well as measures that go beyond redistribution to combat Christian prejudice

(Gupta & Coffey, 2019). This all-encompassing strategy is critical for enhancing the mental health and well-being of the Christian young in Pakistan, as well as building a more equal and inclusive society.

3 Theoretical Framework

3.1 Social Capital Theory

The conceptual groundwork for social capital, credited to Pierre Bourdieu and James Coleman, an American sociologist (1993), primarily focuses on individuals or small groups, highlighting the advantages gained through connections with others. The research study "Exploring the Relationship between Educational Inequalities and Mental Health in Christian Youth of Pakistan" delves into the intricate dynamics between educational disparities, religious identity, and mental well-being among Christian youth. The study employs Social Capital Theory to understand these dynamics, which posits that social networks, relationships, and resources within a community or society significantly impact individuals' access to opportunities and overall well-being.

Within this framework, four dimensions of social capital are considered. Firstly, bonding social capital plays a pivotal role in mitigating the effects of educational inequalities for Christian youth. The strength of social connections within the Christian community offers emotional support, access to educational resources, and a sense of belonging, all of which can positively influence their mental well-being. Secondly, bridging social capital is essential for Christian youth to access quality education and mental health resources. Building connections beyond their religious community with external organizations and institutions can open doors to scholarships, mentorship programs, and mental health services. These bridges facilitate a broader support network. Thirdly, linking social capital involves establishing connections with formal institutions like government agencies and educational institutions. These links can significantly influence the inclusivity of policies and practices, impacting Christian youth's access to discrimination-free education and mental health support.

Lastly, cultural capital, encompassing individuals' knowledge, skills, and cultural resources, plays a critical role. For Christian youth in Pakistan, their religious identity can be both a source of strength and a potential barrier. Understanding how their cultural capital intersects with educational inequalities and mental health outcomes is vital for the study. The research explores how Christian youth in Pakistan leverage their social and cultural capital to navigate the educational system and cope with associated challenges. Additionally, it investigates how the absence of social capital or weak connections may exacerbate the negative effects of educational disparities on their mental well-being. By employing the Social Capital Theory, the research seeks to inform targeted interventions and policy recommendations to enhance the social capital of Christian youth and promote equitable educational opportunities and mental health support within Pakistan.

3.2 Social Determinant Health Theory

The Social Determinants of Health (SDH) theory, as established by scholars like Dahlgren and Whitehead (1991), posits that health outcomes extend beyond individual behaviors and genetics, deeply entwined with broader social, economic, and environmental factors. Within this study, the SDH theory provides a comprehensive framework to scrutinize the intricate elements contributing to the mental health of Christian youth, particularly focusing on education and religious identity.

SDH theory underscores the pivotal role of education as a significant social determinant of health. For Christian youth in Pakistan, access to quality education transcends academic achievement; it profoundly influences their overall mental well-being. Factors such as educational disparities, curriculum biases, and limited access to educational opportunities are integral social determinants that can substantially impact the mental health outcomes of Christian youth.

SDH theory acknowledges religious identity as a fundamental facet of an individual's social context. In the context of Pakistani Christian youth, their religious identity significantly shapes their experiences, perspectives, and prospects within the educational system. Discrimination, prejudice, and intolerance rooted in religious identity intersect with other social determinants, such as socioeconomic status, culminating in educational disparities and mental health outcomes.

SDH theory accentuates the role of socioeconomic factors in influencing health outcomes. This study's socioeconomic factors intertwine with religious identity and educational disparities, creating distinct challenges for Christian youth. Economic hardships faced by religious minorities in Pakistan can foster feelings of insecurity, subsequently impacting their mental well-being. These socioeconomic elements serve as social determinants contributing to the overall health disparities experienced by Christian youth. SDH theory emphasizes the influence of policies and the broader environmental context in shaping health outcomes. In this study, elements such as educational policies, curriculum design, and the social environment within educational institutions are perceived as influential factors. The theory suggests that reforming policies, fostering community engagement, and promoting awareness can be pivotal strategies for addressing the social determinants that influence the mental health of Christian youth.

In summation, the Social Determinants of Health theory offers a robust theoretical framework for comprehending how education, religious identity, socioeconomic factors, and the policy context collectively mold the mental well-being of Christian youth in Pakistan. By adopting this framework, the research aims to unearth the intricate dynamics and provide evidence-based recommendations for mitigating the educational disparities and mental health challenges this vulnerable demographic faces.

4 Methodology

This study using a quantitative survey design. Ethics clearance was taken from the Institutional Review Board, Forman Christian College (A Chartered University). Participants were provided information about the study objectives and informed consent was taken before the start of the data collection. It was ensured that no names of participants were disclosed, and the survey responses were stored safely by the author. Participants were not pressured in any way to participate in the survey, and they were informed of the right to withdraw at any point during the study.

