

SELF-EFFICACY AND INTERNALIZED PSYCHOLOGICAL PROBLEMS IN PHYSICALLY DISABLED ADOLESCENTS

pISSN: 2957-8507
eISSN: 2957-8493



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DOI: <https://doi.org/10.36755/themind.v1i1.41>

Abstract

The restriction on an individual's physical functioning, mobility and other functions of daily living pertains to impact one's life in many aspects. But psychological buildups are of more important in order to adjust with physical disability in routine life. The current study stressed on to explore the relationship between self-efficacy and internalized psychological problems (depression, anxiety and stress) in physically disabled adolescents and find the gender differences in self-efficacy and internalized psychological problems. The sample was consisted of 100 adolescents (50 males and 50 females-age ranging from 13 to 17 years) were selected from the special educational institutes of physically disabled adolescents, Lahore. The Generalized Self-Efficacy Scale (Schwarzer & Jerusalem, 1993), DASS-21 (Lovibond & Lovibond, 1995) and Demographic Form was used in this research to measure the variables. The data was analyzed through SPSS and Pearson Product Coefficient Correlation and independent sample t-test were used. Results showed the significant negative correlation between self-efficacy and internalized psychological problems. Gender differences were significant on self-efficacy and internalized psychological problems.

Keywords: *Internalized psychological problems, physically disabled, self-efficacy, depression, adolescents, psychological buildups, stress*

1. INTRODUCTION

In Pakistan, peoples with physical disabilities are mostly unseen, undervalue and marginalize group as they face overwhelming hurdles in education, functional skills development and daily life. Currently, there are many opportunities and services are providing to children but little focus on the facilities and opportunities for adolescents with physical disabilities. The people with physical disabilities face multiple challenges and issues as socioeconomic, physical and political handicaps, gender discrimination, hindering their autonomy of movement in society. These challenges and issues include stigmatization and a misunderstanding of the capabilities and objectives of peoples with physical disabilities as well as lead towards psychological problems including depression, anxiety and stress. Moreover, peoples of Pakistan believe that persons with physical disabilities are a socioeconomic burden

and a curse for the family as well as lack of awareness regarding needs and facilities for peoples with physical disability leads to the misunderstanding of physical disability. So, the current research investigated the relationship between self-efficacy and internalized psychological problems including depression, anxiety and stress. It also investigated differences on self-efficacy and internalized psychological problems including depression, anxiety and stress in physically disabled adolescents.

According to Bandura (1997) self-efficacy is the belief in one's capabilities to organize and execute the courses of action required to produce given attainments. In addition, self-efficacy is a person's belief on his or her ability to succeed in a specific situation including how people think, behave and feel in a particular situation (Bandura, 1991). The first perspective was concept of reciprocal causation had gained increasing acceptance and second the growth of interest in personal competence and self-regulation. Self-efficacy beliefs play a major role in common psychological problems with successful interventions for these problems. A low sense of efficacy leads toward depression and anxiety. It has two ways to produce depression as one way is through unfulfilled goal and second way to depression is through a low sense of social efficacy.

Thus, depression is one of the oldest recognized disturbances of psychological life of people with physical disability. It is also one of the most prevalent as 1 person in 10 will experience one or more major mood episodes during his/her lifetime. As a clinical disorder, depression is marked by change: Earlier rewarding activities seem to lose their demand; active and striving individuals become torn by doubts and indecision and interest and involvement turn to apathy and withdrawal. In the severe form hope can turn into pathological despair and can results in self-destruction (Kendall & Hollon, 1979). Depressed feelings, either because of personal loss or disappointment or as the result of, for instance, failure or frustration are most common in us. These experiences of negative mood can eventually be combined with other features such as pessimism, reduced energy, and/or reduced feelings of pleasure and/or motivation (American Psychiatric Association, 2007).

Depression may be triggered by various resources as sometimes depression appears as result of some external events like death or loss of a loved, any disability and one or some major financial crises or vocational reversal. At other times its manifestation has no apparent reasons. So, the theoretical perspectives have been miscellaneous, ranging from biochemical deficiencies and hereditary, constitutional deficits through assumptions concerning internal psychological factors or subtle disruptions in patterns of exchange between organism and the environment (Kendall & Hollon, 1979).

