

Emotional Intelligence and Religiosity as Predictors of General Health among Drug Addicts

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Recent study aims to explore the role of Emotional intelligence and Religiosity as predictors of General Health among drug addicts. The main objective of current study were (1) To investigate the role of Emotional intelligence as predictor of General Health among drug addicts.(2) To investigate the role of Religiosity as predictor of General Health among drug addicts. A hundred individuals with age ranges from 18-60 recruited through purposive sampling from different areas of Islamabad and Rawalpindi-Pakistan. Instruments used for the current study were, Wongs and Law Emotional Intelligence scale, Index of Religiosity (IR) for measuring religiosity study variable and General Health questionnaire (Urdu version). The findings have shown that the association between emotional intelligence and religiosity was positive between the variables in drug addicts. Also, emotional intelligence has been found to have a positive relation with physical health amidst drug addicts. The findings have also shown that religiosity has been found to have a positive relation with general health amongst drug addicts. Therefore, in conclusion, it can be stated that emotional intelligence and religiosity were helpful in determining extrinsic attitudes of the addicts about general health. They both predict general health in significant manner. So, the two hypotheses were supported by the recent study that emotional intelligence and religiosity are the predictors of general health in drug addicts.

Keywords: *General health (GH), Emotional intelligence, Religiosity, Drug addicts.*

Introduction

Drug addiction (also known as substance use disorder) is a chronic disease in which people lose control over their use of a substance despite the fact that the consequences of that usage intensify. Substance abuse can be fatal. Thus, drug addicts' degrees of religiosity, general and emotional health are the concepts which are not less important. Empirical research falls short to provide strong ground for the comparison especially the descriptive data. This research has identified the role of emotional intelligence and religiosity as predictors of general health among drug addicts. General and mental healths are two sides of the same coin. In actual reality, health is a complex concept that can be interpreted in a variety of ways. Substance use disorders are among the top public health problems in the nations around the world. Drug addiction, often known as substance use disorder (SUD), is an illness that affects a person's brain and behavior. Any legal or illegal drug might cause a person to become fascinated with it. Certain drugs can lead to addiction in certain people. When an individual continues to use the substance despite the harm it produces, addiction develops gradually. In today's environment, nicotine, marijuana, and alcohol are often overused drugs. An activity that was once done as an experiment in a social environment might quickly become a habit. A college party can be cited as an example of an experimental use of alcohol. Alcohol and nicotine, for example, might have a negative impact on one's mood. The physical and mental stimulation that these substances provide are appealing to certain people. In the vast majority of cases, the individual will get fixated with such feelings. This situation eventually leads to the person developing an addiction to the substance. Some people become addicted to multiple drugs. However, such a way of living frequently leads to a series of mental, bodily (general) and social problems.

One of the usual utmost purposes for the tendency towards illicit drugs or prescription drug abuse is failure to deal with emotions. This occurs because the person lacks emotional intelligence, so they self-medicate with drugs. This is one reason they cannot escape addiction unless they develop emotional intelligence (Centers, 2020). According to Mayer and Cobb (2000), the current definition of emotional intelligence as defined by Mayer, Salovey, and Caruso (2000), includes the capacity to perceive, understand and manage emotions. Research literature has different understanding of emotional intelligence inclusive of trait approaches which suggest that emotional intelligence is a trait of personality that is holding a personality hierarchy of the lower levels (Petrides et al., 2007; Ullah, 2020).

A literature review analysis by Keila et al. (2019) shows that drug addictions are related to Emotional Intelligence deficits. Worldwide, 4.1% of the total of the onus of disability is stimulated by tobacco use (Ezzati, et al., 2002), 12% are in high income countries. In comparison, it is accounted to lead over about 90% of lung cancers in men. Ad 70% in women (WHO, 2004), Worldwide, 4% of the total disability is caused by the use of alcohol (Ezzati, et al., 2002).