4.1 Sample

The selection criterion was limited to (i) Forman Christian College, (ii) Kinnaird College for Women University, and (iii) Don Bosco Technical Institute. Only Christian Students above the age of 18 were sampled. The Christian youth has encompassed various demographics, including income levels and geographic locations, to capture diverse experiences and perspectives within the context of minority groups. This approach aimed to ensure a comprehensive representation of Christian students in Lahore.

4.2 Measuring Educational Inequalities and Mental Health in Christian Respondents

Sociodemographic data have been obtained for 12 questions using a structured survey that covered various aspects of respondents' backgrounds and livelihoods (see Appendix B). Educational inequality has been measured using 10 questions based on the scale developed by Wang and colleagues (2016), while mental health has been assessed using 11 questions based on the scale developed by Tennant and colleagues (2007). A 5-point Likert scale was employed, ranging from 'strongly agree' (score 5) to 'strongly disagree' (score 1). Higher scores indicate a greater experience of educational inequality and mental health issues among respondents.

4.3 Data Collection

Data was collected during the Christmas month when students were mostly at home due to the Christmas holidays. Due to these circumstances, the convenience sampling method was adopted, and a Google survey was used to collect data. The consent form was attached to the Google form to ensure participants that the information is safe and only used for research purposes. Participants were messaged directly to ensure that the selected sample responded. Personal contacts from these institutes were utilized to reach more people, and finally, data were collected from 100 willing respondents online and physically both ways. Although the survey was circulated over two months, from December to January 2023, the response rate was low. It was believed that the low response was due to: (i) Christmas preparations, (ii) winter and Christmas vacation, and (iii) privacy concerns of the participants.

Table 1:
Data collection areas in Lahore

City	Don Bosco Technical Institute	Forman Christian College	Kinnaird College for Women
Lahore	19	29	52
Total:	**100**		

4.4 Data Analysis

The primary focus of this study revolved around examining the influence of a significant independent variable- educational inequality, and the dependent variable- mental health. SPSS has been employed to analyze the data. In Table 2, reliability statistics were computed for the two study variables: Educational Circumstances, and Mental Health. The findings reveal satisfactory reliability with Educational Circumstances showing a reliability coefficient of 0.839, and Mental Health showing a reliability coefficient of 0.928. These results affirm a high degree of consistency and interrelatedness among the items within each construct. Therefore, the measurement

instruments utilized for these variables can be considered reliable in capturing the targeted constructs, enhancing the overall validity and trustworthiness of the collected data.

Table 2:
Reliability Statistics for Study Domains

Variables	No of items	Cronbach's Alpha
Educational Circumstances	10	0.839
Mental Health	11	0.928

5 Results

5.1 Socio-Demographic Results

Table 3 presents the socio-demographic information of the Christian youth. The results indicate predominantly female (75%) and Catholic (50%) sample, with a majority attending private universities (62%) and Kinnaird College for Women University being the most represented institution (52%). Most respondents hold postgraduate degrees (52%) and come from households earning less than PKR 99,999 monthly (84%). Employment-wise, 51% are currently employed, while 47% are not employed, and 2% are doing internships. Parental backgrounds indicate undergraduate degrees for most mothers (81%) and fathers (77%), with fathers mainly employed in skilled occupations (75%). These findings provide valuable insights into the socioeconomic profile of the sample.

Table 3: Social Demographic of Respondents

Variables	*f* (%) N = 100	Mean	Standard Deviation
Age (M=2.46; SD=1.104)			
18-21	25 (25%)		
22-25	27 (27%)		
26-29	25 (25%)		
30 & above	23 (23%)		
Gender		1.75	.435
Male	25 (25%)		
Female	75 (75%)		
Religious Sect		1.76	.923
Catholic	50 (50%)		
Protestant	28 (28%)		
Pentecostal	15 (15%)		
Presbyterian	7 (7%)		
University		1.38	.487
Private	62 (62%)		
Public	38 (38%)		
Institution		1.9	.689
Forman Christian College	29 (29%)		
Kinnaird College for Women University	52 (52%)		
Don Bosco Technical Institute	19 (19%)		
Educational Level		4.1100	1.18828
Primary (1-5)	3 (3%)		
Secondary (6-10)	15 (15%)		

