

ROLE OF EDUCATION IN CHANGING HEALTH BEHAVIOUR OF MOTHERS

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Abstract

Education is a life long journey for every person. Education in its general sense is a form of learning in which the knowledge, skills and habits of a group of people are transformed from one generation to the next generation. Education and health behaviour are two parts of the same coin where educated mother takes healthy behaviour. Education could affect the mother's health behaviours. Level of health is determined through human behavior; especially behavior is shaped through life style, culture, religion, education, and other multiple factors. Out of them education is one of the most important variable. This research entitled "Role of Education in Changing Health Behaviour of Mothers" has been prepared. The objective of this research is to find out health behaviours and to assess the role of education in changing health behaviour of the mothers. This study was based on descriptive research design and its nature was quantitative. The collected data were analyzed and interpreted using simple statistical tools like numerical and percentage with the help of cross sectional table. This study was found that highest (98.33%) of the respondents regularly cleaned teeth. Majority (51.67%) of the respondents had first child birth at the age of less than twenty. The least (7.50%) of the respondents had taken smoking who had illiterate and low level education. Education has some role on teeth cleaning and education has major role on using nail cutting devises, first child bearing and smoking. So, education has vital role in changing health behaviour of mothers.

Keywords : Change, Health behaviour, Mother, Personal hygiene, Smoking

Introduction

Education is a systematic process through which a child or an adult acquires knowledge, experience, skill and sound attitude. It makes an individual civilized, refined, cultured and educated. Its goal is to make an individual perfect.

Education is a lifelong process. It helps in individual adjustment, development of individual and the society and modification of behaviour. The role of education is countless for a perfect society and man. It is necessary for every society and nation to bring holistic happiness and prosperity to its individuals. According to UNESCO study, "the physical, intellectual, emotional and ethical integration of the individual into a complete man/woman is the fundamental aim of education" (John, 2012).

Health is a complicated outcome due to its interconnection and interdependence with various factors such as food, what we eat and goods what we use and environment where we live. World Health Organization defines "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Health is a dynamic condition resulting from a body's constant adjustment and adaptation in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostasis (WHO, 1948). Many health conditions are caused by risk behaviours such as problem drinking, substance use, smoking, overeating, unprotected sexual intercourse. Human beings

have in principle, control over their conduct. Health compromising behaviour can be eliminated by self-regulatory efforts and health-enhancing behaviours can be adopted instead such as physical exercise, weight control, preventive nutrition and dental hygiene, use of condom and accident prevention (Business dictionary, 2014).

Medical dictionary define to health behavior, an action taken by a person to maintain, attain, or regain good health and to prevent illness. Health behavior reflects a person's health beliefs. Similarly, "behavioral health" often is used to describe the connection between our behaviors and the health and well-being of the body, mind, and spirit. This includes behaviors such as eating habits, drinking. Some of these behaviors are under our individual control (Society of Behaviour Medicine, 2013).

Health behaviour is any activity undertaken by an individual regardless of actual or perceived health status, for the purpose of promoting or maintaining health, whether or not such behaviour is objectively effective towards that end. It is possible to argue that almost every activity by an individual has an impact on health status. In this context it is useful to purposefully adopt to promote or protect health. Likewise, health behaviour refers to the actions of individuals, groups and organizations as well as determinants and consequences including social change, policy development and implementation, improved coping skill and enhances quality of life (Mudwary, 2007). Health behaviour is one of the most important aspects of human life.

Education plays a vital role to develop of positive health behaviour. Health behaviour determines situation of health and disease. The factors may influence individual and community health behaviour includes knowledge, beliefs, values, attitude, skills, finance, materials and the influence of family members, friend and co-workers (Sharma and Sharma, 2066). Health behaviour is directly related to quality of life. It has based on education of person. Person's health status depends upon positive health behaviour and health behaviour depends on education.

Education has always played a vital role in human society. Nepal is one of the least developing countries in the world. The health status in Nepal is very poor. It has been facing many problems towards health because of lack of awareness about health and health behaviour, low educational status. Education is the backbone of changing everything. Not everything can progress without education. Different types of health effects are facing by mother's health behaviour. The education has played a key role of improve mothers' health behaviour. After delivery, it is very critical period for mothers. Child health has been affected by his/her mother's health behaviour. Mother's health behaviour has dependence on her educational status or not. This is a problem, so it is essential to explore. The researcher tries to find out the role of education in changing health behaviour. The researcher could not find any study carried out health behaviours of mother at Baijanath Rural Municipality ward no. 8 of Banke district. Therefore, the researcher selects this topic in her study and it is necessary to conduct the research on the Role of education in changing health behaviour of mothers.