In addition, numerous empirical studies reports that religious disaffiliation is also a growing health concern as the Gallup survey (2018) shows that Americans simultaneously identified with religion less and suffering from substance abuse more. Similarly, many drug addicts enrolled in specialized substance abuse treatment programs have co-occurring medical issues (Grant & Dawson, 1999; Weisner et al., 2001).“Harmon (1979) suggested that integration of religion into person's life often brought reality, health benefits, and a state of security to daily living; it allowed individuals to live with trust and organize their thoughts in relation to the environment not just oneself. Religiosity’s feature of cognition is a religious doctrine; such religious doctrine or body of dogma has been measured in various articles as in terms of rituals, ideology, or esteem for preaching. Many articles termed this feature as “Fundamentalism” also the self-perception of degree of religiosity as “Subjective religiosity”. The degree of religiosity is measure by asking the participants questions like i.e., how they rank themselves in dimension of religiosity and how significant it is in their lives. Some studies termed this feature as “Religious Saliency” (Dale et al., 2008). Vasconcelles (2005) examined religious coping in a study that shows a sequential relation of negative and positive religious coping and psychological adjustment to stress. In ninety-nine out of the one hundred and five studies, one or more facets of religiosity were substantially correlated to decreased risk of drug abuse. Religiosity was found to be preventative in the case of alcohol, marijuana, cocaine, opiates, and other illegal drugs, generally, it was concluded from 32 studies out of which 31 found preventative results (Dale et al., 2008).

Various factors, such as personal and other social and family relationships, influence addiction-based behavior at the onset, continuation, and after rehabilitation (Dabbaghi et al., 2007).Persistent abuse of illegal drugs i.e., hashish, chars, opium, tobacco, alcohol, and bhang are the most used; according to WHO youth age of 10-24 are the most effected individuals (World Health Organization, 1989).Drug usage is on the rise in Pakistan. The drug abuse problem has grown more complicated over the previous decade, as the number of injecting drug users has doubled. These changes have pervaded all aspects of society. Acquiring relevant information about illegal drug and prescription drug usage, as well as the cause-effect relationship and therapeutic approaches, is critical. This study's knowledge and insight may be useful to suffering families, society, the community, and relevant institutions working on the issue of drug addiction. As a result, this research intended to contribute to therapeutic intervention programmes aimed at addressing the current situation of drug addiction. Moreover, this research delivered an aperture for rehabilitation counselors about the role of religiosity and emotional intelligence in drug addicts. In Pakistan, more than 3 million people aged 15 to 64 consume heroin on a regular basis, and about 5 million people consume high-grade smoking hashish known as "charas" (Ministry of Narcotics Control, Anti-Narcotics Force, 2006).

It will develop the delivery of comprehensive therapeutic interventions to people seeking substance abuse assistance, which is a productive technique of addressing an existing substance addiction, through proper research, which is one of the most important ways to

understand drug addiction and its factors. What's more worrying is that research indicates a steady increase in drug addiction worldwide; there could be many factors behind it like the access to illicit drugs, environment, socio economic status, mental health, etc. Today in Pakistan, there is a rise in the number of drug addicts, resulting in a rise in crime rates, negative impacts on the community, health issues, various businesses, and government resources to risk social integration, economy and health. Therefore, the purpose of this study is to determine whether, Emotional intelligence and Religiosity are predictors of General Health among drug addicts.

Objectives

1. To investigate the role of Emotional intelligence as predictor of General Health among drug addicts.
2. To investigate the role of Religiosity as predictor of General Health among drug addicts.

Hypothesis

1. Role of Emotional intelligence as predictor of general health among drug addicts.
2. Role of Religiosity as predictor of general health among drug addicts.

Methods

Study Design and Ethical considerations

A comparative design study was used to evaluate the role of Emotional intelligence and religiosity as predictor of general health among drug addicts. Questionnaires were administered to the drug addicts who gave their consent for preferring in the research. Ethical protocols will be obeyed according to the Board of Higher Education and confidentiality of all participants was maintained.

