

Encyclopaedic Notes and Studies on Religious Education

Mixed Blessing: The Beneficial and
Detrimental Effects of Religion on Child
Development among Third-Graders by John
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Bartkowski – Excerpts (MDPI)

Abstract

Previous research has linked parental religiosity to a number of positive developmental characteristics in young children. This study introduces the concept of selective sanctification as a refinement to existing theory and, in doing so, adds to a small but growing body of longitudinal research on this topic. We explore how parents' religious attendance (for fathers, mothers, and couples) and the household religious environment (parent–child religious discussions, spousal conflicts over religion) influence child development among third-graders. Analyses of longitudinal data from the Early Childhood Longitudinal Study (ECLS)-Kindergarten Cohort reveal a mix of salutary (beneficial) and adverse (detrimental) developmental outcomes based on teachers'

ratings and standardized test performance scores. Third-graders' psychological adjustment and social competence are enhanced by various religious factors, but students' performance on reading, math, and science tests is hampered by several forms of parental religiosity. We discuss the implications of these findings and suggest several avenues for future research.

1. Introduction

...While the bulk of early research had detected the beneficial effects of religion on adolescent dispositions and behaviors (e.g., **Smith and Denton 2005**), increasing attention is now being given to religion's influence on the development of elementary and middle school-age children...One of the earliest studies to use national data revealed that parental religiosity, especially the frequency of couples' worship service attendance, was associated with enhanced psychological adjustment and social competence among primary school-age children (**Bartkowski et al. 2008**). Religious solidarity among couples and parent-child communication about religion were also linked with positive developmental characteristics, while religious conflict among spouses either failed to yield salutary effects or was connected to adverse outcomes. More recent inquiries have revealed that parental religiosity can have beneficial effects on child development even under challenging circumstances, such as within single-mother households (**Petts 2012**) and among

disadvantaged fathers in urban areas (**Petts 2011b**). In short, religion can be a vital part of a children's developmental foundation.

1.1. Religion and Child Development: Prior Research and Theory

Despite the vast attention paid to structural and cultural predictors of child development (e.g., household income, family composition, race-ethnicity), religion had long been ignored until recently. Significant findings emerged with nationally representative data. **Bartkowski et al. (2008)** found that parental attendance, and especially high rates of couple attendance, were associated with enhanced self-control, interpersonal skills, and positive learning styles, as well as a diminished incidence of internalizing problem behaviors in children beginning elementary school. These results differed from those observed for older youth (ages 10–17) and young adults (18–23) for whom parents' religious heterogeneity did not significantly influence self-esteem or life satisfaction (**Petts and Knoester 2007**). While findings published in previous research (**Bartkowski et al. 2008**) were generally more robust for parents' ratings of children's behavior, significant effects also surfaced in teachers' ratings of child development. Moreover, the frequency of parent–child discussions of religion was directly associated with a number of positive parent ratings of children (e.g., self-control, social interaction skills, approaches to learning), though fewer of these

findings surfaced in teacher ratings of child development. Likewise, the deleterious effects of spousal conflicts over religion (e.g., diminished self-control, increased emotional problems) were associated with parents' ratings of children but not those of teachers. **Bartkowski et al. (2008)** were quick to call attention to one significant limitation to their study, namely, the use of cross-sectional data and, hence, their inability to establish causal order in a definitive fashion. They acknowledged that selectivity bias (e.g., the willingness of parents with well-behaved children to attend religious services more frequently) could influence the results in their cross-sectional investigation.

A group of more recent studies, quite notable for their use of longitudinal data, have corroborated and augmented these findings. A series of investigations conducted by **Petts (2011b, 2012)** have demonstrated that religion is a valuable resource for promoting positive child developmental outcomes within households facing social disadvantage (e.g., single-mother-headed families, urban fathers in economically depressed environments). Moreover, salutary effects of parental religiosity have been observed with other nationally representative data, such that families' religious involvement has been shown to facilitate positive psychological health outcomes among children during their preteen and early teenage years (**Chiswick and Mirtcheva 2013**). This last study corroborated an

earlier investigation that revealed protective effects of religion in the intergenerational transmission of depressive symptoms (**Miller et al. 1997**).