Objective

The objective of this research is to find out health behaviours of the mothers and to assess the role of education in changing health behaviour of the mothers.

Literature Review

Redding et al. (2000) explained about Theory of Reasoned Action. The Theory of Reasoned Action was developed by Fishbein and Azjen (1967). This is a widely used behavioural prediction theory which represents a social-psychological approach to understanding and predicting the determinants of health behaviour. Over the year, it has been applied to much diverse health-related behaviour including weight loss, smoking, alcohol abuse, HIV risk behaviour, and mammography screening. The theory of reasoned action states that the intention to perform a particular behaviour is strongly related to the actual performance of that behaviour. Two basic assumptions that underlie the TRA are: behaviour is under volitional control, and people are rational beings. From the perspective of TRA, we behave in a certain way because we choose to do so and we use a rational decision-making process in choosing and planning our actions. It was designed to predict behaviour from intention, and proposes quasi-mathematical relationships between beliefs, attitudes, intentions and behaviour.

Sharma (2013) studied entitled "Knowledge and practice on personnel hygiene of lower secondary level students". The objectives of this study were to identify the demographic and socio-economic characteristics of the respondents, to identify the knowledge on personal hygiene of the respondents, to find out the practice on personal hygiene of respondents and to so the relation between knowledge and practice of the respondents. This study based on descriptive type of research design. The sample population was 135 students were studying in lower secondary level. This study found that 91.9 percent of the respondents were Hindu. Similarly, 64.4 percent of the respondent's mother were illiterate, 83.7 percent of the respondent's father were engaged in agriculture. Likewise, 70.38 percent of the respondents had correct knowledge on washing hands, 82.96 percent had knowledge on cutting nails, 78.5 percent of the respondents had knowledge about teeth cleaning and 56.3 percent respondents washed their hands with soap and water. Similarly, 65.2 percent of the respondents cut their nails once a week, 57.8 percent cleaned their skin and 80 percent of the respondents cleaned their eyes.

Method

This study was based on descriptive research design with cross sectional study and its nature was quantitative. The population of this study was all the mothers with under 5 year children of Baijanath Rural Municipality ward no. 8, Banke district. The total population was divided into six categories. They were Illiterate, literate, primary level (1-5), completed basic level (6-8), completed secondary level (9-12) and higher education. The researcher had taken total population according to administrative record and personal educational status collected from all FCHVs. There were 512 mothers with under five year children. For this study, 120 respondents have been selected as a sample of 20 people from each group with the help of disproportionate stratified method. Structured interview schedule was used for data collection in the field survey. After collecting the data, the researcher was arranged the data with helping different tabulation in sequential order according to the need of the study. The data was shown mathematical numerical and percentage in different tables and figures to make

effective and attractive. The data was analyzed according to cross-sectional table and interpreted by comparing with national data.

Result and Discussion

Health is a complex and changing phenomenon. It is not static condition but it is dynamic process. If people have not appropriate practice on health behaviours they will suffer from different types of health problems. Health behaviour determines situation of health. Good health behaviour like bathing properly, hand washing before taking meal and after toilet, nail cutting, cleaning teeth, health checkup, use family planning, do not smoking and alcohol, etc. These are presented as follows:

Personal Hygiene

Personal hygiene is one of the most important elements of healthful life, which plays a critical role in promoting health. It is one of the important aspects of human health behaviour. Personal hygiene are presented below :

Bathing

Bath is important aspects of personal hygiene. If does not bath in properly time the man acquired different types of diseases, seen dirty and poor body. The researcher tried to know bathing practice of respondents in the study area. The bathing behaviour is shown in table 1.