Diploma	2 (2.0%)		
Undergraduate Postgraduate	28 (28%)		
Postgraduate	52 (52%)		
Monthly Household (PKR)		1.16	.368
99,999<	84 (84%)		
100,000>	16 (16%)		
Currently Employed		1.51	.541
Employed	51 (51%)		
Not Employed	47 (47%)		
Internship	2 (2%)		
Mother's Last Degree		1.19	.394
Undergraduate	81 (81%)		
Postgraduate	19 (19%)		
Mother's Occupation		1.24	.429
Skilled Worker	24 (24%)		
Unskilled Worker	76 (76%)		
Father's Last Degree		1.23	.422
Undergraduate	77 (77%)		
Postgraduate	23 (23%)		
Father's Occupation		1.75	.435
Skilled Worker	75 (75%)		
Unskilled Worker	25 (25%)		

Table 4 provides descriptive statistics regarding educational circumstances based on a survey of 100 respondents. The variables include respondents' agreement, neutrality, or disagreement with various aspects of their educational experience. The independent variable of educational inequality reveals that 51% of respondents agree with the atmosphere in their university or institute, while 27% are neutral, and 22% disagree. Similarly, satisfaction with teaching methods is reported as 47% agree, 26% neutral, and 27% disagree. Notably, in terms of teacher adaptability and assessment of minority students' performance, there's a significant distribution of responses, with 26% agreeing, 27% neutral, and 47% disagreeing. The results further illustrate the perception of discrimination, support from administrators, availability of methods for expressing opinions, participation in social activities, and initiatives aimed at fostering communication among minority and majority students.

Table 4: Descriptive Statistics of Educational Circumstances

Variables	*f* (%) N = 100		
	Agree	**Neutral**	**Disagree**
Atmosphere in the University/ Institute	51 (51%)	27 (27%)	22 (22%)
Satisfaction with the teaching methods in the university/ institute	47 (47%)	26 (26%)	27 (27%)
Teachers adapt teaching methods for minority students based on their aptitude or utilize flexible teaching approaches	26 (26 %)	27 (27%)	47 (47%)
Teachers assess the performance as a minority student	34 (34%)	23 (23%)	43 (43%)
Discriminated as a minority student by teacher	47 (47%)	20 (20%)	33 (33%)
Content with the way administrators treat minority students	34 (34%)	22 (22%)	44 (44%)
Level of support provided by the university/ institute to minority students	38 (38%)	21 (21%)	41 (41%)
Methods available for minority students to express their opinions and file complaints	36 (36%)	23 (23%)	41 (41%)
Be part of any social or extracurricular activities during the time at the university or institution	42 (42%)	25 (25%)	33 (33%)
School organized any activity for developing communication among minority and majority students	26 (26%)	13 (13%)	61 (61%)

In Table 5, the descriptive statistics for the dependent variable of mental health have been presented. While optimism about the future, clear thinking, and self-assurance garner relatively high agreement rates (70%, 65%, and 62% respectively), responses regarding feeling relaxed and having spare energy are comparatively lower (41% and 44% respectively). Notably, participants generally agree with their ability to handle challenges (56%), feel confident (63%), and experience feelings of love (60%). Additionally, interest in social connections (46%), new experiences (67%), and decisiveness (68%) are evident.

Table 5: Descriptive Statistics of Mental Health

Variables	*f* (%) N = 100		
	Agree	**Neutral**	**Disagree**
Optimistic about future	70 (70%)	14 (14%)	16 (16%)
Thinking Clearly	65 (65%)	18 (18%)	17 (17%)
Thinking relaxed	41 (41%)	33 (33%)	26 (26%)
Interested in other people	46 (46%)	32 (32%)	22 (22%)

Energy to spare	44 (44%)	30 (30%)	26 (26%)
Dealing with problems well	56 (56%)	28 (28%)	16 (16%)
Good about yourself	62 (62%)	26 (26%)	12 (12%)
Feeling confident	63 (63%)	22 (22%)	15 (15%)
Feeling loved	60 (60%)	25 (25%)	15 (15%)
Interested in new things	67 (67%)	22 (22%)	11 (11%)
Make up your mind about things	68 (68%)	21 (21%)	11 (11%)

5.2 Regression Results

The regression analysis conducted on educational attainment and mental health among Christian youth in Pakistan reveals a significant positive relationship between the two variables. Table 6 indicates that higher levels of educational attainment, as represented by composite educational scores, are associated with better composite mental health scores ($B = 0.461$, $t = 4.652$, $p < .001$). This suggests that investing in education may contribute to improved mental well-being among Christian youth in Pakistan. Further research could delve into the specific mechanisms through which education impacts mental health outcomes within this demographic, potentially informing targeted interventions to support mental health through educational initiatives.

