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Effectiveness of Brief and Structured Orientation Programme for Primary School Teachers on Behavioural Problems of Children

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Abstract

Today's children are tomorrow's responsible citizens of the world. The future of our country depends on the mental health of our young people. The current study is an attempt to promote primary prevention of child's behaviour problems by means of educating teachers in early identification of such problems with the help of acquired knowledge through a brief orientation programme. Hence the researcher felt the need to assess the knowledge of primary school teachers on behavioural problems of children and to evaluate the effectiveness of structured orientation programme on behavioural problems of children. The present study adopted a quantitative approach and the research design was before-after (with single group) experimental design. In this design, a single test group (experimental group) was selected and knowledge scores were measured before the orientation programme. Brief and structured programme was then introduced and their knowledge scores were reassessed after orientation programme. The study involved primary school teachers of four primary English medium schools. The teachers teaching children between 6-9 years in English medium schools in Bangalore city. Sample comprised of 30 teachers selected by purposive sampling techniques. Data was collected using socio-demographic data sheet, structured self report on teacher's knowledge about behaviour problems of school going children. Orientation programme was organised into 5 sessions. Pre test was administered and implemented orientation programme and post assessment was done using the same questionnaire and an evaluation proforma to evaluate the utility, understanding and opinion about orientation programme was done. The data was analysed using descriptive and inferential analysis. The results of the study revealed that majority 60% of the teachers belonged to the age group of 20-30 yrs, majority 56.7% of the teachers belonged to Hindu religion. Regarding the education 36.7% had graduate education. In relation to the marital status majority 56.7% were married. Regarding the total number of experience, majority 56.7% of the teachers had experience less than 5 years, and 46.7% of teachers have exposed to abnormal behavior among children. The study showed that there was a knowledge gain among primary school teachers about behavioural problems among children aged 6-9 yrs is statistically proved. The research study concluded that orientation programme was found to be effective in improving knowledge of primary school teachers on behavioural problems of children between 6-9 yrs of age. This study shows that a orientation programme can equip teachers with knowledge which in turn influences their management styles. This also shows nurses as a part of the multidisciplinary team involved in mental health promotion can influence the community through their knowledge. This serves as a basis for future studies in this new area which is ever expanding.

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Orientation programme, Knowledge, behavioural problems of children, primary school teachers

Introduction

Today's children are tomorrow's responsible citizens of the world. There is a great deal of emphasis on children these days because of the recognition that a very substantial proportion of the world's population 35-45% constitutes young children. The future of our country depends on the mental health of our young people. However nearly one in five children and adolescents have emotional and behavioural disorders at some point of time in their young lives regardless of their geographic region or socio-economic status. According to WHO Comprehensive mental health action plan 2013-2030 all adult mental disorders develop before the age of 14 years and so early intervention through identification, prevention and treatment of behavioral problems in childhood is emphasised (Brandenburg *et al.,* 1990). Behaviour is the conduct, actions and words that children employ a signal with which they express their thoughts, feelings, needs and impulses. The behavioural problems interfere with the child's adjustment to life and as a result, makes him unhappy in later life. The lack of remedial measures can distort personality. Hence there is a need to identify these and provide suitable measures to deal with behavioural problems at an early age (Duhan and Kaur, 2000). Eisenberg (1987) states that the teachers when given a proper training can identify children with handicaps that are physical in nature and mental handicaps. NIMH (1988) also stresses the education sectors role in mental health care stating, "Teachers should therefore be given adequate orientation in early diagnosis of most of the common mental health problems". Rutter's (1976) studies have shown that disruptive behaviours in the classroom tend to diminish or aggravate depending on teacher's response to child behaviour. The prevalence of behavioral problems on elementary school males was 36.44% on outskirts of Mashhad. The most common behavioral problem was defiant behavioral problems with 23.11% prevalence and social problems with the lowest prevalence of 7.33% by (Abdolahzadeh *et al.,* 2018). The prevalence of behavioural problems in India has been explored by different authors who show a rise in prevalence rates from 9% by Chacko, 10.6% by Raju, 36.5% by Gupta *et al.,* (2001). Schools play a crucial and a formative role in the spheres of cognitive, language, emotional, social, moral development of children and have a significant role in promoting mental health. The years of school education become increasingly burdensome and stressful with various languages that have to be learnt and an increasingly heavy load of syllabus (Adelman and Taylor, 1990). Early identification and intervention may prevent more serious problems later on such as school failure, dropouts, delinquency. The cost of these problems to individuals, families and communities is extremely high (Horacek *et al.,* 1987). Next to parents, it is the teachers who have strong influence on children. Certain qualities of teacher are imbibed and their influence constitutes a major portion of the inculcated behaviour. Teachers would have to be given adequate orientation in early diagnosis of most of the common mental health problems (GOI, 1988). A mental health programme should include health instruction to teachers at all levels from primary to high schools and this has resulted in higher school attendance, enhanced academic success, fewer school dropouts and reduced criminal behaviour (Elias and Brandel, 1988). School based intervention with environment centered programme may also strive to enhance the ability of administrators, teachers and support staff to deal with specific kinds of behaviour (Kapur *et al.,* 1983).