Table 1

Bathing Practice

Educational Level	Every day		Twice a week		Once a week		If necessary		Total	
	No.	Per.	No.	Per.	No.	Per.	No.	Per.	No.	Per.
Illiterate	2	10	9	45	5	25	4	20	20	100
Literate	1	5	10	50	4	20	5	25	20	100
Primary level (1-5)	-	-	15	75	2	10	3	15	20	100
Basic level (6-8)	-	-	15	75	-	-	5	25	20	100
Secondary level	2	10	8	40	2	10	8	40	20	100
Higher Education	2	10	6	30	-	-	12	60	20	100
Total	7	5.83	63	52.50	13	10.83	36	30	120	100

Source : Field Survey, 2023

Table 1 shows that among the illiterate respondents, 45 percent of the respondents took bath twice a week, 25 percent took bath once a week, 20 percent took bath if necessary and only 10 percent took bath every day. Similarly, among the literate respondents, 50 percent of the literate respondents took bath twice a week, 25 percent took bath if necessary, 20 percent took bath once a week and only 5 percent took bath every day. Likewise, among the primary level passed respondents, 75 percent of the respondents took bath twice a week, 15 percent took bath if necessary and 10 percent took bath once a week. Among the Basic level passed respondents, 75 percent of the respondents took bath twice a week and 25 percent took bath if necessary. Out of the secondary level passed respondents, 40 percent took bath twice a week and if necessary, 10 percent every day and 10 percent took bath once a week. Similarly,

among the higher educated respondents, 60 percent took bath if necessary, 10 percent took bath twice a week and 30 percent respondents took bath every day.

Out of the total respondents, 52.50 percent respondents took bath twice a week, 5.83 percent took bath every day and 10.83 percent took bath once a week and 30 percent respondents took bath if necessary. The bathing practice of the respondents on the basis of their educational level has no more variations. So, it can be concluded that education has no major role in changing bathing behaviour of the respondents.

Teeth Cleaning

Cleaning teeth is a health behavior which is relevant for preventing oral infections like gingivitis and foul smelling from the mouth. The practice of the respondents on teeth cleaning is given in table 2.

Table 2

Teeth Cleaning Practice

Educational Level	Regular		Sometimes		Total	
	No.	Per.	No.	Per.	No.	Per.
Illiterate	20	100	-	-	20	100
Literate	18	90	2	10	20	100
Primary level (1-5)	20	100	-	-	20	100
Basic level (6-8)	20	100	-	-	20	100
Secondary level	20	100	-	-	20	100
Higher Education	20	100	-	-	20	100
Total	118	98.33	2	1.67	120	100

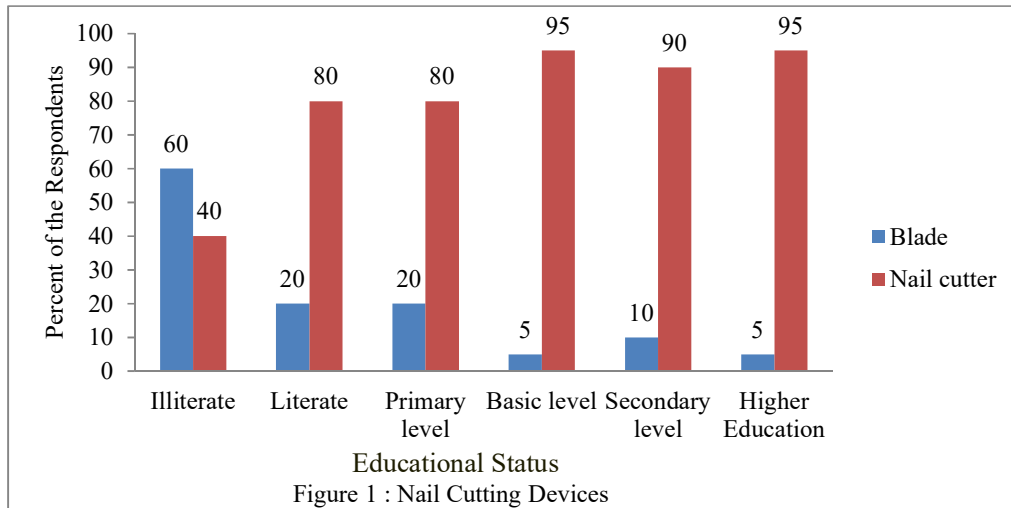
Source : Field Survey, 2023

Table 2 shows that all respondents were found cleaning teeth. Among the illiterate respondents, cent percent cleaned teeth regularly. Among the literate respondents, 90 percent literate respondents regularly cleaned teeth and 10 percent sometimes. Cent percent of the respondents regularly cleaned teeth who had passed primary, basic, secondary level and higher education.

It shows that all the illiterate and highly educated respondents and almost all of the literate respondents were found cleaning the teeth regularly. It can be concluded that education has some role in changing teeth cleaning behaviour of the respondents.

Use of Nail Cutting Devices

The devices have been used for nail cutting also directly affected to the health. In this study, the researcher asked the respondents about the nail cutting devices. The response is shown in figure 1.