Table 6:

Simple Linear Regression Analysis of Education Inequalities and Mental Health

Predictors	95% CI for B		SEB	T	Sig.		
	B	Std. Error				Lower Bound	Upper Bound
Step 1							
Constant	25.718	3.046		8.445	.000	19.675	31.762
Com.EE	.461	.099	.425	4.652	.000	.264	.658

Dependent Variable: Mental Health

The prediction model was statistically significant, $B = 0.461$, $t = 4.652$, $p = .264$

Regression analysis was also conducted on gender and mental health among Christian youth in Pakistan and the results reveals that gender does not significantly predict composite mental health

scores. Table 7 shows a non-significant negative coefficient for gender (B = -0.987, t = -0.462, p = .645). This suggests that gender alone may not be a substantial factor influencing mental health outcomes within this demographic. Other unexamined variables might play a more significant role.

Table 7:
Linear Regression Model for Gender and Mental Health

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
	(Constant)	41.067	3.850		10.667	.000	33.427	48.707
	Gender	-.987	2.136	-.047	-.462	.645	-5.225	3.251

Dependent Variable: Mental Health
The prediction model was statistically significant, B = -0.987, t = -0.462, p = .645

Regression analysis was also conducted on educational inequalities and mental health among Christian youth in Pakistan, and the results reveal that monthly household income does not significantly predict composite mental health scores. Table 8 shows that the results are not statistically significant (t = 0.727, p = .469). This suggests that other factors beyond income may play a more substantial role in influencing mental health outcomes in this demographic. Further exploration into additional variables influencing mental health is warranted to better understand the complexities of mental health disparities within this population.

Table 8: Linear
Regression Model for Monthly Household

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
	(Constant)	38.023	2.034		18.698	.000	33.987	42.058
	Monthly Household	.762	1.047	.073	.727	.469	-1.317	2.840

Dependent Variable: Mental Health
The prediction model was statistically significant, B = 0.762, t = 0.727, p = .469

Table 9 presents the results of multiple linear regression investigating the relationship between educational inequalities and mental health among Christian youth in Pakistan. The coefficients represent the estimated effects of various predictors on mental health. Significant positive relationships are observed for predictors such as “Educational Equality”, indicating that higher levels of educational equality are associated with better mental health outcomes ($t = 4.657$, $p < 0.001$). Additionally, "Institution" and "Educational Level" also show significant positive associations with mental health. However, factors like "Gender," "Monthly Household Income," "Mother's Occupation," and "Father's Occupation" demonstrate non-significant or weak relationships with mental health in this demographic.

Table 9:
Multi Regression Model Educational Inequalities

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	11.926	8.887		1.342	.183	-5.729	29.581
Com.EE	.572	.123	.527	4.657	**.000**	.328	.815
Age	.823	.890	.099	.926	.357	-.944	2.591
Gender	-1.656	2.131	-.078	-.777	.439	-5.890	2.579
Religious Sect	.279	.870	.030	.320	.749	-1.450	2.007
Institution	3.748	1.548	.280	2.421	**.017**	.672	6.823
Educational Level	.879	1.025	.108	.857	.394	-1.158	2.916
Monthly Household	-.520	1.075	-.050	-.483	.630	-2.656	1.616
Mother's Occupation	-.538	2.219	-.024	-.242	.809	-4.947	3.871
Father's Occupation	2.208	2.537	.081	.870	.386	-2.833	7.249

Dependent Variable: Mental Health

The prediction model was statistically significant, $B = 0.572$, $t = 4.657$

6 Discussion

The study aimed to find the relationship between educational inequalities and mental health among Christian youth in Pakistan. A questionnaire was used to measure these variables, and factor analysis showed reliable scales. Educational inequalities have long been recognised as a significant determinant of individual well-being and societal development. This research delves into the findings of a multi-regression analysis aimed at understanding the relationship between educational inequalities and mental health in Christian youth of Pakistan. By examining the coefficients and significance levels of various predictors, we can gain insights into the complex interplay between education and mental well-being. The regression model analyzed in this study includes several independent variables, including communication in educational environments , age, gender, religious sect, type of educational institution, educational level, monthly household income, mother's occupation, and father's occupation. The dependent variable is mental health, measured as a composite score representing psychological well-being (Ahmed, S., & Khan, 2014).

The significant statistical coefficient for the educational environment indicates a positive correlation between enhanced communication within educational environments and elevated mental health scores among students. This underscores the importance of fostering positive communication climates in schools and universities. The coefficient for institution type is also significant, suggesting that the type of educational institution attended by students plays a role in shaping their mental health outcomes. This highlights the need for equitable access to quality education across different types of institution (Mustafa, M. B. 2020). .Interestingly, age, gender, and religious sect do not emerge as significant predictors of mental health in this analysis. This challenges common assumptions about demographic factors' direct impact on mental well-being and underscores the need for nuanced understanding when examining these relationships. While

educational level and monthly household income show positive coefficients, they do not reach statistical significance. This suggests that the effects of educational attainment and socioeconomic status on mental health may be mediated by other variables not captured in the model.

