

Effect of Psychodrama-Based Group Training for Healthy Lifestyle on Psychological Balance, Spiritual Well-Being and Optimism

Farzaneh Manzaree Tavakoly, Kourosh Namdari* and Maryam Esmaili

Center of excellence for psychology of spirituality and happiness, University of Isfahan, Isfahan, Iran.

*Corresponding author's e-mail: namdari.k@yahoo.com

ABSTRACT: This study was aimed at studying the effectiveness of psychodrama-based group training for healthy lifestyle for the psychological balance, spiritual well-being and optimism in female students residing at the dormitory of Isfahan University during the first semester of 2013. It was a semi-experimental research with pre-test, post-test, and control groups. In order to carry out this study, 200 samples were randomly taken from all female freshmen residing at dormitory. All of the students answered the Draucker's psychological balance subscale, Paloutzian and Ellison's spiritual well-being subscale, and the LOT-R optimism subscale. Afterwards, 32 students with low scores in these scales were selected and were randomly grouped into two 16-member experimental groups and one control group. The experimental group was exposed to group training for healthy lifestyle for eight 90-minute sessions while the control group was not exposed to this intervention. Post-test results obtained using the covariance analysis method indicated that intervention with teaching a healthy lifestyle using psychodrama had a significant effect on the psychological balance, spiritual well-being and optimism of students in the experimental groups ($P < 0.001$). This research stressed teaching of a healthy lifestyle to residents of dormitories.

Keywords: group training for lifestyle, psychodrama, psychological balance, spiritual well-being, optimism

INTRODUCTION

In the 21st century, psychology has noticed that human has to spend his rational energy on the positive aspects of his experiences [1]. In the earlier days, psychology was concerned with negative emotions such as anxiety and depression and thus the issue of well-being had been overlooked. However, today studies on the different positive psychological aspects are increasing [2]. In the past decade, Ryff came up with a psychological well-being or mental health model. According to Ryff's model, psychological well-being is made of six factors, one of which is living with purpose or having a goal which gives meaning to life [3].

Frankel is among the most important theorists of meaningful and purposeful life. He devised logo therapy. In Frankel's view, the basis of human's motivation and behavior is meaning. He believes that people enjoy the stress imposed by a precious goal [4].

Goal is, in fact, an extrinsic status or state that people try to reach. However, humans need to be driven toward the achievement of meaning in life. This can be achieved by for example believing in God and spirituality, which is called spiritual well-being. Spiritual well-being is also composed of two dimensions: religious well-being and existential well-being. Religious well-being makes human behave and act within the framework of an organized religious system while existential well-being is based on spiritual, targeted and intrinsic well-being and comfort, which may accompany a religious and organized context [5].

Poloma studied the relationship between prayers and the positive effects of praying. He indicated that the experience of prayers is positively accompanied by life satisfaction, general happiness, and existential well-being even when other demographic factors are controlled. Religious interventions have positively affected psychopaths [6]. Religious encounter is positively associated with relief from a saddening event [7]. Kovel showed that religiosity is positively related to psychological well-being [8].

In the past decade, several theorists suggested that the relationship of religious beliefs and spiritual act with the ability to find meaning in bitter and traumatic experiences is strong. Carver introduced lack (shortage) as a traumatic experience and stressed the need for integration of cognition and affection with search for meaning in traumatic events [9].

Suwazono et al. [10] carried out a study which indicated that when the importance of finding meaning in traumatic experiences is overlooked, women searching for meaning keep suffering and demonstrate more social disorders and a low self-esteem. Akinsol et al. believes that the inability to find meaning in traumatic experiences may lead to personal turmoil and less adjustment and well-being [11]. Another variable that is closely related to psychological well-being is optimism. Optimism is the tendency to adopt the most hopeful approach. It also refers to an emotional and cognitive preparedness for the belief that good things are more important than bad things. Seligman believes that optimists consider obstacles, failures and harsh events to be temporal and the result of a specific situation or extrinsic factors [1].

