

Strength of Religious Faith among the Muslim: Role of Quality of Life, Distress Tolerance and Dispositional Resilience

Sandeep, Tajbina Yasin, and Nafisa Ahmed

Rajiv Gandhi University, Itanagar, Arunachal Pradesh, India,

The aim of the study was to understand the difference between male and female on the Strength of Religious Faith, Quality of Life, Dispositional Resilience and Distress Tolerance. Another objective of the study was to find out the relationship and predictors of Strength of Religious Faith among the Assamese Muslims. The study comprises a total of 150 participants from the Muslim community with age range of 18-35. The following tools were used: The Santa Clara Strength of Religious Faith Questionnaire, World Health Organization Quality of Life-BREF (WHOQOL-BREF-26), Distress Tolerance Scale and Dispositional Resilience Scale. The findings of the study highlight the significant difference between male and female on Commitment (a factor of Dispositional Resilience) and Environmental quality of life. Also, it was found out that there was a negative correlation between distress tolerance and quality of life whereas strength of religious faith has a positive correlation with quality of life.

Keywords: Strength of Religious Faith, Quality of Life, Distress Tolerance, Dispositional Resilience, Muslims

The Muslims in Assam practices Islam, as indicated by their names, but their lifestyle aligns with the Assamese culture. Over the years, Muslims have transcended religious boundaries and integrated with the local Assamese population, making significant contributions to the development of Assam. They have played a crucial role in nurturing the roots of Assamese culture and society, actively engaging with Assamese Hindus and tribal communities. Today, the participation of Muslims is essential for the holistic makeup of Assamese society (Nath, 2022). With this understanding we can say that Muslims come from a diverse range of racial, cultural, and linguistic backgrounds, yet they all hold the same fundamental convictions regarding the oneness of Allah (God) and the message contained in the Holy Qur'an. Religion offers a framework for understanding the human condition, a mechanism to bring people who share that understanding together into a cohesive group or community, and a means

of sharing existential insights with others (Kristiansen & Sheikh, 2012). Their religion Islam places significant importance on individual responsibility and actively encourages the exercise of reason. They believe that the universe embodies the qualities of Allah, and the Quran is regarded as Allah's direct word. Therefore, adherents of Islam perceive no conflict between science and religion; rather, they view them as complementary. Furthermore, Muslims have an inherent obligation to make constructive contributions to their communities and humanity as a whole (Laher, 2001). This strength and faith in the religion provides a promising expression in uplifting one's wellbeing and health. Earlier researchers have demonstrated that if there is a consistency in practicing the religion with full faith and determination then there is a reduce in depression, anxiety and other such issues of mental health (Zachary, et al, 2021). It also throws a light on the aspect of having linear

relationship with religiosity and the tolerance level of stress which considers to be the ability or lack of distress tolerance while doing a particular work or nearing to the end of completing it successfully (Stemke, 2013). Moreover, the belief in one's religion also helps in overcoming the stressful aspects of life and gets an additional courage to fight with it. This is where the concept of resilience is described and needed as an important asset which helps in overcoming challenges by navigating through stressful situations and disadvantages. Earlier researchers have characterized resilience as a resource that has the potential to foster psychological well-being and overall positive growth, regardless of the extent of stressors an individual deals with (Pinquart, 2009). Muslims, tend to nurture a sense of belongingness and a faithful association with Allah only by practicing its spiritual ideologies and following the history of the books which in a way enhances their ability to have a belief on the religious experiences and tries to gain courage from it to overcome the negativity in life (Saleem, Rizvi & Bashir, 2022). The belief in religion also enhances the overall Quality of life of the devotee. It pertains to the improvement of one's life and the capacity to effectively confront the realities of life at a high standard. Various factors have the potential to adversely impact the quality of life within a specific community. However, religion is widely acknowledged as one of the factors capable of enhancing overall quality of life. Renowned economist Adam Smith has highlighted that religion serves as a key element that can contribute to the improvement of quality of life, leading to positive effects on both physiological and individual well-being (Adi Syahid, et al. 2020).