Teachers with adequate knowledge about the factors linked to behavioral issues are more capable of promoting environments conducive to positive interactions with their pupils, thereby limiting challenging situations (Markkanen *et al.,* 2019). Rameela and D'Souza (2001) in their study found 70% teachers have low level of perception to behavioural problems. Teachers who are able to recognise these problems do not know what to do about them or whom to approach for professional help. Thus many a times teachers may believe that the child may outgrow the problem or they may use dysfunctional means of correction until it becomes acute. Kapur *et al.,* (1983) conducted an orientation course to sensitise teachers on emotional problems of children. Response showed change at a considerable level, improvement in knowledge component, better performance of teachers who were in constant touch with children.

Schools are often the strongest social and educational institutions available for intervention. Schools and teachers can promote better mental health, detect children at risk of mental health problems and refer them for professional help. The nurses will be the main contact for parents, children or significant caregivers like teachers in various settings as hospitals, child guidance clinics, schools, mental health care setting etc. Nurses play a key role in multidisciplinary team and have the responsibility of educating teachers in identifying behaviour problems in children and in effectively handling the same. The mental health nurse can play a major role in the management of behaviour problems by

planning and co-ordinating the multi-modality treatment programme. As teachers are population already loaded with heavy school work a brief orientation programme that helps them identify behaviour problems in a more easier way is one of the primary prevention strategies where in nurse acts as a health educator mastered in the field of child mental health. This increases awareness about behaviour problems as well as their dealing with problems. It creates a new role of counsellor within the teachers with great attitudinal change. There are few studies conducted till date by nurses. The current study is an attempt to promote primary prevention of child's behaviour problems by means of educating teachers in early identification of such problems with the help of acquired knowledge through a brief orientation programme. Hence the researcher felt the need to assess the knowledge of primary school teachers on behavioural problems of children and to evaluate the effectiveness of structured orientation programme on behavioural problems of children.

Materials and Methods

The present study adopted a quantitative approach and the research design was before-after (with single group) experimental design. In this design, a single test group (experimental group) was selected and knowledge scores were measured before the orientation programme.

Brief and structured programme was then introduced and their knowledge scores was reassessed after orientation programme. The effectiveness of the orientation programme was then determined by comparing the pre-test and post-test scores, on the teacher's knowledge. The study involved primary school teachers of English medium schools of urban Bangalore. The selection of schools was restricted to those run by private management. Four primary English medium schools were selected on the basis of co-operation extended by the management. The teachers teaching children between 6-9 years in English medium schools in Bangalore city. In order to select the subjects for study, all the respondents were selected from 4 primary English medium schools, who met the sampling criteria.