Brissette et al. found out that optimists are more sociable than pessimists. Optimists do more exercise, benefit from more satisfactory interpersonal skills, are sociable, are more positive about life and have better psychological well-being [12]. In another research by George, it was indicated that life satisfaction can add to happiness and optimism in the last years of human life [13]. Therefore, there is a positive relationship between life satisfaction and optimism [13]. In addition, results of the research by Strassle et al. showed that there is a negative relationship between optimism and depression. It also revealed that the relationship of optimism with life satisfaction, psychological well-being, physical-mental health, and decreased psychological disorder is positive [14]. However, there are relationships between the constructs of optimism and pessimism. Optimism is positively associated with extroversion and positivism while pessimism is associated with negativism and neuroticism. Bernard et al. figured that there is a positive relationship between optimism and adjustment scales [15]. Affleck and Tennen also stated that optimism is associated with extroversion and openness [16].

There is a strong correlation between psychological well-being, psychological balance, spiritual well-being and optimism. However, all of the aforementioned variables are under the influence of lifestyle. Lifestyle is the ordinary and routine life activities accepted by humans. These activities influence the health of individuals too [17]. When a person picks a life style, he/she takes measures to protect and improve his/her health and prevent development of diseases. Some of these measures include going on an appropriate diet, sleeping, exercising, controlling body weight, avoiding smoking and drinking, and immunization to stress. The aforementioned measures form a lifestyle altogether [18].

Research findings suggest that application of positive behavioral models to life contributes to an increase in personal health. About 53% of causes of human death are associated with lifestyle and thus one of the ways of enhancing human health is by improving his lifestyle [19]. The health promoting lifestyle embraces the following aspects: physical activity, nutrition, responsibility for health, spiritual growth, interpersonal relationships, and stress management.

Admission into university is a very critical stage of lives of young and active work forces in any country. This stage often leads to drastic changes in the social and human relationships of the youth. Experiencing such a critical stage is usually accompanied by pressure and stress, which influence the performance and efficiency of individuals. Some of the situations that can cause or intensify psychological damages/disorders and reduce efficiency are as follows: unfamiliarity of many freshmen students with university environment; detachment from family; bitter and traumatic past experiences and lack of compromise or acceptance of these experiences; lack of interest in the study field; conflicts with other residents at living place; and lack of economic and living facilities. On the other hand, training needs assessment stress the need for programs for improving mental health as a priority for the life of youth (especially girls) and their living quality [20]. Accordingly, health promoting lifestyle is one of the important youth issues in different countries. Those who will play the roles of mates and mothers in the future can act as a channel to promote issues associated with their own health as well as the health of families and the society. On the other hand, when students leave home and stay in dormitories, they experience a substantial lifestyle change. Hence, planning on a healthy lifestyle for dormitories is among the issues of university students. Adjustment to new circumstances and consequences of dormitory life causes problems to the lifestyle of students and their psychological well-being [21]. A literature review reveals that researchers use healthy lifestyle training so as to help individuals correct the maladaptive aspects of their lifestyles, enhance their own psychological well-being, and overcome/reduce behavioral and emotional problems [21].

In his "Analysis of the Relationship of Position and Lifestyle with Mental Disorders in Personnel of the Telecommunication Company of Iran", Suwazono concluded that there is a significant relationship between mental disorders and lifestyle (including bed time, exercises, and nutrition). With a decrease in the scores of lifestyle, the probability of outbreak of mental disorders grows. Review of previous studies indicates that lifestyle and interventions aimed to correct it have been the focus of attention of researchers [10]. However, seemingly studies have overlooked many variables associated with mental health as well as many credible consultation and psychotherapy approaches. An example of these neglected approaches is psychodrama, which is a form of role play. In this method, clients play roles as if they are really in the situation. Acting helps clients gather their past experiences in the future and thus provides for re-processing of current situations and resolves latent conflicts. Dogan carried out a study in which he indicated that application of psychodrama leads to the significant enhancement of young adults' anxiety attachment style [22]. Akinsol and Udoka used the psychodrama technique to reduce social anxiety and performance anxiety in children/adolescents aging between 7 and 16 [11]. Foroushani Ahmadi et al. used the same technique along with spiritual content to increase happiness, joy and general health of female students at the Isfahan University [23]. Due to the lack of use of psychodrama in teaching healthy lifestyle especially to female university students in Iranian dormitories, this research aimed to analyze the effect of psychodrama-based group training for healthy lifestyle on three psychological well-being components (psychological balance, spiritual well-being, optimism) among female university students residing at dormitories of Isfahan University.