Statement of Problem

Research on the strength of religious faith among Assamese Muslims, particularly focusing on the role of quality of life, distress tolerance, and dispositional resilience, can

provide valuable insights such as understanding the relationship between religious faith and quality of life and will try to highlight on the relationship between religious faith and distress tolerance which can shed light on how Muslims utilize their faith as a coping mechanism in times of stress and adversity. Earlier studies like (Ferris, 2002) were unable to provide much studies on how the relationship between religious faith and quality of life, distress tolerance, and dispositional resilience may vary between Muslim men and women and to what extent it can provide valuable insights into the unique experiences and challenges faced by each gender. Also, this study holds a unique place as it discusses upon the sample of assamese muslims unlike other studies done on various other samples such as (Moaddel, 1998), (Adi Syahid, et al. 2020), (Khalek, 2010).

In a study done by Magin, et al, (2021) stated that there is a negative correlation between the belief system in God and distress tolerance. The findings indicate that the significance of strength in religion with psychological distress may depend on both the intensity and confidence of one's belief in God. Previous studies have done in the area of religious faith among the Muslim by McLaren, et al. (2021) observed that Muslim communities' requirements were frequently disregarded or sacrificed, potentially because the individuals responsible for implementing initiatives related to community health and well-being lacked adequate knowledge about their religious and cultural practices. Another study done by Naimi, et al, (2020) stated on how prayer affected the patients with permanent pacemakers' psychological well-being and quality of life. It was found that it is vital for patients to execute a religious intervention based on prayer since it improves their quality of life and psychological condition. Another study done by Alimohammadi, Setodeh-Asl and Karami,

(2019) created a model of perceived stress and distress tolerance for examining the quality of life of older people. Results revealed a substantial inverse relationship between quality of life and perceived stress in the elderly. Additionally, there was a strong positive association between older people's quality of life and their ability to tolerate distress. According to Khalid, (2016) stated in his article that the quality of life among Muslim students, specifically focusing on the intersection of technological innovation and the values associated with its usage in their daily lives. The findings and discussions presented by him talks about the optimal approach to attaining this balance involves monitoring the students' relationships with God, their families, fellow students, other living beings, and their own inner selves. This comprehensive approach serves as the most suitable solution for achieving an effective equilibrium between quality of life and the values that underpin it. In a study done by Bernstein, Marshall, and Zvolensky's, (2011) stated that mood and anxiety disorders and reduced quality of life were both associated with lower levels of distress tolerance for emotional discomfort. Khalek, (2010) stated in his study that the existing studies focused on quality of life (QOL), subjective well-being (SWB), and religiosity which have primarily centered around Western populations. These studies have revealed noteworthy and positive associations between QOL, SWB, and religiosity. As a result, it has been inferred that religiosity could be seen as an important element and a contributing factor to QOL among Muslim. Another study done by Pinguart, (2009) on adolescents tried to examine whether the daily life struggles have an association with psychological distress or not. Dispositional resilience is linked to reduced daily hassles and distress, with a decline in both factors over time. It also investigates if dispositional resilience acts as a protective factor against the impact of daily hassles on psychological distress, as well as

the long-term changes in distress over a two-year period. However, the scores of dispositional resilience did not predict the number of stressors and psychological distress over time. According to Ferriss, (2002) in his paper studied the indicators of quality of life (QOL) that are both subjective and objective that are used to examine the link between religious engagement, involvement, and belief. The article also stated that the harmony domain of the QOL and a stress indicator are positively connected with the percentage of religious adherents in a state.

Objectives

1. To find out the difference between male and female on the Strength of Religious Faith, Quality of Life, Dispositional Resilience and Distress Tolerance
2. To study the relation between the Quality of Life, Dispositional Resilience, Distress Tolerance and Strength of religious faith
3. To examine the predictors of distress tolerance among Assamese Muslim.
4. To examine the predictors of Strength of religious Faith among Assamese Muslim.