Sample was organized to produce sample of 30 teachers working in primary schools. The sampling techniques was a purposive sampling which was used to select schools for this study. Data was collected using socio-demographic data sheet, structured self report on teacher's knowledge about behaviour problems of school going children. Orientation programme was developed by the researcher, the programme was organised into 5 sessions and these sessions were conducted as a one day programme as per the convenient timings allotted by schools using group approach.

The orientation programme consist of topic such as Concept and meaning of behaviour and behavioural problems, causes of behavioural problems in schooling children, signs and symptoms in children with behavioural problems, different treatment methods to handle behavioural problems in children, and ways to build positive mental health in children.

Different methodology such as lecture, discussions and activities were used along with visual aids during the sessions. Pre test was administered and implemented orientation programme and post assessment was done using the same questionnaire and an evaluation proforma to evaluate the utility, understanding and opinion about orientation programme was done. The data was analysed using percentages to describe the characteristics of study subjects.

The data obtained before and after intervention were analysed using 't' test, to test the level of significant difference between two assessments in each domain. Mean and 't' values were compared to see the knowledge gain during the orientation programme. The information collected through evaluation proforma was analysed qualitatively for its content quality and the impression derived out of it were placed under qualitative analysis. Ethical consideration was maintained, written informed consent was obtained from all the participants of the study, subjects were assured of confidentiality, the subjects had the freedom to dropout of the study.

Results and Discussion

Description of the socio-demographic characteristics of the subjects

Table 1 shows the frequency and percentage of socio-demographic characteristic of subjects. Regarding age majority 60% of the teachers belonged to the age group of 20-30 yrs, 33.3% belonged to 31-40 yrs and 6.7% belonged to 41-50 yrs. Teachers predominantly belonged to the age group of 20-30 yrs. With respect to gender all of them were females. In terms of religion majority 56.7% of the teachers belonged to Hindu religion, 23.3% Muslim and 20% belonged to Christian. Regarding the education 36.7% had graduate education, 3.3% had postgraduate education, 23.3% had education training as

specialty, 10% had diploma in teacher training. In relation to the marital status majority 56.7% were married and 43.3% of the teachers were unmarried and 26.7% of the married teachers had children <6 yrs of age, 20% had children between 6-12 yrs, 13.3% had children >12 yrs and 6.7% did not have children. Regarding the total number of experience, majority 56.7% of the teachers had experience less than 5 years, 13.3% had 5-10 yrs, 20% had 10-15 yrs experience and 10% had more than 15 yrs of experience. With respect to the teachers exposure to Abnormal behaviours in school children, 46.7% have exposed to abnormal behavior among children and majority 53.3% of them have not come across any abnormal behaviour in children. Regarding Mental health orientation of teachers, majority 76.7% of the teachers have not attended any such programme, 20% have attended workshops and 3.3% have attended one day programme. With respect to annual medical checkups, 93.3% of the schools conduct annual medical checkups; only 6.7% of the schools had no medical checkups. In relation to parent teacher association, majority 86.7% of the schools have PTA and 13.3% have no PTA. Regarding the frequency of meetings with PTA, 33.3% meetings were held monthly, while 26.7% yearly, 23.3% quarterly, 3.3% said biannually and 13.3% schools have no meeting.

Effectiveness of brief and structured orientation programme on the knowledge level of primary school teachers about behavioural problems of children

Table 2 represents the knowledge gained by the primary school teachers in the "myths and facts" domain. Table shows that the mean values of knowledge in "myths and facts" domain at pre-assessment was 11.37±4.16 and 15.03±3.69 at post-assessment. The paired 't' value of 5.5 (df=29) depicts a gain in knowledge levels (mean difference=3.67; SD=3.65) in the "myths and facts" domain from pre to post assessment levels was significant at P<0.001.

In the "etiology of behavioural problems in children" domain. Table shows that the mean values of knowledge in the domain of 'etiology' at pre- assessment was 8.3±3.23 and 10.2±2.58 at post-assessment. The paired't' value of 3.14 (df=29), depicts a gain in knowledge levels (mean difference= 1.90, SD=3.32) among primary school teachers in the 'etiology' domain from pre to post assessment levels was significant at P<0.01.