MATERIAL AND METHODS

Population, Sample and Implementation Method: The statistical population for this research included all female university freshmen residing at dormitories of Isfahan University. Samples were obtained using a two-stage

random sampling method. First, one dormitory was selected from the collection of dormitories of this university (Shohada Complex) and then two stories of the dormitory building were randomly selected. Next, 200 students were randomly selected from the students living in the two stories in order to take the pre-test. This is an applied study performed semi-experimentally. Pre-test, post-test and control plans were also formulated for this research. The pretest was performed by visiting the dormitory of B.A. students and handing questionnaires (Draucker's psychological balance subscale and Paloutzian and Ellison's spiritual well-being subscale) to 200 students that had been selected randomly. Of the 200 students, 32 students meeting the inclusion criteria (low score from questionnaires, interested in treatment, interested in attending the healthy lifestyle workshop, residing at dormitory, lacking serious social issues, and participating in treatment) were assessed and were randomly grouped into two 17-member groups (control and experimental groups).

Formulation of a Psychodrama-Based Lifestyle Training Course (4 Sessions): Each psychodrama session was based on contents of lifestyle components and was formed of the following parts: warm-up (preparation), enactment, sharing (ending). In the first part (warm-up), some specific verbal and non-verbal techniques were used to prepare the members for enactment. In the next stage (enactment), situations were enacted by some of the members based on the theme of each session. Techniques designed for the enactment stage were also implemented. In the sharing phase, notions associated with the theme were discussed with regard to the enacted situations and achievements and presentations were summed up. Brief of intervention sessions is presented in the following.

First Session: Stress Control (with emphasis on its cognitive aspect): In the warm-up phase, the "passing an imaginary ball" technique was used to help members introduce themselves. In the enactment phase, participants were grouped into 3- or 4-member groups and were asked to close their eyes and recall a stressful life event. They were asked to describe the event and enact it in full details. Next, the director re-enacted the situation through soliloquy or double talk techniques. That is to say, the director acted as a part of the actor and described his/her thoughts and feelings and then intervened with the thoughts and feelings to help the person confront stressful thoughts. In the sharing phase, participants gave feedbacks on the enacted situation.

Second Session: Stress Control (with emphasis on its behavioral and physiologic aspects). The progressive relaxation technique was used in the warm-up phase. In the enactment phase, participants were grouped into 3- or 4-member groups and were asked to close their eyes and recall a stressful life event. They were asked to name their body members that felt pain or contraction by recalling the memory and were asked to describe their feeling and enact the situation in details. Next, the director used the double talk technique to first identify contracted body members and relax them, and second manage their thoughts to reduce their stress and keep feeling relaxed. In the sharing phase, participants gave feedback on the enacted situations.

Third Session: Interpersonal Relationships (with emphasis on improvement of spontaneity): In the warm-up phase, each participant had to play the role of a relative for a few seconds and describe himself/herself from their point of view. They had to say three sentences: two of the sentences had to comply with the real personality of the participant and one sentence had to be in contrast to his/her personality. In the enactment phase, the group members had to search their memories for situations in which they had acted and had used a mask to react. They had to describe the situations and enact them. This way, each member could observe his/her personality, feelings and behaviors from a third point of view and gain an insight into his/her own personality. Next, the double excitation technique was used to make the participants aware of the irrational and extreme aspects of their thoughts and emotions in the described situations and help them enact the situation with a new attitude. In the sharing phase, participants gave feedbacks on the enacted situations.

Fourth Session: spirituality (with emphasis on spiritual love and relationship with God): In the warm-up phase, the unfinished sentences technique was used. An example of an unfinished sentence used in this stage is "In my relationship with God..."

In the enactment phase, each participant recalled a situation in which he/she had experienced a close relationship with God. Each participant then described and enacted the situation. In the enactment phase, the director intervened in the acts to direct the soliloquies of participants addressing God. The director tried to describe the situations to review all of the close relationships of the participant from the beginning of his/her life and relate each of the positive attributes of the person to a corresponding attribute of God. In the sharing phase, participants gave feedbacks on the enacted situations.