On the other hand anxiety is also seen in in adolescents with physical disability when they face many challenges and difficulty to cope with them. Anxiety is an unpleasant emotion characterized by a feeling of vague, unspecified harm. Moreover, anxiety itself is a powerful physical experience that may involve rapid or pounding heartbeat, difficult breathing, tremulousness, sweating, dry mouth, tightness in the chest, sweaty palms, dizziness, weakness, nausea, diarrhea, cramps, insomnia, fatigue, headache, loss of appetite, and sexual disturbances (Vasudevan, 2006). Anxiety and its disorders are most common forms of psychopathology in adolescence (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003) and across the lifespan, with lifetime prevalence of anxiety disorders estimated to be 29% (Kessler, Berglund, Demler, Jin,

& Walters, 2005). These prevalence are alarming, in light of the fact that anxiety which negatively impacts on functioning in multiple domains (McGee & Stanton, 1990), maintains a chronic development for a significant proportion of youth affected, and increases the risk for other types of disorders (Cole, Peeke, Martin, Truglio, & Seroczynski, 1998).

People who have strong self-belief in their abilities to achieve and manage difficult situations and approach those situations with calmly and will not overly disrupted by these situations. Instead, those people who have low self-belief in their abilities achieve those situations with apprehension and will reducing probability of perform effectively. They also respond to difficult situations with increased anxiety which usually disrupts their performance, so more lowering self-efficacy and so on. Perceived self-efficacy to exercise control over stressors plays a vital role in anxiety arousal. Because people who believe they can exercise control over threats do not raise distressing thought patterns as compared to those who believe they cannot deal with threats experience develop high anxiety arousal and inhibit on their coping deficiencies. They observe many aspects of their environment as filled with danger and enlarge the severity of possible threats and worry about things that rarely happen. Perceived coping self-efficacy regulates avoidance behavior as well as anxiety arousal (Bandura, Rumsey, Walker & Harris, 1994). Low self-efficacy expectancies are also directed with dysfunctional anxiety and avoidant behavior for managing threatful situations (Bandura, 1997 & Maddux, 2000).

Stress is also associated psychological problem in adolescents with physical disability when the have difficulty to surviving with socioeconomic issues in society. According to Selye (1976) an important aspect of stress is that a wide variety of dissimilar situations are capable of producing the stress response such as fatigue, effort, pain, fear and even success. According to Kenner, Coyne, Schafer and Lazarus (as cited in Schafer, 1992) psychological stress is a negative emotional condition that is an adjunct to the appraisal of threat, harm, or loss an important goal. The negative emotion has been described in one particular study as unpleasant, frustrating, irritable, worrisome, and anxious. Lazarus and Folkman (1984) pointed that only that event is perceived as harmful that proceeds the resources of a person and person have a danger or threat to his or her personal wellbeing. The psychological stress arises from an important demand (stressor) and insufficient resources to mitigate any potential harm, loss, or threat (Lazarus & Folkman, 1984). It is simply an inevitable manifestation of living and certain demands that are encountered may threaten a person's well-being and thereby negatively implicate stress (Schafer, 1992). Stress has been concerned as an important contributing factor to many physical dysfunctions. The nature of these stress effects related to controllability because inability to manage the situation produce stress not the stressful situations. So, exposure to stressors with ability to control stressors produce not diverse effects on biological functions as compared to exposure to stressors without ability to control stressors impair the immune system (Bandura, 1997). Self-efficacy beliefs also affect the activation of catecholamine, a family of neurotransmitters significant to the management of stress and perceived threat, along with the endogenous painkillers referred to as endorphins (Bandura, 1997 & Maddux, 2000).