In the domain "signs and symptoms". Table shows that the mean values of knowledge in the domain of 'signs and symptoms' at pre-assessment was 12.9±2.56 and 16.27±2.66 at post-assessment. The paired't' value of 5.26 (df=29), depicts a gain in knowledge levels (mean difference=3.37, SD=3.51) among primary school teachers in the 'signs and symptoms' domain from pre to post assessment levels was significant at P<0.001.

With respect to the "treatment" domain. Table 2 shows that the mean values of knowledge in 'treatment' domain at pre-assessment was 17.57±3.00 and 19.4±3.45 at post-assessment. The paired't' value of -3.38 (df=29), depicts a gain in knowledge levels (mean difference=1.83, SD=2.97) in the 'treatment' domain from pre to post assessment levels was significant at P<0.01.

In the domain "building up positive mental health in children". It shows that the mean values of knowledge in 'building up positive mental health' domain at pre-assessment was 13.67±1.89 and 14.53±1.33 at post-assessment. The paired 't' value of 2.18 (df=29), depicts a gain in knowledge levels (mean difference=0.87, SD=2.18) in the 'building up positive mental health' from pre to post assessment levels was significant at P<0.05. The above table 2 shows the comparative knowledge scores of subjects in the pre and post assessments. The fig 2 gives the diagrammatic representation of the level of significance depicted in the table 2 which shows that the knowledge gain of primary school teachers about behavioural problems among children aged 6-9 yrs is statistically proved. So the hypothesis stated for the study is retained. Item wise analysis was done and 3 items were found to be significant. The items were 'A child answering before his turn comes is a smart child' which belongs to 'signs and symptoms' domain from pre to post assessment level was significant at P<0.01. The item 'All behaviour is in born in nature' belongs to the 'myths and facts' domain from pre to post assessment level was significant at P<0.04. The item 'Behaviour of the children cannot be changed once disturbed' belongs to the' treatment' domain from pre to post assessment level was significant at P<0.03.

The findings of the qualitative analysis of the evaluation sheet of the brief and structured orientation programme

Regarding the understanding of the content, all of them teachers responded that the programme was understandable with predominant response being "to know about behavioural problems of the children and contribute to their welfare". With respect to utility of the

programme, all of them reported that the programme was useful and the most common reason was that they were "able to learn how to identify and handle children with behavioural problems at school". Also 93.3% of the teachers felt that the orientation training was relevant to their practice while 6.6% found the contents were not relevant to their practice, for which no reason was given. But teachers who found the contents relevant responded with the most common reason being the conditions explained within examples enables them to easily identify the "Behavioural problems in children and also helps them in better handling of behaviour". Majority (90%) felt this programme was more useful for teachers and parents while 10% responded that the programme would be also useful for children along with parents and children. With regard to the opinion about the programme, 26.6% of the teachers responded as good and helpful, while 33.3% responded as the programme was excellent and 16.6% responded the programme was good and interesting. Also 23.3% of teacher did not opine on the programme at all.

All the teachers found the sessions to be interesting (100%) of which 26.4% found sessions on causes and 'signs and symptoms' of behavioural problems of children more interesting, 46.2% found management of behavioural problems more interesting and 23.1% of the teachers opined session on "building up positive mental health" as most interesting.

An analysis on the comment given by teachers regarding 'the interaction during the programme' had 3 types of responses, it is as follows: 36.3% of teachers commented the interaction to be very interesting, 29.9% responded as very good interaction and 16.5% did not comment on the interaction, during the programme. In their opinion regarding materials provided during the programme 52.8% of the teachers perceived the materials provided during the programme was useful and helpful, of the audiovisual aids used 72.6% of the teachers felt the overhead projector was the best one used and 26.4% responded the audiovisual aids used were excellent during the orientation programme.