Hypotheses

1. There would be significant difference between male and female on the dimensions of Strength of Religious Faith, Quality of Life, Dispositional Resilience and Distress Tolerance
2. There would be a significant relation between the dimensions of Quality of Life, Dispositional Resilience, Distress Tolerance and Strength of religious faith
3. Quality of Life will be the predictors of distress tolerance among Assamese Muslim
4. Quality of Life will be the predictors of Strength of religious Faith among Assamese Muslim

Method

The methodology plays a crucial role in conducting research, as it encompasses the theoretical examination of suitable methods for a specific field of study or a set of practices, procedures, and principles employed by individuals working in a particular discipline or pursuing an inquiry. It comprises a collection of operational approaches that can be categorized into the following topics:

Sample

The sample for the present study comprised of 150 Assamese Muslims on the age range of 18-35 years. Both male (66) and female (84) were taken in the study. It was a purposeful random sampling which was used to select the sample for the study. The data is collected from the Morigaon district of Assam. The participants belonging from the Assamese community were selected.

Tools

The Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ): It was developed by Plante and Boccaccini in 1997. It is a self-report measure consisting of 10 statements. Participants rate their agreement with each statement on a 4-point scale from "Strongly Disagree" to "Strongly Agree." The questionnaire's total score ranges from 10 to 40, with higher scores indicating stronger levels of religious faith. The questionnaire has high internal consistency, meaning that the questions are measuring the same underlying construct of religious faith.

World Health Organization Quality of Life-BREF (WHOQOL-BREF-26): The WHOQOL-BREF is a widely used scale introduced by the World Health Organization (WHO) to assess an individual's quality of life, with the goal of improving health and well-being globally. It was developed in response to the need for a cross-cultural, standardized

tool that could measure quality of life and its determinants across diverse populations. The scale was introduced in 1996 as a shortened version of the original WHOQOL-100, which contained 100 items, making it more practical and easier to administer in various settings.

The Distress Tolerance Scale (DTS): DTS is a widely used self-report questionnaire designed to assess an individual's ability to tolerate and cope with emotional distress. The scale was developed in 2005 by Simons and Gaher, and consists of 15 items, which are rated on a 5-point Likert scale ranging from "strongly agree" to "strongly disagree". The DTS assesses four domains related to emotional distress: (1) perceived ability to handle distress, (2) evaluation of personal distress, (3) focus on negative emotions, and (4) use of strategies to reduce distress. The scale has been found to have good test-retest reliability, indicating that it is a stable measure of distress tolerance over time.

Dispositional Resilience Scale (DRS): The Dispositional Resilience Scale (DRS-15) is a psychological assessment tool developed by Bartone in 2007. The DRS-15 is a short questionnaire that consists of only 15 items. Respondents rate their answers on a 4-point scale, ranging from "Not at all true" to "Completely true," which provides a quantitative measure of their level of hardiness. The scale is advantageous due to its brevity, good internal consistency, and validity. It has been shown to have high levels of internal consistency, test-retest reliability, and construct validity.

Results

The data obtained were analyzed in the light of objectives and hypotheses of the study and the results are present in the following tables.

Table 1: Descriptive Statistics

Variables	Male (n=66)		Female (n=84)		t value	Significant
	Mean	SD	Mean	SD		
Distress Tolerance Scale	42.55	11.3	45.96	11.6	1.81	.07
Strength of Religious Faith	29.36	7.9	30.76	7.3	1.11	.26
Commitment	8.68	3.3	9.21	2.6	1.10	.27
Control	11.18	2.7	12.51	2.4	3.12	.00
Challenge	8.14	2.65	8.36	2.63	0.50	.61
Physical QOL	22.24	4.3	22.33	3.2	.14	.88
Psychological QOL	19.76	4.1	20.39	3.03	1.08	.27
Social QOL	10.20	2.7	10.87	2.1	1.67	.09
Environmental QOL	26.41	5.1	28.19	4.3	2.27	.02
OVERQOL	3.55	0.8	3.71	0.7	1.32	.18
OVRSATISQOL	3.38	0.94	3.30	0.91	.53	.59