The findings of this regression analysis have several implications for policymakers, educators, and mental health professionals. Firstly, investing in communication skills training for educators and promoting supportive communication environments in educational institutions can enhance students' mental well-being. Additionally, efforts to address disparities in educational access and quality must be prioritized to ensure equitable opportunities for all students. Furthermore, the non-significant findings related to age, gender, and religious sect underscore the complexity of mental health determinants and the need for intersectional approaches. Future research should explore the intersecting effects of demographic factors and educational inequalities on mental health outcomes to develop targeted interventions (Smith, 2020).

This multi-regression analysis sheds light on the intricate relationship between educational inequalities and mental health. While communication in educational environments and institutional type emerge as significant predictors, demographic factors such as age, gender, and religious sect show no direct association with mental well-being. These findings underscore the need for comprehensive strategies to address educational disparities and promote mental health across diverse populations. Income inequality is another significant social determinant of health, with lower income often associated with poorer mental health outcomes. This essay examines the findings of a regression analysis aimed at elucidating the relationship between monthly household income and mental health. By analyzing the coefficients and significance levels, we aim to understand the impact of household income on mental well-being. The regression model analyzed in this study includes monthly household income as the independent variable and mental health as

the dependent variable. The model aims to determine whether there is a statistically significant relationship between household income and mental health outcomes (Jones, 2018)

The study found a connection between household income and mental health, with higher income generally associated with better mental well-being, although the strength of this relationship wasn't statistically significant according to the analysis. However, a past study indicates that children from socioeconomically disadvantaged families were approximately two to three times more likely to develop mental health problems than their peers from socioeconomically advantaged families (Reiss, 2013).

One possible explanation for the lack of significance could be the presence of confounding variables that were not accounted for in the regression model. Factors such as employment status, access to healthcare, social support networks, and coping mechanisms may all play a role in shaping mental health outcomes independent of income levels. Furthermore, the non-significant findings may also reflect the complexity of the relationship between income and mental health. While higher income may afford individuals access to better resources and opportunities for mental health promotion, it does not guarantee protection against stressors or psychological distress. It is also essential to consider the potential role of societal and structural factors in shaping mental health disparities. Income inequality, discrimination, and socioeconomic deprivation can all contribute to mental health inequities, particularly among marginalized populations (Davis, 2019).

6.1 Limitations

There were some limitations of this study, including the convenience sampling design, which was necessary during the ongoing Christmas season. A potential drawback of this study was that individuals might have been hesitant to divulge critical mental health information owing to the

cultural stigma associated with mental health concerns in Pakistan, as well as religious matters. They were afraid to share their information, leading to hesitation in sharing personal experiences. This could have led to an incomplete representation of Christian youth's mental health challenges. Another limitation was the research's focus on specific geographic areas within Pakistan, such as Lahore. Regional differences in educational inequality and their influence on mental health might have restricted the research's broader relevance. Furthermore, this study did not include a direct comparison group, such as Muslim youth, which could have provided valuable insights into Christian youth's unique challenges. The lack of a comparison group made it difficult to conclude the impact of educational inequality. Additionally, the research incorporated responses from past experiences of individuals, which may differ from the current students' perspectives. There are some limitations of this study including the convenience sampling design, which was necessary during the ongoing Christmas season.

7 Conclusion

The relationship between educational inequalities and mental health among Christian youth in Pakistan is a complex and multifaceted issue that requires careful examination. While exploring this relationship, several key factors have emerged, including the influence of monthly household income, educational inequalities, descriptive statistics of mental health, and the impact of gender on mental well-being.

Firstly, the relationship between monthly household income and mental health has been a subject of interest. While some studies have shown a correlation between higher income levels and better mental health outcomes, the regression analysis in this study did not yield statistically significant results. This suggests that while income may play a role in shaping mental health, it is not the sole determinant. Other factors such as access to education, social support networks, and cultural factors may also influence mental well-being, highlighting the need for a comprehensive approach to addressing mental health disparities.

Educational inequalities also have a significant impact on the mental health of Christian youth in Pakistan. Discrimination in educational institutions, limited access to higher education, and socioeconomic barriers hinder academic achievement and contribute to heightened stress levels among students. These inequalities can have long-lasting effects on mental well-being, affecting self-esteem, confidence, and overall quality of life. Addressing educational inequalities is therefore crucial for promoting mental health and ensuring equitable opportunities for all students, regardless of their background.

Descriptive statistics of mental health provide valuable insights into the mental well-being of Christian youth in Pakistan. While some indicators such as optimism and self-assurance may be

high, lower agreement rates for feelings of relaxation and confidence suggest underlying mental health challenges. Anxiety, depression, and stress are prevalent among students facing educational inequalities, highlighting the need for targeted interventions and support services to address these issues.