The sample comprised of only female teachers, majority 60% belonged to the younger age group of 20-30 years, this was similar to the study of Vijayakumari (1997) where 45% belonged to the age group 20-29 yrs, also most of the respondents (69%) were females and in a study conducted by Kapur *et al.,* (1983), 37% of teachers belonged to 21 to 30 years. According to religion majority 56.7% of teachers were belongs to Hindu religion, this was similar to the study of Vijayakumari (1997) where 52% were Hindus. Regarding educational qualification of the teachers 36.7% had graduate education and 3.3% had postgraduate education which is similar to the study by Kapur *et al.,* (1983) where 30% had university education and 2% had postgraduate education. 56.7% of the teachers were married which is similar to the study by Vijayakumari (1997), where 77% were married. In this study majority of the teachers (26.7%) had children less than 6 years and (20%) between 6-12 years, who fall in the school age group, wherein the group would get benefited by this orientation as it would help them both at home and school to understand the children's behaviour. Majority of the teachers 56.7% in the study has experience less than 5 years which is different from study by Malathi (1990) where every teacher had a minimum of 6 years experience. In the study by Kapur *et al.,* (1983) average teaching experience of the teacher was 12½ years. In the present study only 13.3% had 5-10 years experience, 20% had 10-15 years experience, 10% had more than 15 years of experience which is again different from study by Malathi (1990) where 35 had 20 years of experience. 46.7% teachers in the present study have come across abnormal behaviour in children which is similar to a study by Rameela & D'Souza (2001) to detect behaviour problems, while 53.3% responded telling they have not come across any abnormal behaviour in children. The study by Rameela and D'souza (2001) shows 48%. Also study by Deivasigamani (1990) shows 16.6%, which are low teacher ratings of behaviour problems in children against 33.77% of psychiatric morbidity detected on parental interview. With respect to mental health orientation, majority of the teachers (76.7%) had not attended any such programme. This implies the need to organise an in-service education programme that specifically orients them to child's mental health. This is in similar terms to the GOI (1988) which suggests teachers would have to be given adequate orientation in early diagnosis of the common health problems. In the present study majority (93.3%) of teachers belonged to the schools in which there were annual medical check ups and 86.7% also reported that Parent-Teacher Association (PTA)was a part of their schools but when frequency of meetings were enquired upon it was found 33.3% of the teachers reported monthly while 23.3% quarterly and 26.7% responded as yearly. This shows there was not a uniform planning in the conduct of Parent-Teacher Meeting, which is the main body which offers the potential for creating an environment of collaboration and co-operation, contributing to the promotion of child mental health (Kapur, 1997). This is

also similar to the study by Rao and Parthasarathy *et al.*, (1986) who feel the outcome studies do not reach the beneficiaries and concluded in their study saying parent – teacher contacts were limited to discussing only problems of children rather than ways to promote their mental health. Frequent meetings of teacher and parents were suggested as the main method of solving several problem by Rao *et al.*, (1983). Scores of pre-assessment and post-assessment showed significant ($p<0.05$) knowledge gain within the group. The effectiveness of the orientation programme was denoted by the sample taken for the study. The present study also confirms the knowledge gain in study subjects with regard to behavioural problems of primary school children after the brief and structured orientation programme, as seen in studies by Kapur *et al.*, (1983); Kapur and Cariappa (1978); Malathi (1990); Vijayakumari (1997) found significant increase in the post assessment scores of the study group. There was a significant improvement in knowledge of teachers in the post-assessment as compared to the pre-assessment on all dimensions. The domains I and III i.e. "Myths and facts" and "Signs and Symptoms" of behavioural problems in children shows high level of significance with respect to knowledge gain. It was significant at $p<0.001$ which is unlike the findings of Kapur *et al.*, (1983); Malathi (1990) and is even significant in the present study which can be attributed to the immediate assessment of knowledge. The high level of significance in the signs and symptoms domain can be attributed to description of cases with case vignettes which is similar to those studies by Kapur *et al.*, (1983); Malathi (1990); Rameela and D'Souza (2001) which showed their ability to detect problems, while the I domain infers that teachers have a clear concept of the behavioural problems of children whereby 'myths' are clarified to facts.