This is not to say that religion produces uniformly positive developmental outcomes for children and youth. For example, spousal arguments about religion often undermine children's psychological adjustment and social competence, even when controlling for other types of spousal arguments (**Bartkowski et al. 2008**). And internalizing behaviors are more common when (1) children have two parents or a father with strict religious beliefs, and (2) children are raised in single-parent or cohabiting households in which only one parent believes religion is important (**Petts 2011a**). Moreover, while only marginally significant, the importance of religion among children ages 6–11 is associated with lower levels of psychological health (**Chiswick and Mirtcheva 2013**). Finally, cross-national data collected from children, including those in the U.S., revealed that household religion fosters greater empathy among children but is also linked with more punitiveness and less altruism (**Decety et al. 2015**).

Why would religion have such pronounced effects on the development of young children? On the positive side of the ledger, religion has been shown to enhance the parent–child bond for both mothers (**Pearce and Axinn 1998**) and fathers (**Bartkowski and Xu 2000; King 2003; Wilcox 2002**). It is not surprising, then, that

religion and spirituality are meaningful to many children (see **Bartkowski 2007; Holden and Williamson 2014**). Moreover, a principal concern of religious communities entails the provision of resources to parents and families (**Mahoney 2010; Mahoney et al. 2001, 2003; Wilcox 2008**). For this reason, scholars have underscored religion's sanctification of family relationships (**Bartkowski et al. 2008; Mahoney 2010; Mahoney et al. 2003**) whereby domestic bonds are imbued with special meaning and significance. As Mahoney and colleagues (2003:221) have argued: "Religion is distinctive because it incorporates peoples' perceptions of the 'sacred' into the search for significant goals and values ... [that] deserve veneration and respect ... Indeed, part of the power of religion lies in its ability to infuse spiritual character and significance into a broad range of worldly concerns," including those in the home. Hence, families can use religion as a cultural resource to enhance cohesion, resolve conflicts, and pursue desired goals. In short, religion casts parental responsibilities as covenantal. However, given prior research on the potentially adverse outcomes associated with religiosity (e.g., **Bartkowski et al. 2008; Petts 2011a**), sanctification must be understood in a contextually specific fashion. Although religion may serve as a bridge in same-faith homes, it can function as a wedge in mixed-faith families. In households in which couples do not share a

common faith or argue about religion, children often have poorer developmental outcomes.

This study therefore provides a ripe opportunity to clarify sanctification theory. The process of sanctification would be expected to produce positive outcomes for child development factors that fall squarely within the province of religiosity but not for those that fall outside of religion's sphere of influence. A great deal of research has indicated that major religions, and Christianity in particular, have a central focus on promoting the well-being of families and children (e.g., **Bartkowski 2001; Bartkowski et al. 2008; Bartkowski and Grettenberger 2018; Browning and Clairmont 2007; Browning and Miller-McLemore 2009; Wilcox et al. 2004**; see **Marks and Dollahite 2017** for a comprehensive and accessible review). Such research underscores the prevalence of family ministry programs in American congregations. Moreover, the Bible and other religious scriptures focus extensively on fostering healthy marital unions and parent–child relationships (**Bartkowski 2001; Browning and Clairmont 2007; Browning and Miller-McLemore 2009**). Therefore, it is reasonable to hypothesize that parental religious involvement would influence young children's psychological adjustment and social competence because religions aim to sanctify family relationships and primary attachments that are often viewed as foundational for young children's

personal development. By contrast, outcomes that are beyond the purview of family sanctification, such as academic performance, would be expected to be less subject to the influence of religious involvement or perhaps adversely affected by parental religiosity if religious commitment is stressed at the expense of academic mastery. In short, the remarkably robust institutional synergy that marks that religion–family nexus, including widely prevalent congregational family ministry programs, is manifested across denominational traditions (**Wilcox et al. 2004**). Yet, this same synergy is not evident with respect to the linkages between religion and other social institutions (**Bartkowski and Grettenberger 2018**). To be sure, religion can influence educational attainment, economic arrangements, and political circumstances, but not with the same principal focus—some might say preoccupation—directed at families. In fact, religion’s extensive focus on family and social relationships may detract attention from other considerations. The argument that religious involvement can undermine children’s academic performance and educational attainment has been demonstrated in previous research (**Darnell and Sherkat 1997; Sherkat 2010, 2011**), thereby hinting at the limits and context-specific nature of sanctification. We therefore introduce the theoretical construct of selective sanctification and anticipate differential effects with respect to religion and particular types of child outcomes. Children’s psychological adjustment and social

development are expected to be enhanced by parental religiosity while their academic performance will not.