Source : Field Survey, 2023

Figure 1 shows that among the illiterate respondents, 40 percent of the illiterate respondents found using nail cutter for cutting their nails and 60 percent were found using blade. Similarly, 80 percent each of the literate and primary level passed respondents were found using nail cutter and only 20 percent were found using blade for cutting their nail. Among the basic level passed respondents, 95 were found using nail cutter and 5 percent were found using blade. Similarly, 90 percent secondary level passed respondents were found using nail cutter and 10 percent were found using blade. Among the higher educated respondents, 95 percent were found using nail cutter and only 5 percent were found using blade.

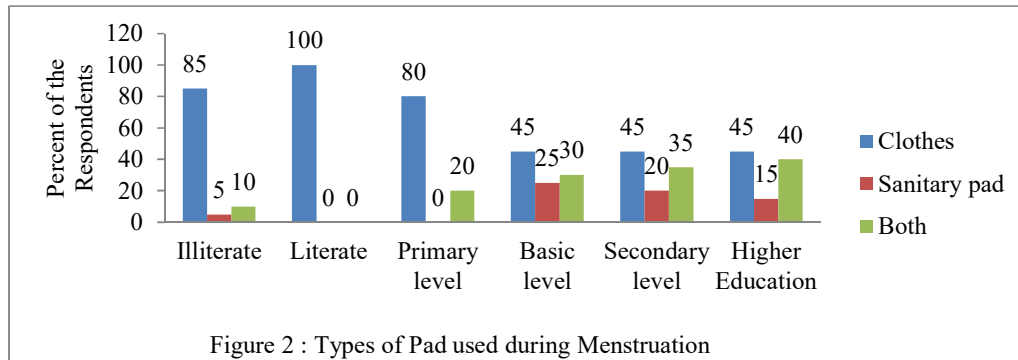
The figure shows that most of the respondents used nail cutter for their nail cutting. There is difference between illiterate, literate and highly educated respondents to select proper devices for nail cutting because most illiterate respondents were found using blade compared with literate respondents. It can be concluded that education has major role in using nail cutting devices of the respondents.

Safe Motherhood

Safe motherhood is one of the important aspects of reproductive health. Safe motherhood means creating the circumstance with in which a women is able to choose whether she becomes pregnant and if she dose ensuring that the service care for prevention and treatment of pregnancy complications. Safe motherhood behaviours are presented as follows:

Use of Pads during Menstruation Period

The menstruation behaviour is one of important aspect of women life, in this period to keep more sanitation. In the study area, the respondents used different materials as pad during menstruation period which is presented in figure 2.



Source : Field Survey, 2023

Figure 2 shows that among the illiterate respondents, most (85%) of the illiterate respondents used clothes as pad, 5 percent used sanitary pad and 10 percent used both. Similarly, cent percent of the literate respondents used clothes. Among the primary level passed respondents, most (80%) of the respondents used clothes and 20 percent used sanitary pad and clothes. Likewise, 45 percent of the basic level passed respondents used clothes and 25 percent used sanitary pad and 30 percent used both. Similarly, 45 percent of the secondary level passed respondents used clothes and 20 percent used sanitary pad and 35 percent used both. Among the higher educated respondents, 45 percent used clothes and 15 percent used sanitary pad and 40 percent of the respondents used both during menstruation.

It shows that majority of the respondents were found using clothes as pad and the least of the respondents were found using sanitary pad. There is higher proportion of educated respondents using sanitary pad than illiterate ones. It can be concluded that education has important role in using sanitary pad during menstruation period.

Age of Mother at First Child Birth

Education plays key role for child bearing age. When the female get 20 year after that is appropriate age for child birth. The researcher inquired about age of first child birth in this study, which is presented in table 3.

Table 3

Age of Mother at First Child Birth

Educational Level	Less than 15 years		15-20 years		20-25 years		More than 25 years		Total	
	No.	Per.	No.	Per.	No.	Per.	No.	Per.	No.	Per.
Illiterate	1	5	9	45	7	35	3	15	20	100
Literate	-	-	10	50	8	40	2	10	20	100
Primary level (1-5)	1	5	15	75	2	10	2	10	20	100
Basic level (6-8)	-	-	14	70	6	30	-	-	20	100
Secondary level	-	-	7	35	13	65	-	-	20	100
Higher Education	-	-	5	25	11	55	4	20	20	100
Total	2	1.67	60	50	47	39.17	11	9.17	120	100