According to World Health Organization (2004) disability can be define as “A disability is any restriction or lack of ability to perform any activity in the manner or within the range considered normal for a human being”. A person who's afflicted with a physical

impairment that, in any way, limits or inhibits his/her participations in normal activity is called as physical handicapped. A very common of physically handicapped children is polio which is disease of a neurotransmitter. Polio is caused through polio virus which attacks the nerve cells in the spinal cord leading to paralyzed muscle pain and deformality. Another deficiency of the physically handicapped children is limb deficiency which occurs from birth to accidents. These children have some kind of congenital deformity of the legs or arm. In clubfoot child have both foot inside as some physically handicapped children are also noted to have lateral curvature of the spine or what is known scoliosis, due to which child might bed on one side. Many children are noted to suffer from tuberculosis of the bones or the joints. Moreover, crippled are handicapped persons because of defect in bones joint muscles ligaments of spine and the limbs failing in the category of orthopedically handicapped. It is due to congenital deficits, malformation and as poliomyelitis etc (Rao & Usha, 1995). Another type of physically handicap is cerebral palsy that can be defined as non-progressive, static disturbances in motor function which is present from birth or early life caused by a discrete insult to the central nervous system during gestation birth (De Long & Adams, 1987). Children can experience a wide range of motor limitation from being slightly clumsy to having virtually no muscular control. The causes of these disabilities can stem from orthopedic problems, genetic anomalies, brain dysfunctions or central nervous system damage. One of the most common motor impairment is cerebral palsy, or central nervous system dysfunction usually caused by lack of oxygen to the brain that can cause children to be uncoordinated and awkward or can leave them with almost no physical control (Paashe, Gorill, & strom, 2004).

2. METHOD

Research Design

The correlational research design was used in this study is to find out the relationship between variables.

Sampling Strategy

In present study purposive sampling technique was used to collect information from research participants. Sample was consisted of only those adolescents who had only legs disability (Both male and female adolescents were wheel chair bounded). The age range of the sample was 13 to 17 years old.

Setting & Participants

The sample for the study was constituted of 100 physically disabled adolescents. There were 50 males and 50 females in the sample. The adolescents were selected from different special educational institutions of physically disabled adolescents in Lahore.

Instruments

Three instruments was used in this research to measure the relationship between variables and description of all instrument is given below.

Demographic Form. To attain the demographic information such as age, gender and class of the research participants a demographic form was used with other instruments.

Generalized Self-Efficacy Scale (GSES-Urdu). The GSES originally developed by Schwarzer and Jerusalem (1995) and it was consisted of 10-items a 4-point Likert type scale.

For present research the Urdu version (Tabassum & Rehman, 2005) of generalized self-efficacy scale (GSES) was used. The response options includes “not at all true”, “Hardly true”, “Moderately true”, “Exactly true” and scores are 1, 2, 3, 4 respectively. The score on GSES was ranged from low to high. Low scores indicate the low self-efficacy and high scores indicate the high self-efficacy. The reliability score of the scale in terms of Cronbach's alpha range .76 to .90.

The DASS Scale (DASS-Urdu). To assess the internalized psychological problems in research participants the DASS was used. The DASS is a self-report scale that designed to measure the three related negative emotional states of depression, anxiety and stress. It was originally developed by the (Lovibond & Lovibond, 1995) and it was translated in Urdu (Maria & Zahra) and used for present research. Scale was consisted of 21 items, 7 items for each negative emotional state. It is based on Likert-scale. The response options include “not at all”, “rarely”, “often”, “very often” and scored 0, 1, 2, 3 respectively. The reliability of the scales in terms of Cronbach's alpha score rate at the Depression scale is .91, the Anxiety scale at 0.84 and the Stress scale at 0.90 in the normative sample.

Procedure

In present research study, the instruments were taken from authors with the permission for use in research. The data collection was started after the permission from the director of the institute. Sample was taken from different educational institutes of physically disabled in Lahore. The sample was constituted of 100 adolescents. The age range of the sample was between 13 to 17 years. The participants was approached personally and was briefed about the aim of the study. Consent of the participants were taken prior to the administration of the scales. The basic information about the participants (such as age, gender and education) was collected through a demographic sheet attached to the questionnaires. The Urdu translated versions of Generalized Self efficacy scale and DASS were used that had already been adapted. Researcher requested the adolescents to fill the questionnaire. All adolescents give positive responses and cooperate with researcher and filled their questionnaires there and then. Participants were assured that information taken from them would be kept confidential. Finally, data was analyzed through SPSS and descriptive statistics was used for the variable of age, gender and education of adolescents. Whereas correlation was used to measure the relationship between variables like self-efficacy, depression, anxiety and stress. The independent t-test was used to measure the difference between both samples (male & female).