That being said, not all forms of religiosity yield adverse outcomes on academic achievement. More frequent parent–child discussions of religion significantly bolstered standardized test scores for reading, thereby suggesting that such conversations—perhaps practiced as scripture study or religious devotionals within the home—might enhance children’s literacy.

...Several limitations of our study and promising directions for future research should be kept in mind as work on this important topic proceeds. It should be noted that our study focused on teachers’ ratings of children’s behavior and actual standardized test performance. Thus, this study was concerned with child development in a particular domain of social life, namely, school. This limitation is important to recognize because religion has been shown to be more influential on children’s dispositions and behaviors at home than in school (**Bartkowski et al. 2008**). So, our findings of inconsistent religious effects at this particular point in the developmental trajectory may be, in part, a product of the school-based outcomes investigated here. They do not rule out the role that religion may play in shaping other facets of children’s lives such as relationships with parents and siblings throughout childhood, topics that would certainly benefit from more research.

...Setting aside these limitations, the argument for noteworthy forms of religious influence among elementary school-age children—at least in the classroom setting—is supported by this investigation. Religion affects a range of child development outcomes by age eight. And, while its influence on psychological adjustment and social competence is broadly beneficial for young children, its impact on standardized test performance is generally adverse. Religion is an important influence, generally for good and sometimes for ill, as children navigate their way through the grade school years.

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Religious education can contribute to adolescent mental health in school settings by Crystal Amiel M. Estrada et al

Background

Mental disorders are global public health concerns due to their widespread occurrences and debilitating effects. In 2010, mental, neurological, and substance abuse disorders accounted for 258 million disability-adjusted life years (DALYs), equivalent to 10.4% of global DALYs, 2.3% of global years of life lost (YLLs), and 28.5% of global years lived with disability (YLDs) [1]. The most recent estimates from the World Health Organization identified depressive disorders as the largest contributor to global YLD, accounting for 50 million or 7.5% of all YLDs [2].

Adolescence is a critical period of cognitive and behavioral human development. According to Erik Erikson's Social-Emotional Development Theory, it is during this stage when an individual

urgently needs to search for a proper role model to answer the big question of who he/she is and his/her moral and spiritual aspects. This formation of identity is a major event in the development of personality and is associated with positive life outcomes [3]. Moreover, it is during this period when an individual develops the capacity to understand and internalize religion—its beliefs, values, and practices [4], which can lead to changes in the pattern of religious participation [5]. Furthermore, the emergence of mental disorders coincides with this developmental period, with an estimated half of mental disorders manifesting as early as 14 years old [6]. On a global scale, 10–20% of this population experience mental disorders, with depression contributing the largest burden of disease [3]. Poor mental health has been shown to affect the overall health and well-being of adolescents and is associated with adverse health and social outcomes like substance abuse, adolescent pregnancy, school drop-out, and delinquent behaviors, among others.

Mental disorders contribute substantial burden to the society. Given the magnitude of this public health problem, it is necessary to employ strategies which can effectively reduce its occurrence. Strategies which put emphasis on improving social determinants of health such as nutrition, housing, access to education, reductions in economic insecurity and harm from addictive substances, and strengthening of community networks

have been found to reduce risks, reinforce protective factors, and decrease psychiatric symptoms and disability and the onset of some mental disorders [7]. School-based interventions are especially advantageous in addressing mental disorders, since children and adolescents spend more time in this setting than in any other formal institutions. Interventions implemented in schools which aim to improve adolescent mental health using strategies such as gatekeeper training and improving knowledge or mental health literacy among others are found to be effective in increasing knowledge, self-esteem, and social support thus reducing risk factors [8,9,10]; however, there is limited information on the integration of religious education in these interventions, which can be an effective approach in promoting mental health. This paper discusses religious education and how it can influence adolescent mental health.