Study Venue and sample size

The sample comprised of a total 100 drug addicts individuals. The sample was selected from various different drug rehabilitation centers and neighborhoods of Rawalpindi and Islamabad using the purposive sampling technique.

Eligibility and Non-Eligibility Criteria

The sample comprises drug addicts individuals between 18 to 60 years. The drug addict individuals were selected as participants who meet the diagnosis of the determined condition. i.e., drug addiction. A strict inclusion criterion was not applied regarding the type of the drug addiction and were selected from normal population i.e., students, employees, labor etc. due to limited facilities. However, to ensure homogeneity, only participants who belong to the religion Islam were included. The sample did not include physically and mentally challenged individuals, i.e., individuals with upper or lower limb loss or impairment, inability to communicate or unable to perform without assistance. Also, individuals who belong to religion other than Islam were also excluded.

Procedure

The sample for the present study was recruited from diverse private and government institutions of Islamabad and Rawalpindi. It consisted of 100 individuals with drug addiction. The first step was identifying the institutions and locations of the required population and approach them for consent. After confirmation, the aim of the study was to make it clear to the preferred individuals. Their inquiries and doubts were addressed and confidentiality was conversed. On agreeing to individuals, they were given informed consent. A short interview was then conducted which included questions yielding to the demographics of the participating subject. The fundamental focus was given to facets relating to the drug addiction condition the participant is struggling with. These questions include information regarding the name and duration of addiction and treatment approach and plans. The participant was given the General Health Questionnaire to measure general health. Then, the Wong and Law Emotional Intelligence scale for measuring emotional intelligence and Index of Religiosity (IR) for measuring religiosity study variable.

Instruments

The following instruments were used for the collection of data from the respondents:

- The Personal Information Form included the demography of the participant on the variables of age, gender, religion, marital status, socio-economic status and family structure.
- General Health Questionnaire (GHQ28): To measure physical health, the study used General Health Questionnaire (Goldberg & Hillier, 1979). It helps assess the overall health. Urdu version of the scale was used. It has a total of 17 items on a four Likert based scale. The responses include better, same, worse and much worse. Cut-off score is 23, lowest score is 0 and highest score is 84. Higher score suggests lower physical health and lower score suggest higher physical health. The correlation coefficient for the Urdu ranges (0.27-0.68) (Riaz and Reza, 1997) and English (0.30-0.66) of the GHQ-28 versions and in no case exceed 0.1.
- Wong and Law Emotional Intelligence Scale (WLEIS): Wong and Law emotional intelligence scale is a measure of emotional intelligence that has four self-report dimensions. Each of the dimension has 4 items. 1) Self emotional appraisal dimension assesses the individual ability to understand and express its deep emotions. 2) Others emotional appraisal dimension assess individual's ability to perceive and understand the emotions of individuals arounds them. 3) Regulation of emotion dimension evaluates the individual's ability to regulate his/her emotions, facilitating its rapid and successful revival after psychological distress. 4) Use of emotion dimension echoes the individual's ability to utilize and direct his/her emotions towards constructive activities and personal performance (Panagiotis et al., 2013).
- Index of Religiosity (IR) Index of Religiosity has 27 items to assess Muslims religious effect, doctrine and faith (Aziz and Rehman, 1996). To measure religiosity, the study used Index of Religiosity (Aziz and Rehman, 1996). It helps assess the degree of religiosity. Urdu version of the scale was used. It has a total of 4 Likert based responses scale. The responses included

always/to great extent, occasionally/to some extent, very little/nothing special and not at all. The Urdu version of IR consists of 27 questions. It provides a valid measure of religiosity of the Muslim subjects on three dimensions, i.e., religious faith, religious doctrine, and religious effect. Cut off score is 54. Higher score suggests higher level of religiosity and lower score suggest lower level of religiosity. The reported split half reliability of the test is 0.80 and KR-20 is 0.83.