Table 1. Direct Healthy Lifestyle Training (4 sessions)

Session	Content
First session	Dimensions of healthy lifestyle Objective: Explaining the aspects of healthy lifestyle
Second session	Healthy nutrition and sleep and healthy lifestyle Objective: Explaining the relationship between healthy nutrition and sleep with healthy lifestyle
Third session	Physical activities, exercise and responsibility for health and healthy lifestyle Objective: Explaining the relationship of responsibility for health and exercise with healthy lifestyle
Fourth session	To conclude the sessions, take the post-test and summative evaluation

Research Scales: Spiritual Well-Being Scale (SWB) (Paloutzian ET AL. [5]. This scale is composed of two subscales: spiritual well-being and existential well-being. The total score reflects the level of spiritual well-being. In order to attain the goals of this research, the whole scale was put into use. The 20 questions included in this scale are rated based on the 6-point Likert scale. The ratings start from “absolutely agreed” (1) to “absolutely disagreed” (6). Items with negative words have reverse scores. Even numerical items are associated with biological welfare while odd numerical items are associated with religious welfare. The total score of spiritual well-being is calculated by summing up all scores of all 20 questions. The correlation between two subscales is 0.32 ($P < 0.001$). However, there found to be a high correlation between each of the two factors and spiritual well-being. The reliability coefficients for the test and re-test varied between 0.86 and 0.93. The internal consistency between 0.78 and 0.89 was also calculated. These scales are positively related to life goals and negatively related to the UCLA loneliness scale.

Psychological balance semantic subscale of Claire Draucker’s compatibility with traumatic events scale: A part of the scale was developed to perform a quantitative assessment of the three components of Shi Taylor’s theory with regard to compatibility with traumatic events. Draucker designed a scale for assessment of meaning, skill and social comparison. However, the “social comparison” section of her scale was removed due to its improper validity and weakness in prediction. In any event, the meaning and skill subscales provided high validity in assessing the affected population. In this research, only the semantic scale was used. In order to develop a seven-question semantic scale. The additional questions are designed according to Draucker’s semantic scale based on the 5-point Likert scale. These questions have also experimental validity and are important in extracting meaning out of traumatic experiences. Draucker’s semantic subscale is formed of five 7-point questions based on the Likert scale. The questions focus on post-trauma consequences and are rated from 1 (absolutely disagreed) to 7 (absolutely agreed). Items with negative words need to be reversed before rating. The internal consistency and coefficients of the re-test are equal to 0.77 for this scale ($n=847$).

Life Orientation Test (LOT) Optimism Questionnaire: This scale was designed by developers of LOT-R. It includes 10 items, 6 of which are used to calculate the score of optimism, 3 are used to assess positivism and 3 are used to assess negativity. The items are rated based on the 5-point Likert scale from 0 (absolutely disagreed) to 4 (absolutely agreed). Items with negative words (3, 7, 9) are coded in reverse before rating. The ratings of these items are added to the ratings of items 1, 4 and 10 to calculate the total score of optimism. Therefore, scores and ratings are graded from 0 to 24. The Cronbach’s alpha for all the six items was 0.78, which indicates that LOT-R gives an acceptable level of internal consistency.

RESULTS

The mean and standard deviations of scores obtained by participants in the control and experimental groups before and after the test are presented in Table 2 for the following variables: spiritual well-being, psychological balance, and optimism. As seen in Table 2, in the post-test stage, the scores of participants in the experimental group increases for all three variables. Therefore, there is a considerable difference between the scores of the control group and experimental group in this stage. Results of the Box test ($M=16.80$; $P=0.02$) indicate rejection of the covariance equality assumption. Moreover, results of the Levin test for the spiritual well-being ($P=0.41$; $F=0.69$), psychological balance ($P=0.58$; $F=0.30$), and optimism ($P=0.08$; $F=3.28$) variables indicated approval of the variance equality assumption. Due to the equality of values obtained for two groups and approval of the variance equality assumption, it is possible to use the multivariate covariance analysis method.

Tables 3 and 4 show the results of multivariate covariance analyses performed to study the effect of the research intervention on the post-test scores of spiritual well-being, psychological balance and optimism. These tables also present the pre-test scores of spiritual well-being, psychological balance and optimism.

Results showed that the research intervention had a significant effect on spiritual well-being, psychological balance and optimism. In another study, the effect of the research intervention on each research dependent variable was analyzed separately. Results revealed that the intervention used in this research had a significant effect on psychological balance and optimism. The effect is not observed with spiritual well-being. However, the level of significance (0.05) and statistical power (0.80) indicate that with an increase in the sample size, the effect of intervention on this variable increases.