Table.1 Socio-demographic profile of the respondents (N=30)

Sl. No.	Sociodemographic Variables	Frequency	Percentage (%)
1.	**Age**		
	20-30	18	60.0
	31-40	10	33.3
	41-50	2	6.7
2.	***Gender***		
	Female	30	100
3.	**Religion**		
	Hindu	17	56.7
	Muslim	7	23.3
	Christian	6	20.0
4.	**Education**		
	Graduate	11	36.7
	Postgraduate	1	3.3
	Education Training Specialty	7	23.3
	Diploma in Teacher Training	3	10.0
	P.U.C.	4	13.3
	S.S.L.C.	4	13.3
5.	**Marital Status**		
	Unmarried	13	43.3
	Married	17	56.7
6.	**If married, having children between the age group**		
	< 6 yrs	8	26.7
	6-12 yrs	6	20.0
	> 12 yrs	4	13.3
	No children	2	6.7

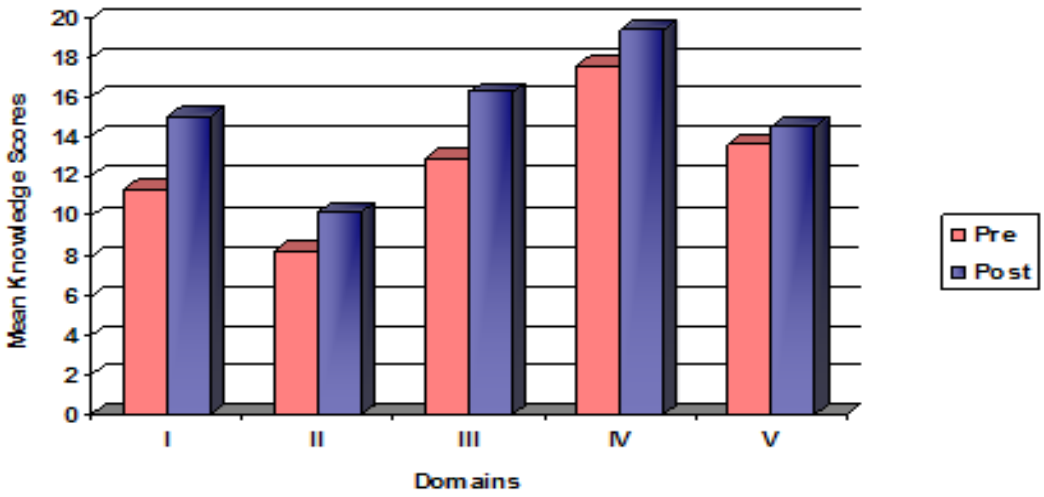
7.	**Number of years of experience**		
	< 5 yrs	17	56.7
	5-10 yrs	4	13.3
	10-15 yrs	6	20.0
	> 15 yrs	3	10.0
8.	**Teacher's exposure to abnormal behaviours in the school children**		
	Yes	14	46.7
	No	16	53.3
9.	**Mental health orientation of teachers one year preceding the study**		
	Workshop	6	20.0
	Any other	1	3.3
	Not attended any	23	76.7
10.	**Annual medical checkups in the school**		
	Present	28	93.3
	Absent	2	6.7
11.	**Parent teacher association (PTA) in the school**		
	Present	26	86.7
	Absent	4	13.3
12.	**Frequency of meetings**		
	Yearly	8	26.7
	Biannually	1	3.3
	Quarterly	7	23.3
	Monthly	10	33.3
	No meeting	4	13.3

Table.2 Domain wise knowledge scores among the primary school teachers before and after intervention (N=30)