Results

Table 1 Demographic Characteristics of drug addicts and Total Sample(N=100)

Variables	Drug addicts, n=100Categories	f(%)
Gender	Male	76(76)
	Female	24(24)
Socioeconomic Status	LowerClass	1 (1)
	MiddleClass	58(58)
	Upper Class	41(41)
Family Structure	Step-Families	6 (6)
	Single-Parent Families	54(54)
	Joint-Families	40(40)

The above Table 1 shows the frequency and percentage of the demographic variables for drug addicts. The drug addict sample consisted of 200 individuals. The sample was also categorized on the basis of gender, socio-economic status and family structure. Middle class make up 58%, whereas individuals having single-parent family structure make up 54% of the total sample.

Table 2 Psychometric properties of WLEIS and its subscales, GHQ and IR in drug addicts (N=100)

Scales	Actual Range	Potential Range	α	M	SD	Skewness
WLEIS	1-64	10-49	.88	24.2	9.6	-.01
SEA	1-16	4-11	.18	5.9	2.1	.32
ROE	1-16	5-16	.88	6.0	3.6	.46
UOE	1-16	4-14	.93	6.0	3.8	.10
OEA	1-16	5-11	.74	6.1	2.7	-.53
GHQ	0-112	25-80	.78	45.9	10.5	.36
IR	1-108	32-67	.88	42.6	12.9	-.90

Note: GHQ = general Health. IR = Religiosity. WLEIS = Wongs and Law Emotional Intelligence scale. SEA = Self emotion appraisal. ROE = Regulation of emotions. UOE = Use of emotions. OEA = Other's emotions appraisal

Table 2 shows the drug addicts datasets descriptive properties and reliability of the scales and subscales used in the study. The alpha coefficient value for Wongs and Law Emotional Intelligence Scale is .87. The reliability of the subscales (Self emotional appraisal, regulation of emotions, use of emotions and others' emotions appraisal) of Wongs and Law Emotional Intelligence Scale are .82, .21, .75, .95 respectively. The alpha coefficient value for GHQ (Physical Health) is .89. Similarly, alpha coefficient value for IR (Religiosity) is .89. So, the scales and subscales used in this study have good reliability.

Table 3 Linear Regression Analysis Predicting Emotional intelligence with Reference to General Health among drug addicts (N=100).

Variable	GHQ		
	B	SE	p
Constant			.000
EI (self-emotional appraisal)	-.435	.884	.000
EI (total regulation of emotion)	-.127	.493	.000
EI (total use of emotion)	-.004	.623	.000
EI (overall score)	1.321	.343	.000
R^2	.927		
ΔR^2	.924		
F	301.058		

Note: GHQ = general Health. IR = Religiosity. WLEIS = Wongs and Law Emotional Intelligence scale. SEA = Self emotion appraisal. ROE = Regulation of emotions. UOE = Use of emotions. OEA = Other's emotions appraisal

Table 3 shows the significant prediction of EI (emotional intelligence) and its subscales. It predicts .924% variance of EI (emotional intelligence) and its subscales. β value of Emotional intelligence overall is 1.321 and its subscales β values are, EI (self-emotional appraisal) β value is -.435, EI (total regulation of emotion) β value is -.127 and EI (total use of emotion) β value is -.004. Constant value of it is .000 and p is .000. It shows clear significance between the variables.

Table 4 Linear Regression Analysis Predicting Religiosity with Reference to General Health among drug addicts (N=100).

Variable	GHQ		
	B	SE	p
Constant			.000
IR (total doctrine)	-.1837	.963	.000
IR (total faith)	-.465	.452	.000
IR(overall score)	2.041	.231	.000
R^2	.718		
ΔR^2	.709		
F	81.53		

Note: GHQ = general Health. IR = Religiosity. IR (total doctrine), IR(total faith), IR (overall score)

Table 4 shows the significant prediction of IR (Religiosity) and its subscales. It predicts .709% variance of IR (Religiosity) and its subscales. β value of IR (Religiosity) overall is 2.041 and its subscales β values are, IR (total doctrine) β value is -1.837 , IR (total faith) β value is $-.465$. Constant value of it is $.000$ and p is $.000$. It shows clear significance between the variables.