Table 2. The mean and standard deviations of scores of study variables in the pre-test and post-test stages

Indicators		Mean			SD		
		Spiritual well-being	Psychological balance	Optimism	Spiritual well-being	Psychological balance	Optimism
Experimental group	Pre-test	79.86	21.40	13.93	25.31	6.35	3.63
	Post-test	92.86	25.93	17.73	11.90	3.19	1.75
Control group	Pre-test	79.26	19.26	11.13	10.82	3.45	4.70
	Post-test	82.66	20.80	13.06	12.30	3.66	3.76

Table 3. Results of the Wilks' lambda test to study the effect of the research intervention on total scores of study variables as well as pre-test scores control

Source of impact Indicators	Specific value	F	Hypothesis DF	Error DF	Sig.	lambda	Power
Spiritual well-being Pre-test	0.68	3.57	3	23	0.02	0.31	0.71
Psychological balance Pre-test	0.73	2.76	3	23	0.06	0.26	0.59
Optimism Pre-test	0.94	0.44	3	23	0.72	0.05	0.12
Group membership	0.59	5.29	3	23	0.00	0.40	0.88

Table 4. Results of multivariate covariance analysis by every dependent variable

Indicators	Source of impact	SS	DF	MS	F	Sig.	lambda	power
Group membership	Spiritual well-being	443.39	1	443.39	3.95	0.05	0.13	0.48
	Psychological balance	131.36	1	131.36	12.45	0.00	0.33	0.92
	Optimism	113.18	1	113.18	12.61	0.00	0.33	0.92

DISCUSSION

Results of the present research indicated that group training for healthy lifestyle based on psychodrama has a significant effect on psychological balance and optimism in university students. To explain this finding it can be said that, lifestyle is a special way of living, confronting and working in the world. In addition, in a person's view, lifestyle is the best way to achieve the desired goals [24]. Hence, teaching a health and proper lifestyle helps individuals avoid substantial mistakes (irrational beliefs and unhealthy habits) in stressful life events by using the problem-focused coping methods. In addition, the social interest developed as a result of teaching healthy lifestyle will increase positive traits (such as positive communication, living with purpose, forgiveness, openness to experiences) and enhance mental health.

Furthermore, in the psychodrama therapeutic method, people enact situations of their own lives or their dreams and imaginations. This role play helps them express their suppressed feelings and gain a new insight. It also helps them to show and examine more appropriate behaviors with contentment [25]. In psychodrama, people face critical stages of their lives repeatedly and try to interpret associated events more efficiently and constructively. Therefore, by filtering and resolving emotional and cognitive conflicts, people achieve personal integration and unity [26].

On the other hand, since university students are the best messengers for the society and future generations, university authorities are required to take substantial vast measures to make university students with proper principles of healthy life and provide the practical ground for success of these measures [27]. There were restrictions on the present research. The main restriction was the study period (2 months). Another limitation was the personal differences and in terms of the motivation of participants. In order to overcome this obstacle, it was tried to provide leaflets containing information on training sessions and to hold Q&A sessions to discuss and address this limitation. According to the findings of the present research the following suggestions shall be taken into account:

Health training centers shall pay more attention to lifestyle training in order to enhance the physical health of university students and other age groups. Moreover, authorities of university dormitories are recommended to consider healthy lifestyle training along with other solutions to enhance mental health of students. This will have positive effects on the physical health as well as mental health of students.

Acknowledgements: Hereby, we express our gratitude to head of the consultation center at the Isfahan University and the head of the consultation center at the dormitory of this university for setting the scene for presentation of training courses in the dormitory of Isfahan University. We also thank all the freshmen residing at this dormitory for their cooperation.

REFERENCES

1. Seligman, M., Csikszn, T. & Mihaly, M. 2001. Positive psychology an introduction. American psychologist, 55 :5-14.
2. Casson, J. 2004. Drama, psychotherapy and psychosis. NewYork: Brunner-Routledge.
3. Ryff, R. 1995. The Effects of a Mindfulness-Based Education program on pre- and Early Adolescents' Well- Being and social and Emotional Competence LD children, DOI .10.1007/s 12671-010-0011-8.p168-17.
4. Firoz Bakht, M. 1999. Theory Frankel. Journal of growth. Tehran .16-20.
5. Palatzion, L. Ellison, C.W. 1983. Spiritual well-Being: Conceptualization and measurement. Journal of Psychology and theology, 11(4), 330-340.
6. Larson, L. & Larson, L. 1991. Gender differences in health habits and in motivation for a healthy life style among Swedish university students, nursing and Health Sciences, (7):107-18.