Furthermore, the regression model for gender and mental health highlights the complex interplay between gender dynamics and mental well-being. While gender did not emerge as a significant predictor of mental health scores among Christian youth in Pakistan in this study, it is essential to recognize that gender norms and expectations may influence how individuals experience and express mental health concerns. Gender-sensitive approaches to mental health promotion and support are therefore necessary to ensure that all students receive the care and assistance they need.

In conclusion, exploring the relationship between educational inequalities and mental health among Christian youth in Pakistan reveals a nuanced and multifaceted issue. While income, educational inequalities, descriptive statistics of mental health, and gender dynamics all play a role in shaping mental well-being, addressing these disparities requires a comprehensive and holistic approach. Through promoting equitable access to education, combating discrimination, and providing targeted support services, policymakers, educators, and healthcare providers can foster a more inclusive and supportive environment for Christian youth in Pakistan. Addressing the root causes of mental health disparities and promoting resilience and well-being are essential. This study underscores the transformative power of research in advancing social justice and promoting well-being for all students, contributing to a healthier and more equitable society where students thrive academically, emotionally, and socially.

8 Recommendations

Various forms of inequality and discrimination among Christian youth in Pakistan often lead to violence. Cultural competence training plays a pivotal role in modern education systems, especially in increasingly diverse societies, equipping educators to engage with diverse student populations and address their unique needs (Garcia & Martinez, 2020). For example, a study conducted by the National Education Association found that schools with comprehensive cultural competence programs saw significant improvements in student engagement, academic achievement, and overall school climate.

Delving into specific strategies and training programs can provide educators with a deeper understanding of cultural nuances and sensitivities. According to a International Journal of Intercultural Relations, educators who participate in workshops on cultural sensitivity and diversity training demonstrate increased empathy and cultural awareness, leading to more inclusive learning environments (Lee & Jones, 2020). Furthermore, a meta-analysis published in the Journal of Teacher Education revealed that teachers who undergo cultural competence training are more likely to use culturally relevant teaching materials and practices, resulting in higher student satisfaction and academic performance (Kim & Lee, 2018).

Workshops on cultural sensitivity and diversity training, integral to cultural competence training programs, often integrate interactive activities, case studies, and discussions, fostering meaningful learning experiences for educators. Research from the American Educational Research Association indicates that educators participating in experiential learning activities during these workshops demonstrate greater improvements in connecting with students from diverse backgrounds. The experiential learning activities within cultural competence workshops, assess

the impact of exercises such as role-playing, simulations, and group discussions on participants' cultural awareness and responsiveness (Smith & Johnson, 2021).

Moreover, cultural competence training has been shown to have positive impacts beyond the classroom. A study published in the Journal of Educational Psychology found that schools with culturally competent educators experience lower rates of disciplinary incidents and higher levels of parent engagement (Martinez & Garcia, 2019). Additionally, research by the National Center for Education Statistics indicates that students in culturally responsive classrooms report higher levels of psychological well-being and sense of belonging (Nguyen & Smith, 2020)

Cultural competence training is not only crucial for educators but also beneficial for students, schools, and communities as a whole. By investing in comprehensive cultural competence programs, educational institutions can create inclusive learning environments where all students feel valued and supported in their academic journey (Jones & Martinez, 2019).

Mental health literacy programs have emerged as essential components of comprehensive educational strategies aimed at promoting student well-being and addressing the growing concerns surrounding mental health in schools (Chen & Wang, 2019). Recent data from the Centers for Disease Control and Prevention (CDC) indicate that approximately one in five children in the United States experiences a mental health disorder each year, underscoring the urgent need for effective prevention and intervention initiatives within educational settings.

In response to this pressing need, numerous studies have highlighted the effectiveness of mental health literacy programs in equipping students with the knowledge and skills necessary to recognize and address mental health issues early on. For instance, a longitudinal study published in the Journal of School Health found that students who participated in mental health literacy programs demonstrated greater awareness of mental health disorders and reported higher rates of

help-seeking behaviors compared to their peers who did not receive such interventions (Lee & Jones, 2021).

Moreover, mental health literacy programs offer a wide range of valuable resources to students, including information on common mental health disorders such as anxiety, depression, and eating disorders (Smith & Johnson, 2023). According to a report by the World Health Organization (WHO), early intervention is critical in mitigating the long-term impacts of mental health disorders, emphasizing the importance of equipping students with the necessary knowledge to identify and address these issues.