Discussion

Drug abuse has been fatal consequences for youth, their families, and their communities, as well as a significant impact on their physical and mental health. Drug addiction and social issues have a positive relationship. When a compulsion takes control of a person's life, it takes on a new significance. Individuals who are concerned about drug abuse would spend more time and expense obtaining and using drugs of their choice, depriving them of activities such as sports and hobbies (Nora & Volkow, 2020). The findings have shown that religiosity has been found to have positive relation with general health amongst drug addicts. It has also been found in the numerous empirical studies that by not being affiliated with religion one can also have a growing health concern as the survey of (Gallup, 2018) showed that respondents concurrently recognized with religion less and distress from drug abuse more.

It has also been found in the study of Harmon (1979) that addition of religion and its value system into the life of an individual frequently taken reality, health benefits and constancy to daily living. One of the greatest habitual purposes for the propensity towards unlawful drugs or treatment drug abuse is failure to deal with emotions. This happens since the individual lacks emotional intelligence so they self-medicate with pills and this is one of the motives that they are not capable to escape addiction except they advance emotional intelligence (Centers, 2020). The findings have shown that the association amid emotional intelligence and religiosity is positive between the variables in drug addicts. Also, emotional intelligence has been found to have positive relation with physical health amidst drug addicts. So, the two hypothesis are supported by the recent study that emotional intelligence and religiosity are the predictors of general health in drug addicts.

Drug abuse has from time-to-time deadly costs on youth, their family and communal life, physical and mental health is negatively affected. There is a positive association between the drug addiction and social matters. When a compulsion overpowers an individual; it develops an importance in the life of that individual. Individuals that are stressed with drug abuse would capitalize more time and currency obtaining and using drugs of their choice which subsequently divest them of the actions, such as sporting and pastimes (Nora & Volkow, 2020). One of the factors which are understudied is emotional intelligence that is powerful in self-control. In research conducted by Bakhshodeh (2012) found a substantial association between emotional intelligence and consequently the capability to deal with drug addiction struggle. Likewise, in a finding by Trinidad and Jhonson (2002) stated that emotional intelligence is negatively related to tobacco smoking and alcohol drinking. Their study determines that individuals with greater emotional



intelligence consume less alcohol than controls. In the literature also, it has been noted that one or more aspects of religiosity were considerably linked to reduced risk of drug abuse. Religiosity was found to be pre-emptive in case of alcohol, marijuana, cocaine, opiates, and other illegal drugs; generally, it was concluded from 32 studies out of which 31 found preventative results (Chitwood et al., 2008). The findings of this have led towards the results that emotional intelligence and religiosity are significant predictors of general health. But this research has some delimitations for example, this study only included the participants who were diagnosed as drug addicts in terms of DSM-V (substance use disorder). A purposive sampling method was used to collect the data and analysis was done using SPSS. Some of the studies that have investigated the role of religiosity and emotional intelligence in mental and physical health of drug addicts has not yet been clarified,

Conclusion

In this study, the major objective has been to identify the role that religiosity and emotional intelligence play in maintaining general health of individuals addicted to drugs. Emotional intelligence has been found to play a greater role in perceptions of general health for drug addicts, while religiosity is also seen to have influence on general health of addicts. Therefore, in conclusion, it can be stated that emotional intelligence and religiosity is helpful in determining extrinsic attitudes of the addicts about general health. They both predicts general health in significant manner. Hence, emotional intelligence and religiosity are significant predictors of general health. As the current study has prioritized in analysing the role of religiosity and emotional intelligence for drug addicts and a future implication is better understanding of the subject area. Existing literature has refrained from providing drug addiction in the context of religious values, however with the findings of this study social and healthcare work can be inclusive of such factors as well. Considering the role that emotional intelligence plays in determination of general health, the future implication of this study is also based on providing information for designing better intervention strategies for drug addicts and ensuring that degrading lifestyles can be avoided. This can be used by future studies to further analyze social, religious, economic and political implications that the difference has on society and social values.



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