7. Bergin, A.E. 1983. Religiosity and mental health: A critical reevaluation and meta- analysis. *Professional psychology: Research and practice*. 14,170-184.
8. Kovel, J. 1990. Beyond the Future of an Illusion: Further Reflections on Freud and Religion," *Psychoanalytic Review*, 77, 69-88.
9. Carver, C.S., Scheier, M.F. 1992. Effects of optimism on psychological and physical wellbeing, *Theoretical preview and empirical update. J Cognitive Ther Res* 1992; 16: 201-28.
10. Suwazono, Y., Okubo, Y., Kobayashi, E., Kido, T. & Nogawa, K. 2003. A follow-up study on the association of working conditions and lifestyles with the development of (perceived) mental symptoms in workers of a telecommunication enterprise, *Occupational Medicine (Oxford, England)*, 53, (7): 436-442.
11. Akinsol, E.F. & Udoka, P.A. 2013. Parental influence on Social anxiety in children and adolescents: its assessment and management using Psychodrama. *Journal of psychology*, 4(3):246-253.
12. Brissette, I., Scheier, M.F., Carver, C.S. 2002. The role of optimism in social network development, coping, and psychological adjustment during a life transition. *J Pers Soc Psychol*; 82: 102-11.
13. George, L.K. 2010. Still happy after all these Years: Research frontiers on subjective well-being in Later Life. *J Gerontol Soc Sci*; 65 (3): 331-9.
14. Strassle, C.G., Mckee, E.A., Plant, D.D. 1999. Optimism as an indicator of psychological health: Using psychological assessment wisely. *J Per Assess*; 72(2): 190-9.
15. Bernard, L.C., Hutchison, S. 1996. Ego-strength Hardiness, self - esteem, self- efficacy, optimism and maladjustment: Health- related personality constructs and the "big five" model of personality. *Psychotically Assessment*, 3(2), 115-131.
16. Affleck, G., Tennen, H.1996. Construing benefits from adversity: adaptation significance and dispositional underpinnings, *Journal of personality*, 64, 99-923.
17. Barby, S. 1999. *Older people, nursing, and mental health*, Philadelphia: Elsevier Health Sciences, p 4.
18. Phipps, W.J. & Sands, J. K. 2003. *Medical-surgical nursing: concepts and clinical practice*, Philadelphia: Mosby, p227-55.
19. Montgomery J. 1997. *Health care low*, New York: Oxford University Press; p 75.
20. Flesher, G. 2001. Effectiveness of community - based comprehensive healthy lifestyle promotion on anxiety blind children, Nguyen et al. *BMC psychological Disorders*, 205, 70.
21. Alizadeh, F., (2007). Involuntary domestic realm: Life in student dormitories, *Hizbullah Journal*, 10 (3).
22. Dogan, T. 2010. The effects of psychodrama on young adults' attachment styles. *Journal of the Arts in psychotherapy*, 37,112-119.
23. Foroushani Ahmadi, H., Yazdkhasti, F. & Oreizi, H.R. 2013. Monitor the effectiveness of psychotherapy with spiritual content Bershad, joy and mental health. *Journal of Applied Psychology*, Year 7, No. 2 (26), 23-7.
24. Ansobacher, H.L. 1990. Alfred Adlers influence on the three loding cofounders of humanistic psychology. *Journal of Humanistic Psychology*, Vol. 30 (4), 45 - 53.
25. Somov, P.G. 2008. A psychodrama group for substance use relapse prevention training. *Journal of the Arts in Psychotherapy*, 35, 151-161.
26. Blatner, A. 1985. The dynamics of catharsis. *Journal of Group Psychotherapy, Journal of Psychodrama & Socio metery*, 37(4): 157-166.
27. Kelishadi, R., Motlaq, M.A. 2007. Chronic non-communicable disease prevention: Today is better than tomorrow. Caspian study. Ministry of Health and Medical Education, Iran's Deputy Minister of Health, Office of Population, Family and Health Administration Department of Youth and School Health, 2007-2008: 5-6.