Source : Field Survey, 2023

Table 3 shows that out of the total respondents, 50 percent had first child birth at 15-20 years, 39.17 percent had first child birth at 20-25 years, 9.17 percent at more than 25 years and only 1.67 percent had first child birth at less than 15 years. Among the illiterate respondents, 45 percent had first child bearing at 15-20 years, 35 percent had first child bearing at 20-25 years, 15 percent at above 25 years and 5 percent at less than 15 years. However, 50 percent of the literate respondents had first child birth at 15-20 years, 40 percent at 20-25 years and 10 percent at above 25 years. Out of the primary level passed respondents, 75 percent had first child birth at 15-20 years, 10 percent had first child birth at 20-25 years, and 10 percent had first child birth at above 25 years and 5 percent at less than 15 years. Similarly, 70 percent of the basic level passed respondents had first child birth at 15-20 years, 30 percent at 20-25 years. Among the secondary level passed respondents, 35 percent had first child birth at 15-20 years, 65 percent at 20-25 years. Out of the higher educated respondents, 25 percent had first child birth at 15-20 years, 55 percent at 20-25 years and 20 percent at above 25 years.

It shows that majority of the primary level passed and basic level passed respondents were found first child bearing at less than 20 years than higher educated respondents. It can be concluded that education has major role in first child bearing.

Frequency of Antenatal Visit

Pregnancy is a special period. There may be chance of danger anytime. It is essential health check up for mother and her fetus. Antenatal visits are required for normal pregnant women for safe delivery. Frequency of antenatal visit for health check up is presented in table 4.

Table 4

Frequency of Antenatal Visit for Health Check up

Educational Level	One time		Two times		Three times		Four times or above		Total	
	No.	Per.	No.	Per.	No.	Per.	No.	Per.	No.	Per.
Illiterate	1	5	2	10	4	20	13	65	20	100
Literate	-	-	3	15	3	15	14	70	20	100
Primary level (1-5)	-	-	-	-	1	5	19	95	20	100
Basic level (6-8)	-	-	1	5	1	5	18	90	20	100
Secondary level	-	-	-	-	3	15	17	85	20	100
Higher Education	-	-	1	5	-	-	19	95	20	100
Total	1	0.83	7	5.83	12	10	100	83.33	120	100

Source : Field Survey, 2023

Table 4 shows that, among the illiterate respondents, 65 percent had health checked up four times during last pregnancy period, 20 percent had health checked up three times, 10 percent had health checked up two times and 5 percent had health checked up only one time. Among the literate respondents, 70 percent had health checked up four times during last pregnancy period, 15 percent had health checked up two times and 15 percent had health

checked up three times. Among the primary level passed respondents, 95 percent had health checked up four times and 5 percent had health checked up three times. Among the basic level passed respondents, 90 percent had health checked up four times, 5 percent had health checked up two times and 5 percent had health checked up three times. Among the secondary level passed respondents, 85 percent had health checked up four times and 15 percent had health checked up three times during pregnancy period. Among the higher educated respondents, 95 percent had health checked up four times and 5 percent had health checked up two times during last pregnancy period.

According to the NDHS (2022), 81 percent of women age 15-49 attended 4+ antenatal care (ANC) visits but in the study area, 83.33 percent of the respondents had health checked up four and more times. Comparing this data obtained with NDHS, the larger number of respondents antenatal care visits four and more times. According to the table most of the respondents were educated who had health checked up four and more times. So, it can be concluded that education has vital role in antenatal visit for health check up during pregnancy.

Smoking and Alcoholism

Smoking and alcohol both are dangerous for human health but day to day taking it. Nepal is Hindu state, where majority of Nepalese people are in Hindu religion. The most Nepalese people belief of religion. So that more probability taking it. Smoking is a risk factor for lungs cancer, cardio-vascular disease and other forms of cancer. The study about smoking and alcoholism practice of respondents in the study area, which are presented below:

Smoking

Smoking is one of the bad habits of human life. It is dangerous for human health. Smoking is the inhalation of the smoke of burning tobacco encased in cigarettes, pipe and cigars. Most of the smokers start smoking at teenage. Tobacco use is the Cigarattes, Bidi, Surti, and Khaini, smoking, chewing and sniffing. The researcher asked about smoking practice in current situation from respondents in the study area. The response is presented in table 5.