Discussion

Defining religious education

Religious education aims to provide students with knowledge and understanding of, as well as to develop sensitivity to different religions [11]. Religious education has been traditionally categorized into: (a) *confessional religious education*, which seeks to promote obligation towards a specific religion, such as Islam [12], or Catholicism [13]; and (b) *non-confessional religious education*, which focuses on providing information about

religion/religions for students to expand their understanding on the different worldviews and eventually result in the development of tolerance for other religions [14]. Confessional religious education is implemented in countries such as Austria and Croatia, while non-confessional religious education is present in Slovenia [15]. Education is crucial to the development of a tolerant society. The education system in many countries has evolved from being secular to one that promotes pluralism, an understanding that people will have different conceptions of the good and understanding of the best way to live life morally [16]. In the United States, for example, public education was designed to teach Protestant values. However, the increase in the Catholic population has led to the instruction of religion as a subject matter without any intention of indoctrination. Religious education remains a topic for debate because of the inviolable separation of the Church and State in some countries [17]. Nevertheless, teaching religion in secular schools can provide a student with deeper understanding of different cultures around the world, enrich a student's understanding of human experiences, and allow the student to acquire values that they can integrate into their own lives [18].

Adolescence and religion

Adolescence is the stage of human development which Erik Erikson states as a transition period from childhood

to adulthood. An integral component of this developmental stage is identity development, wherein an individual develops the ability to think about abstract concepts and the capacity to think about the consequences of decisions that they make. This developmental stage is also characterized by an increase in their sense of autonomy, leading to more interaction with peers and other individuals [3]. These changes that occur in adolescents affect their view about religion and its accompanying beliefs and practices. In their quest to develop their identity, they start searching for life's meaning and become critical of ideologies being taught in religion. Consequently, adolescents question or reject some religious ideas which were taught to them by adults during early age [19]. Experiences and interaction with others during this developmental period are also critical in the development of religiosity. For example, family structure and attachment influence how religious behaviors and attitudes are transmitted from parents to their children; adolescents who were raised by both parents and grew up in families with close relationships are more likely to adopt their parents' religious beliefs and practices [20]. Similarly, peers influence adolescent religiosity in the sense that religiosity fosters greater peer attachment; that is, religious adolescents tend to have more friends who foster the same religious belief and they are less likely to engage in delinquent behavior [21].

The role of religious education in adolescent mental health

Religion and its effect on health and well-being has been the subject of many previous studies [22]. Although the definitions for both religiosity and spirituality remains a point of debate among researchers, the two concepts are considered as related [23] and include several dimensions such as beliefs, attitudes, and behaviors, to name a few [24]. A recent systematic review and meta-analysis of randomized controlled trials which investigated the effects of religious and spiritual interventions showed positive effects on mental health outcomes such as significant decrease in stress, alcoholism, and depression [25]. However, the importance of religious education in the promotion of both physical and mental health in the school has not been given emphasis despite several religions teaching about overall health and well-being. For example, Islam teaches the importance of personal hygiene, stress management, and eating healthy [26]; Buddhism teaches avoidance of any drink or drug which can cloud the mind [27]; the Catholic Christian spiritual perspective puts emphasis on confession of sins for forgiveness by God to provide relief to a troubled mind; and Jewish beliefs emphasize that their bodies belong to God and should therefore take care of it by maintaining a proper diet, getting adequate exercise and sleep, maintaining good hygiene, and having a healthy mind [28].

One of the basic aims of religious education is to promote awareness about religious beliefs and practices and how these affect the individual, the family, and the community [29]. Previous studies have presented evidence of the positive effects of religious education against risky health behaviors such as alcohol use, drug use, violence [30], and suicidal ideation [31]. Religious education can be instrumental to improving adolescent mental health by developing religious morality, reinforcing religious coping, developing respect for religious diversity, and promoting connectedness.

Religious beliefs and practices contribute substantially to the development of personal morality and sound judgment, which influence decisions that shape one's life. Religious education strengthens the formation of moral consciousness through the internalization of religious morality [32]. Internalization, the process wherein an individual adopts the values or regulations prescribed by a religion as their own [33], can affect mental health [34]. Religious moral beliefs such as objections to suicide can also influence suicide rates and attitudes towards suicide [35].