3. RESULTS

This chapter deals with the statistical analysis of the data collected from different special educational institutes of Lahore City.

Table 1

Frequencies and Percentages of Demographic Variables of Physically Disabled Adolescents (N = 100).

Participant's Age	Frequency (f)	Percentage (%)
13 Years	24	24 %
14 Years	16	16 %
15 Years	15	15 %
16 Years	18	18 %

17 Years	27	27 %
Participants Education		
6 th Class	18	18 %
7 th Class	24	24 %
8 th Class	25	25 %
9 th Class	22	22 %
10 th Class	11	11 %
Total	100	100 %

The result given in table.1 indicates that age was ranged from 13 - 17 years. 27% of the participants were 17 years of age and 24% of participants were 13 years of age. 25% of the participants were 8th class and 24% of the participants were 7th class. 22% of the participants were 9th class.

Table 2

Descriptive Statistics for All Study Variables (N=100)

Study Variables	Minimum	Maximum	<i>M</i>	<i>SD</i>
Self-efficacy	12	40	26.1	6.00
Depression	0	16	5.19	4.40
Anxiety	0	14	5.30	2.99
Stress	1	17	7.26	3.48

Note: *M* = Arithmetic Mean of Variables, *SD* = Standard Deviation.

The table 2 indicates that the score of participants on self-efficacy was minimum 12 and maximum 40 (*M* = 26.1, *SD* = 6.00). Further table indicates the score on depression of participants was 0 and 16 (*M* = 5.19, *SD* = 4.40), the score of participants on anxiety was 0 and 14 (*M* = 5.30, *SD* = 2.99). The score of participants on stress was 1 and 17 (*M* = 7.26, *SD* = 3.48) minimum and maximum respectively.

Table 3

Correlation between Self-Efficacy and Internalized Psychological Problems (N = 100)

Study Variables	1	2	3	4
Self-efficacy	-	-.25**	-.41***	-.27**
Depression		-	.58***	.67***
Anxiety			-	.60***
Stress				-

Note: **p*<.05; ***p*<.01; ****p*<.001; *df*=98

Table 3 indicated that there is significant negative correlation relationship between self-efficacy and depression. Further table indicates that there is highly significant negative relationship between self-efficacy and anxiety. The significant negative relationship between self-efficacy and stress. This table also indicates the highly significant positive relationship between depression, anxiety and stress.

Table 4

Means, Standard Deviations and t-values for Male and Female on Self-Efficacy and Depression, Anxiety and Stress (N = 100)

Study variables	Male (<i>n</i> = 50)		Female (<i>n</i> = 50)		<i>t</i>	<i>P</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		

Self-efficacy	27.36				2.04	.043
		6.59	24.94	5.13		
DASS	39.76		31.72	18.8	2.12	.037
		19.1				
Depression	6.32				2.64	.010
		4.18	2.64	4.36		
Anxiety	5.62	3.45			1.06	.028
Stress	6.82		4.98	3.45	1.26	.209
		3.64				
			7.70	3.29		

Note: *M*= Mean; *SD*= Standard Deviation; *df*= 98

The independent sample t-test was conducted to find differences on self-efficacy and internalized psychological problems including depression, anxiety and stress. The results in the table 4 indicates that differences remained non-significant on self-efficacy. The differences in internalized psychological problems including depression, anxiety and stress remained also non-significant. Thus, male physically disabled adolescents have higher self-efficacy and but they face more internalized psychological problems then the female physically disabled adolescents.