Domain wise knowledge scores	Assessments		Change in knowledge	Paired 't' value
	Before	After		
	Mean±SD	Mean±SD		
I. Myths & facts	11.37±4.16	15.03±3.69	3.67±3.65	5.5***
II. Etiology	8.3±3.23	10.2±258	1.90±3.32	3.14**
III. Signs & symptoms	12.9±2.56	16.27±2.66	3.37±3.51	5.26***
IV. Treatment	17.57±3.00	19.4±3.45	1.83±2.97	3.38**
V. Building up positive mental health	13.67±1.89	14.53±1.33	0.87±2.18	2.18*

*** Highly Significant at P<0.001, ** Significant at P<0.01, * Significant at P<0.05

Fig.1 Distribution of mean knowledge scores obtained by subjects in pre and post assessment on all 5 domains



Whereas other 3 domains of etiology, treatment and building up positive mental health also show significant knowledge gain on post assessment. This is similar to the study by Rameela and D'Souza which concludes that 67% of the teachers did not know about psychological clinics and counselling centres.

The item wise analysis showed only 3 items as significant like 'A child answering before his turn comes is a smart child' which belongs to signs and symptoms domain from pre-post tests was significant at $p<0.01$. This is similar to the study by Kapur *et al.*, (1983) where one of the case vignettes of that of "a bright and distractible child" was an unfamiliar problem to the teacher while identifying their counselling potentials. The item 'All behaviour is in born in nature which belongs to 'myths and facts' domain from pre-post assessment was significant at $p<0.05$, this show the knowledge gain with regard to clear concept on behavioural problems of children which serves as a basic step to understanding their problems better by investigating into 'why' of a behaviour shown by the child. The item 'behaviour of the children cannot be changed once disturbed' of treatment domain shows significant knowledge gain at level $p<0.031$, which concludes that teachers have gained knowledge that children with behavioural problems can be subjected to treatment and corrected.

Regarding the qualitative analysis of evaluation proforma, all the teachers responded that programme was most understandable, useful and interesting. Majority (93.3%) of the teachers responded that there is a need to have orientation programme and the orientation course equipped them better. About 26.4% found sessions on signs and symptoms to be more interesting and 46.2% found 'management' session to be more interesting. When comparing these with knowledge scores, it appears different where the domains I and III are found to be more significant than other domains. Hence the interest and gain in knowledge do not go together. Majority (66.2%) of the teachers found the orientation programme had good interactive sessions and interaction was very interesting which is similar to the study Kapur *et al.*, (1978). The results in this study showed that group participation was so important in learning process, which improved as education process advanced. The results of this study were found to support the stated hypothesis and had met the objectives of the study too.

Limitations

More number of schools and a larger sample could not be taken up for the study due to time and distance factors.

The impact of the programme could not be studied at different intervals. The programme was a brief structured one conducted in a single day. This study does not cover the extent of impact found in the subjects. This was due to the fact that non-availability of teachers after scheduled period of study.

A matched control group would have given a better meaning of the effectiveness of the programme on teachers in this present study.

Recommendations

The study can be generalised and replicated in a larger sample including rural schools too.

A follow-up study on knowledge scores of teachers after 3 or 6 months to one year can be carried out to explore into the retaining impact of knowledge in teachers and management of children with behavioural problems.

Being very comprehensive short term training for busy teachers, it can be standardised by repeating and replicating both tools and package in different settings and using a larger sample. This will enable in the development of a well defined orientation for teachers on behavioural problems of children.

Extending the mental health nursing services to rural and urban schools and evaluating its effect on promotion of child's mental health and teachers effective management of behavioural problems, would improve the field of mental health nursing.

The research study concluded that brief and structured orientation programme is effective in improving knowledge of primary school teachers on behavioural problems of children between 6-9 yrs of age. This study shows that a brief orientation can equip teachers with knowledge which in turn influences their management styles. This also shows nurses as a part of the multidisciplinary team involved in mental health promotion can influence the community through their knowledge. This serves as a basis for future studies in this new area which is ever expanding.

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