The above table represents the mean and standard deviation of the variables in response to the gender. It can be observed that the number of males is 66 and the total number of females is 84. The mean for the variable Distress Tolerance is 42.55 and 45.96, for both males and females respectively. It can be seen that its mean average is the second highest while the mean average of Quality of Life is the highest. In the Quality-of-Life the component

Environmental Quality of Life is considerably the highest with the values of 26.41 (Males) and 28.19 (Females) followed by the Physical Quality of Life with the values of 22.24 (Males) and 22.33 (Females). The t value for Control is 3.12 which implies a significant difference between male and female in this criterion at 0.01 level of significance whereas t value for environmental quality of life is 2.27 which is significant at 0.05 level of significance.

Table 2: Correlation

Variables	DTS	Religious	CM	CO	CH	Physical QOL	Psy QOL	Social QOL	Environmental QOL	Over QOL	Oversatis QOL
DTS		.11	-.24*	.03	-.05	-.27**	-.24**	-.23**	-.24**	-.16*	-.18
Religious			-.16**	.10	.11	.08	.15	-.12	-.01	.26**	.17*
CM				.42**	.06	.42**	.55**	.28**	.47**	.47**	.27**
CO					.07	.27**	.35**	.18*	.38**	.32**	.06
CH						.05	.04	-.17*	-.03	.01	.04
Physical QOL							.61**	.45**	.60**	.43**	.32**
Psy QOL								.44**	.60**	.46**	.37**
Social QOL									.48**	.37**	.36**

Environmental QOL									.50**	.33**
Over QOL										.34**
Oversatis QOL										1

* Correlation is significant at the level of 0.05

** Correlation is significant at the level of 0.01

The above table represents the correlation between the variables. It depicts the positive and negative correlation. The variable Distress tolerance is negatively correlated with the components of Quality of Life at 0.01 and 0.05 level of significance. Similarly, the variable Strength of religious faith is negatively correlated (-.16) with the components of Dispositional resilience i.e., Commitment and positively correlated (.26 & .17) with two of the components of Quality of life at 0.01 and 0.05 level of significance. The components of Dispositional Resiliency such as control, commitment and challenge are both positively and negatively correlated with the components of Quality of Life at 0.01 and 0.05 level of significance.

Table 3: Regression Analysis, Predictor of Distress Tolerance

S.No	Variable	R	R square change	B Coefficient	F	Sig
1	Physical Quality of life	.27 ^a	.07	-.27	12.38	.001

From the above table it states that R value represents the simple correlation between the predictors and the dependent variable. The value of R² is .07, which tells us that the independent variable i.e., Physical Quality of Life can account for 7 % (approx.8 %) variance in the Distress Tolerance.

Table 4: Regression Analysis, predictors of Strength of Religious faith

S.No.	Variable	R	R square	R Square change	B Coefficient	F	Sig
1	Overall Quality of Life	.26 ^a	.06	.06	.26	10.78	.001
2	Overall Quality of Life, Social Quality of Life	.35 ^b	.12	.05	-.25	9.72	.001
3	Overall Quality of Life, Social Quality of Life, Overall Satisfaction Quality of Life	.38 ^c	.15	.02	.17	4.32	.05

From the above table it states that R value represents the step wise regression between the predictors and the dependent variable. The value of R² is .06 which tells us that the independent variable i.e., Overall Quality of Life account for 6 % variance in Strength of Religious faith and is significant at .001 level whereas, in the second step the value of R² is .12 and R² change is .05 which tells that the independent variable i.e., Overall Quality

of Life and Social Quality of Life jointly account for 5% variance in Strength of Religious faith and is significant at .001 level. Lastly, the value of R² is .15 and R² change is .02 which tells that the independent variable i.e., Overall Quality of Life and Overall Satisfaction Quality of Life jointly account for 2 % variance in Strength of Religious faith and is significant at .05 level.