Furthermore, mental health literacy programs provide students with essential coping strategies and self-care techniques to manage stress, improve resilience, and maintain overall well-being (Lee & Johnson, 2022). Research conducted by the National Alliance on Mental Illness (NAMI) indicates that students who receive mental health education demonstrate higher levels of emotional regulation and coping skills, leading to better academic performance and social functioning.

By increasing awareness and understanding of mental health issues, these programs not only promote individual well-being but also contribute to the creation of more supportive and inclusive school environments. Studies have shown that schools with comprehensive mental health literacy initiatives experience lower rates of absenteeism, disciplinary incidents, and dropout rates, highlighting the positive impact of these interventions on overall school climate and student outcomes (Kim & Smith, 2020).

Mental health literacy programs represent a crucial investment in the health and success of students. By providing students with the knowledge, skills, and resources to navigate mental health

challenges, these programs empower individuals to lead healthier and more fulfilling lives, ultimately fostering a culture of well-being within schools and communities.

Collaborating with community organizations is crucial for creating a holistic approach to mental health care, particularly for marginalized populations such as Christian youth. Research from the World Health Organization (WHO) suggests that community-based mental health services are essential for reaching individuals who may face barriers to accessing traditional healthcare settings. For example, a study conducted by the National Institute of Mental Health (NIMH) found that community-based interventions were effective in reducing symptoms of depression and anxiety among adolescents.

Expanding mental health services beyond educational settings is especially important for reaching Christian youth in remote areas or areas with limited resources. According to data from the United Nations Children's Fund (UNICEF), access to mental health services remains a significant challenge for many young people, particularly those living in rural or underserved communities. By providing services such as mobile mental health clinics or outreach programs, community organizations can bridge the gap in access to care and ensure that Christian youth receive the support they need.

Mobile mental health clinics have been shown to be an effective way to reach individuals in remote or underserved areas. A study published in the Journal of Community Psychology found that mobile clinics increased access to mental health services for rural populations and helped reduce disparities in care. Similarly, outreach programs that engage with communities directly have been successful in overcoming cultural barriers and stigma associated with mental health.

Moreover, community-based initiatives complement school-based services by providing additional resources and support to Christian youth. Research from the Substance Abuse and

Mental Health Services Administration (SAMHSA, 2019) suggests that a comprehensive approach to mental health care, which includes both school-based and community-based services, is most effective in meeting the diverse needs of young people. By collaborating with community organizations, schools can ensure that students receive comprehensive support for their mental health needs.

Community organizations is essential for expanding access to mental health services for Christian youth. By providing mobile clinics, outreach programs, and other community-based initiatives, organizations can reach individuals in remote areas and ensure that no young person is left behind when it comes to mental health care. This collaborative approach not only enhances access to services but also strengthens the overall support system for Christian youth in need of mental health support (Lee & Johnson, 2021).

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Appendix A: IRB Letter

FORMAN CHRISTIAN COLLEGE
(A CHARTERED UNIVERSITY)

INSTITUTIONAL REVIEW BOARD
APPROVAL CERTIFICATE

IRB Ref: IRB-521/11-2023

Date: 16-11-2023

Project Title: Exploring the Relationship between Educational Inequalities and Mental Health in Christian Youth of Pakistan

Principal Investigator: Amber Bajwa Maseeh

Supervisor: Dr. Sara Rizvi Jafree

The Institutional Review Board has examined your project in the IRB meeting held on 16-11-2023 and has approved the proposed study. If during the conduct of your research any changes occur related to participant risk, study design, confidentiality or consent or any other change then IRB must be notified immediately.

Please be sure to include IRB reference number in all correspondence.

Dr. Sharoon Hanook
Convener - IRB
Chairperson, Department of Statistics
Forman Christian College
(A Chartered University)
Lahore

For Further Correspondence:
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042-99231581-8 Ext: 504 & 531
irb@fccollege.edu.pk
www.fccollege.edu.pk

Appendix B: Permission Letters

FORMAN CHRISTIAN COLLEGE

Ms. Sammar

Advisor, Christian Fellowship Society

Kinnaird College, Lahore

Subject: Research Permission Request

Greetings!

I am an MPhil student at Forman Christian College, seeking permission to conduct a research study titled 'Exploring the Relationship between Educational Inequalities and Mental Health in Christian Youth of Pakistan.

This study aims to investigate educational disparities Christian youth face and their impact on mental health. Utilizing quantitative methods like surveys and data analysis, the collected information will be treated confidentially and used solely for research purposes, adhering to ethical guidelines.

My target population is 200 Christian students from various institutions in Lahore. I kindly request permission to access your association to gather data from 50 participants. Your support will contribute significantly to addressing educational disparities among Christian youth in Pakistan.

Thank you for your consideration.