4. DISCUSSION

The present study explored the relationship in physically disabled adolescents between self-efficacy and internalized psychological problems. Three internalized psychological problems as depression, anxiety and stress were used as dependent variables while self-efficacy was used as independent variable. The findings of the present research showed that self-efficacy has significant negative correlation with internalized psychological problems and gender differences insignificantly correlated with self-efficacy and internalized psychological problems.

The first hypothesis of current research was there is negative relationship between self-efficacy and depression. So, findings of present research is that there is significant negative correlation between self-efficacy and depression. The findings of the present research are consistent with those of Tabassum & Rehman (2005) and Ehrenberg (1991) who also found statistically significant negative correlation between self-efficacy and depression. Thus, it supports the hypothesis that there is negative relationship between self-efficacy and depression. Our findings also support by Bandura (1994), who maintain that affective process in which mood and emotional states shows the personal efficacy beliefs. Positive mood enhances the perceived self-efficacy and negative mood diminishes it. Bandura (1994) also maintains that much human depression is cognitively generated by dejecting ruminative thoughts and a low sense of efficacy to exercise control over these ruminative thoughts also contributes to the development of depression. The conclusion of this finding indicate high self-efficacy in physically disabled adolescent serve as a defensive factor against depression and low self-efficacy led them to depression.

The second hypothesis is that there is negative relationship between self-efficacy and anxiety. The result of present research is consistent with those of Niloufar and Karineh (2012), Mostafai, Mohiadin and Mostafai (2012) who also found statistically significant negative

correlation between self-efficacy and anxiety. Our findings also support by Bandura (1994) who maintains that anxiety developed by ruminative thoughts and low perceived self-efficacy to exercise to control over these ruminative thoughts contribution to the development of anxiety arousal and high perceived self-efficacy contribute to well performance. Thus finding indicates that the high self-efficacy in physically disabled adolescent is a defensive factor against anxiety and low self-efficacy led them to anxiety. Third hypothesis was that there is negative relationship between self-efficacy and stress. The findings of the present research is that there is significant negative correlation between self-efficacy and stress. The result of the present research is supported by Matsushima and Shiomi (2003), Vaezi and Fallah (2011) who also statistically significant negative correlation between self-efficacy and stress.

The fourth hypothesis of current research is that there is gender differences on self-efficacy. The outcomes of current study is that there is non-significant difference between male and female on self-efficacy. The result of present research is consistent with those of Iskender (2009) and Rose and Diane (2003) who also found statistically significant no gender differences on self-efficacy. Thus it supports the hypothesis that there is no gender differences found on self-efficacy. Additionally, the non-significant differences might be because of the changing socialization practices, where male and female are being treated somewhat similarly, getting equal exposure, changed gender roles etc. The society also provided better environment and resources for both male and female. So their differences are also not much obvious.

The fifth hypothesis of the current research is that there is gender differences on internalized psychological problems. The findings of the present research is that there is non-significant difference between male and female on internalized. The result of the present research is consistent with those of Ghaderi, Kumar, G., and Kumar (2009) who also found statistically significant no gender differences on internalized psychological problems. Thus it supports the hypothesis that there is no gender differences found on internalized psychological problems. Additionally, the non-significant differences might be because of the changing of the society and culture. Now a days male have more burden and pressure of the responsibilities. Male faces more problems and challenges in their lives like socioeconomic problem is important factor.

5. CONCLUSION

The present study was examined the relationship of self-efficacy with internalized psychological problems including depression, anxiety, stress in physically disabled adolescents. All the hypotheses are supported in the present study. The findings indicate that self-efficacy has significant negative correlation with internalized psychological problems including depression, anxiety and stress. The gender differences between self-efficacy and internalized psychological problems has remained non-significant. Thus, present research also helpful for further researches and will aid in formulating counseling and guidance programmer for the physically disabled adolescents.

Limitations & Recommendations

There are many limitations were faced in research as the sample of the present study was small which affect the generalizability of our result. Secondly, the study was conducted in local areas of Lahore and other cities of Pakistan were not included. So it is suggested that we should need increase the sample size and include the further areas of country to study the other sociocultural factors and generalizability. For the development of healthy personality of

disabled children it is important that parent should give normal life and should think in terms of what he can do rather than what he cannot do.

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