Religious beliefs also affect how individuals deal with stressful situations, suffering, and life problems [36] as it enhances acceptance and one's ability to function competently in the face of stress and adversity [37]. Religious education reinforces religious coping, which is the use of cognitive behavioral techniques to

manage stressful situations in light of one's spirituality or religious beliefs [38]. Previous studies have shown that people frequently count on religion to cope with stressful situations [35, ...]. Furthermore, meta-analyses have already indicated the positive impacts of religious coping on health wellbeing [41,42,43]. Positive religious coping involves engaging in religious practices, seeking social support through religious leaders and congregations, and reframing stressful events in reference to their relationship with God [43, ...]. Some of these practices and religious involvement have been proven to help in dealing with stressful situations, anxiety, and isolation, displacement after natural disasters, among others [46]. For example, meditation and yoga have been demonstrated to relieve tension and anxiety and stabilize emotions. Traditionally, studies have examined religious coping among Christian populations. However, ethnic minorities living as long-term residents in Western countries have begun to receive attention. These findings suggest that disempowered and deprived groups, including women and ethnic minorities, resort to the use of religious coping and found great efficacy in it [43]. In addition, religious coping has been shown to be extensively used when situations are deemed uncontrollable [41, 47], thus providing an outlet for those at a social disadvantage and with limited access to external resources [48]. Based on these findings, it is apparent that religious coping serves as a resilience mechanism as it enhances a

more stable and positive measures of wellbeing. The use of religious coping can enhance contentment with one's life, thus, potentially protecting against the long-term effects of distress [49].

Religious education can likewise serve as a vehicle to emphasize respect for diversity, by providing a venue for adolescents to understand the differences in religions and world views. Social skills are needed to live and work together harmoniously and to function effectively in a diverse society [50]. It is likewise vital to developing good relationships and values and respecting differences at a personal level [51]. By talking about other's beliefs and traditions, students are equipped with social skills and the ability to prevent prejudice and hatred towards others [52]. Exploring issues within and across faiths can teach children and adolescents how to understand and respect different religions, beliefs, values and traditions (including ethical life stances), and their influence on individuals, societies, communities and cultures [53]. Putting emphasis on religious diversity can eventually reduce, if not eliminate, cases of bullying, offensive behavior, and violence [54].

Schools exist not only to provide academic knowledge to students, but also to promote connectedness among its students and teachers. Through religious education, the learning atmosphere can be improved by connecting students regardless of their faith [50]. It has been found that receiving religious education provided

students with a higher purpose in life and more social support from peers [55]. It can also be a means for teaching religious beliefs and practices which promote support and care for one another. The social support one receives from being part of religious communities and participating in religious practices contributes to positive mental health and well-being [56, 57]. This social support, which accounts largely to the impact of religiosity to well-being, can be credited to the concept of love and brotherhood being promoted by religious teachings [58]. Research has shown that participating in religious practices has positive effects on adolescents in terms of having higher self-esteem and lower incidence of substance abuse through engaging in religious practices, adolescents achieved a feeling of belongingness [22]. Furthermore, social relationships formed through religious involvement are likewise found to intervene with adolescent suicide ideation [59].

Previous studies have also reported some negative effects of religion and religious education on mental health. In some cases, religious beliefs and practices contributed to the development of certain disorders like obsession, anxiety, and depression [60]. In other cases, religiosity was cited as a deterrent in seeking professional help for mental health [61,62,63]. There are also conflicting findings regarding radicalism and extremism due to religious education. In the case of Pakistan and Indonesia, religious

educational institutions were reported to be exploited by perpetrators of extremism [64, 65]. However, others argue that there is no sufficient evidence to conclude that Islamic education contributes to extremism; on the contrary it is reported to foster civic empowerment among students [66].

Additionally, students who are considered as religious minority are also at risk to developing negative mental health outcomes. For example, non-Christian students attending a school where majority of the population are Christians can experience religious discrimination or microaggressions [67]. A previous study has also found that a religious “mismatch” (i.e. students attending a school with religious education which is different from their religion) increased the risk of suicide attempts and self-harm significantly [68]. Other issues identified by previous studies include concerns about schools as being safe spaces [69].

Aside from negative effects experienced by religious minority, religious education can also negatively impact adolescents who belong to sexual minority groups. As discussed previously, adolescence is an important period of personal development and sexual identity development figures prominently during this stage. However, previous studies have reported negative effects of religious education on lesbian, gay, bisexual, transgender, and queer (or questioning) (LGBTQ) adolescents. Although gender discrimination is not unique to religious schools, hostile messages

promoted by religious denominations and groups can foster victimization of LGBTQ adolescents [70,71,72]. These religiously-based messages of discrimination can contribute to social exclusion. Furthermore, non-acceptance of LGBTQ views (i.e. not accepted or permitted in school work) can also undermine academic achievement [72]. Despite, these unintended negative outcomes, religion remains an important aspect of human life, and if implemented properly, religious education can positively influence adolescent mental health.