Table 5

Distribution of the Respondents by Smoking Practice

Educational Level	Yes		No		Total	
	No.	Per.	No.	Per.	No.	Per.
Illiterate	4	20	16	80	20	100
Literate	2	10	18	90	20	100
Primary level (1-5)	3	15	17	85	20	100
Basic level (6-8)	-	-	20	100	20	100
Secondary level	-	-	20	100	20	100
Higher Education	-	-	20	100	20	100
Total	9	7.50	111	92.50	120	100

Source : Field Survey, 2023

Table 5 shows that out of the total respondents, 7.50 percent of the respondents had taken smoking in current situation and 92.50 percent had not taken smoking. Among the illiterate respondents, 20 percent had taken smoking and 80 percent had not taken smoking in current situation. Likewise, 10 percent of the literate respondents had taken smoking and 90 percent had not taken smoking in current situation. Similarly, among the primary level passed respondents, 15 percent had taken smoking and 85 percent had not taken smoking in current situation. However, cent percent each of the Basic level passed, secondary level passed and higher educated respondents had not taken smoking.

According to the NDHS (2011), 74.5 percent illiterate women had not taken smoking but in the study area, 80 percent illiterate respondents had not taken smoking. Comparing this data obtained with NDHS, the larger number of respondents who had not taken smoking in the study area. According to the table 6, higher proportion of the smoking user respondents were found illiterate than highly educated respondents. So, it can be concluded that education has major role in changing of smoking practice of mother.

Alcoholism

Nepal is a country of multi ethnic, multi-cultural, multi religious and multi linguistic society. Alcohol is closely related with the caste system. Many people use of alcohol beverage according to their social religious and cultural traditional. There are various name of alcohol called Raksi, Jand and Tumba, etc. Now a days alcohol had been part of Nepalese life style. It has widely been used in festivals, parties and different occasions. In this study, it was researched how many respondents were drinking alcohol in current situation which is presented in table 6.

Table 6

Distribution of the Respondents by their Alcoholic Practice

Educational Level	Yes		No		Total	
	No.	Per.	No.	Per.	No.	Per.
Illiterate	7	35	13	65	20	100
Literate	2	10	18	90	20	100
Primary level (1-5)	4	20	16	80	20	100
Basic level (6-8)	2	10	18	90	20	100
Secondary level	6	30	14	70	20	100
Higher Education	1	5	19	95	20	100
Total	22	18.33	98	81.67	120	100

Source : Field Survey, 2023

Table 6 shows that out of the alcohol user respondents, 18.33 percent of the respondents had taken alcohol and 81.61 percent had not taken alcohol. Among the illiterate respondents, 35 percent of the respondents had taken alcohol and 65 percent have not taken alcohol in current situation. Out of the literate respondents, 10 percent respondents had taken alcohol and 90 percent had not taken alcohol. Among the primary level passed respondents, 20

percent had taken alcohol, 80 percent had not taken alcohol in present situation. Among the basic level passed respondents, 10 percent had taken alcohol, 90 percent had not taken alcohol. However, among the secondary level passed respondents, 25 percent had taken alcohol and 75 percent had not taken alcohol. Among the higher educated respondents 5 percent had taken alcohol and 95 percent of the higher educated respondents had not taken alcohol in present situation.

It shows that majority of the respondents had not taken alcohol and there was no difference between literate and highly educated group, who had taken alcohol. So, it concludes that education has no vital role in taking alcohol of the respondents.

Conclusion

The respondents were of different age groups between 15-54 year mother with under 5 year children. The study area consisted of different castes like Brahmin, Chhetri, Tharu, Magar, etc. In this study, a few respondents were attending school/college at current situation. Majority of the respondents had taken bath twice a week. Similarly, most respondents cleaned their teeth regularly after waking up in the morning. Most respondents used nail cutter for cutting their nail if necessary. Higher proportion of the respondents used clothes as pad during menstruation period. Majority of illiterate, literate, basic level, secondary level passed respondents gave birth to child at the age of less than twenty year, most illiterate or low educated respondents were taking smoking as Surti. Most illiterate or low educated respondents had taken homemade Raksi sometimes during festival, meeting to friends.

Health behaviour is one of the most important aspects of human life which depends education and information. Positive health behaviour is progress of good health for every people. The researcher found out most of the health behaviours satisfactory according to the educational status of mother. But some health behaviours were very poor like do not taking bath, do not cleaning teeth regularly, smoking, drinking alcohol, etc. which is very dangerous for health. Such types of health behaviours are mostly applied to illiterate and low educated mothers. So, it concludes that education plays vital role in changing health behaviour.

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