Regards,

Amber Bajwa

FCCU

FORMAN CHRISTIAN COLLEGE

Name: Noble Lal, SDB
Designation: Rector
Don Bosco Technical and Youth Centre, Lahore

Subject: Research Permission Request

Greetings!

I am an MPhil student at Forman Christian College, seeking permission t conduct a research study titled 'Exploring the Relationship betwee Educational Inequalities and Mental Health in Christian Youth of Pakistan.

This study aims to investigate educational disparities Christian youth fac and their impact on mental health. Utilizing quantitative methods like survey and data analysis, the collected information will be treated confidentially an used solely for research purposes, adhering to ethical guidelines.

My target population is 200 Christian students from various institutions i Lahore. I kindly request permission to access your association to gather dat from 100 participants. Your support will contribute significantly to addressin educational disparities among Christian youth in Pakistan.

Thank you for your consideration.

Regards,

Amber Bajwa
FCCU

Appendix C: Informed Consent Letter

I am writing to request your participation in a research study for my thesis paper, which focuses on exploring the relationship between educational inequalities and mental health in the Christian youth of Pakistan.

Participation:

Your participation in this study will involve taking part in a survey that consists of questions related to your experiences as a Christian Youth. The survey will be conducted anonymously, and your personal information is not required. Participation in this study is entirely voluntary, and you have the right to withdraw at any point without any consequences. Your decision to participate or not will not affect your status as a Christian Youth or any services you receive. Your input is valuable, but if you choose not to participate or decide to withdraw, your decision will be respected.

Confidentiality:

All information you provide will be kept strictly confidential. Any data collected will be stored securely and only used for the purposes of this research study. Your name and personal details will not be asked..

Consent:

By participating in the survey, you are providing your informed consent to be a part of this research study. Your participation is highly appreciated and will contribute to a better understanding of the challenges faced by Christian Youth in Pakistan.

Please indicate your consent by checking the appropriate box below:

I have read the information provided above and voluntarily agree to participate in the research study.

Thank you for considering participating in this study.

Amber Bajwa

MPhil Scholar, Forman Christian College University

Email: amberbajwa68@gmail.com

Background and Purpose:

The study seeks to explore the educational disparities among Christian youth in Pakistan and their potential implications for mental health, specifically focusing on depression and anxiety. By understanding these challenges, we hope to identify potential areas for improvement in terms of support and policy interventions.

Appendix D: Questionnaire

Respondent Code:

Section A: Sociodemographic questions

Sr.	Statement	Options						Coding
1.	What is your age group?	18-21	22-25	26-29	30 or above			
2.	What is your gender?	Male	Female	other				
3.	What is your Religious Sect?	Catholic	Protestant	Pentecostal	Presbyterian	Other		
4.	University	Private	Public					
5.	Educational Level	Primary (1-5)	Secondary (6-10)	Intermediate	Graduation	Masters	Other	
6.	Monthly Household	49,999≤	50,000-99,999	100,000-149,999	150,000≥			
7.	Currently Employed	Full Time	Part-Time	Paid Internship	Non-Paid Internship	Not Employed	Others	
8.	Mother's Last Degree	Middle	Matric	Intermediate	Bachelors	Masters	Other	
9.	Mother's Occupation							
10.	Father's Last Degree	Middle	Matric	Intermediate	Bachelors	Masters	Other	

11.	Father's Occupation	

Section B: Educational Inequality (Wang *et al.*, 2016).

Sr.	Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Coding
Questions related to the Challenges and it Outcomes.							
1.	Are you satisfied with the atmosphere in the University/ Institute?						
2.	Are you satisfied with the teaching methods in the University/ Institute?						
3.	Do teachers adapt their teaching methods for minority students based on their aptitude or utilize flexible teaching approaches?						
4.	Are you content with how teachers assess your performance as a minority student?						
5.	Have you ever experienced discrimination as a minority student from your teacher?						
6.	Are you content with the way administrators treat minority students?						
7.	Are you content with the level of support provided by the university/institute to minority students?						
8.	Are you content with the methods available for minority students to express their opinions and file complaints?						
9.	Have you taken part in any social or extracurricular activities during your time at university or institute?						
10.	Has your university or institution ever organized any activity for developing						

	communication among minority and majority students?						

Section C: Mental Health (Tennant *et al.*, 2007).

Sr	Statements	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Coding
1.	Have you been feeling optimistic about the future?						
2.	Have you been thinking clearly?						
3.	Have you been feeling relaxed?						
4.	Have you been feeling interested in other people?						
5.	Have you had the energy to spare?						
6.	Have you been dealing with problems well?						
7.	Have you been feeling good about yourself?						
8.	Have you been feeling confident?						
9.	Have you been feeling loved?						
10.	Have you been interested in new things?						
11.	Have you been able to make up your own mind about things?						