Conclusion

Schools are an effective setting for gathering large populations of adolescents for mental health promotion and it is also important to reflect on the crucial role of religious education on mental health among this age group. School-based mental health education and promotion strategies can maximize the benefits of religious education by putting emphasis on effective implementation of religious education to influence adolescent mental health.

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Jewish education by Wikipedia

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Jewish education ([Hebrew](#): חִינוּךְ, *Chinuch*) is the transmission of the tenets, principles, and religious laws of [Judaism](#). Jews value education, and the value of education is strongly embedded in [Jewish culture](#).^{[1][2]} Judaism places a heavy emphasis on [Torah study](#), from the early days of studying the [Tanakh](#).

History

Jewish education has been valued since the birth of [Judaism](#). In the Hebrew Bible [Abraham](#) is lauded for instructing his offspring in [God's](#) ways.^[3] One of the basic duties of Jewish parents is to provide for the instruction of their children as set forth in the first paragraph of the [Shema Yisrael](#) prayer: “Take to heart these instructions with which I charge you

this day. Impress them upon your children. Recite them when you stay at home and when you are away, when you lie down and when you get up. Bind them as sign on your hand and let them serve as a symbol on your forehead; inscribe them on the doorposts of your house and your gates” (Deut. 6:6-9). Additionally, children are advised to seek the instruction of their parents: "Remember the days of old, consider the years of many generations; ask thy father, and he will declare unto thee, thine elders, and they will tell thee" (Deut. 32:7). The [Book of Proverbs](#) also contains many verses related to education: “My son, do not forget my teaching, but let your mind retain my commandments; For they will bestow on you length of days, years of life and well-being“ (Prov. 3:1-2).

Elementary school learning was considered compulsory by [Simeon ben Shetah](#) in 75 BCE and by [Joshua ben Gamla](#) in 64 CE. The education of older boys and men in a [beit midrash](#) can be traced

back to the period of the [Second Temple](#) . The [Talmud](#), states that children should begin school at six, and should not be kept from education by other tasks.

According to Judah ben Tema, “At five years the age is reached for studying [Mikra](#), at ten for studying the Mishnah, at thirteen for fulfilling the mitzvot, at fifteen for studying Talmud” (Avot 5:21). Mikra refers to the [written Torah](#), Mishnah refers to the complementary [oral Torah](#) (the concise and precise laws dictating how the written Torah's commandments are achieved) and Talmud refers to comprehension of the oral and written law's unity and contemplation of the laws.^[4] The term "Talmud" used here is a method of study and is not to be confused by the [later compilations](#) by the same name. In keeping with this tradition, Jews established their own schools or hired private tutors for their children until the end of the 18th

century. Schools were housed in annexes or separate buildings close to the synagogue.

Rabban Gamaliel, the son of Rabbi Judah Hanasi said that the study of the Torah is excellent when combined with Derech Eretz, worldly occupation, for toil in them both keeps sin out of one's mind; But [study of the] Torah which is not combined with a worldly occupation, in the end comes to be neglected and becomes the cause of sin.

Sex segregation

Sex segregation in education was traditionally the norm, although many contemporary Jewish schools do not segregate students, outside of Orthodox or Ultra

Orthodox communities.^[6] Historically, education for boys in yeshivas was primarily focused on the study of Jewish scriptures such as the Torah and Talmud, while girls obtained studies

both in Jewish education as well as broader secular studies.

Primary schooling

The Talmud (Tractate Bava Bathra 21a) attributes the institution of formal Jewish education to the first century sage [Joshua ben Gamla](#). Prior to this, parents taught their children informally. Ben Gamla instituted schools in every town and made education compulsory from the age of 6 or 7. The Talmud attaches great importance to the "*Tinokot shel beth Rabban*" (the children [who study] at the Rabbi's house), stating that the world continues to exist for their learning and that even for the rebuilding of the [Temple in Jerusalem](#), classes are not to be interrupted (Tractate Shabbat 119b).