Discussion

The purpose of this study is to examine that there would be significant difference between male and female on the dimensions of Strength of Religious Faith, Quality of Life, Dispositional Resilience and Distress Tolerance. The result found out to be that there is a significant difference between male and female on the component of dispositional resilience and quality of life. Thus, hypothesis 1 pertaining to the difference between male and female has been accepted. This implies that religion do play an important role in human lives and it influences the gender on every aspect such as dealing with stress and leading a happy life (Ading, et al, 2012). Whereas, in other study done by (Kia, 2019) stated that both men and women are considered to be equal in Islam. Another finding of the study shows acceptance of the hypothesis-2 which indicated significant relation between the dimensions of Quality of Life, Dispositional Resilience, Distress Tolerance and Strength of religious faith. The correlation result of the present study shows that there is a negative correlation between distress tolerance and Quality of life. It implies that if an individual is intolerable towards distress, then his overall quality of life will also decrease. The higher the distress tolerance the lower will be the quality of life (Rosencrans, et al, 2017). On the other hand, the variable Strength of Religious faith is also positively correlated with Quality of life indicating a very good association between the two. The belief in one's God helps an individual to lead a more fruitful and a well contended life (Ferris, 2002). Religious traditions have long embraced the concept of forgiveness, which has the potential to alleviate various issues. People who have strong religious beliefs can better navigate feelings of loneliness, being marginalized, mental health challenges, physical ailments, weakened immune systems, as well as

various psychological and social difficulties. The level of commitment to a religious faith has been found to correlate with improved psychological well-being when facing challenging circumstances (Kocak, 2021). In hypothesis 3 it has been stated that Quality of Life will be the predictors of distress tolerance among Assamese Muslim. In the current study it was found that the Physical Quality of life is the predictor for distress tolerance and the result is significant. Thus, the hypothesis 3 is accepted. This implies that individuals find distress to be intolerable and tries to deal with their inferior coping abilities. In this way they lose the ability to function appropriately both cognitively and physically. This could be supported by a study that individuals having poorer distress tolerance will have deficiency in their Quality of life (Rosencrans, et al, 2017). In hypothesis 4 it has been stated that Quality of Life will be the predictors of Strength of religious Faith among Assamese Muslim which was found out to be significant, therefore, it is accepted and proved here. It means that the components of quality of life does have the ability to predict the strength of religious faith among Assamese Muslims. This could be supported by a study that religion and quality of life shares a significant relationship. A well professing religious faith can determine a good life as it enhances the longevity of an individual because of the peaceful and happiness life. The subjective wellbeing also increases (Khalek, 2010). Numerous studies have found that an affirmative connection exists between Muslim religiosity and heightened levels of subjective well-being, contentment, safeguarding health-related behaviors, and psychological well-being (Ishaq, Østby & Johannessen 2021).

Thus, there are very limited studies on the sample of Assamese Muslims with the combination of all these variables discussed above. This study emphasis on the unique

sample and tries to throw a light in respect to previous studies.

Implications

It is important to note that the implications of strength of religious faith can vary among individuals based on the interpretation and personal experiences of their faith. Additionally, other factors such as cultural context, social support, and individual differences can also influence the relationship between religious faith and these psychological constructs. It is also worth mentioning that while strong religious faith can have positive effects on quality of life, distress tolerance, and dispositional resilience, it is not a panacea for all challenges. Individuals may still experience difficulties and may need to seek professional help or utilize other coping strategies in conjunction with their religious beliefs and practices.

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Sandeep, PhD, Assistant Professor, Dept of Psychology, Rajiv Gandhi University (A Central University), Rono Hills, Doimukh, Pin-791112, Itanagar, Arunachal Pradesh, India, Email: sandeepkuk88@gmail.com, sandeep.panchal@rgu.ac.in,

Tajbina Yasin, Research Scholar, Dept of Psychology, Rajiv Gandhi University (A Central University), Rono Hills, Doimukh, Pin-791112, Itanagar, Arunachal Pradesh, India, ORCID: 0000-0001-8847-5577

Nafisa Ahmed, M.A. Psychology, Dept. of Psychology, Rajiv Gandhi University (A Central University), Rono Hills, Doimukh, Pin-791112, Itanagar, Arunachal Pradesh, India,