T. F. AROYEWUN, H. HAMZAH, SH. R. A. FADZIL, N. A. M. TAMIZI

School-based tobacco prevention and cessation program using psycho-education and counselling: a mixed method

**Introduction.** In Malaysia, tobacco-related causes of death have claimed an estimated 27,400 lives annually, and that number is anticipated to climb in the coming years. Despite laws in Malaysia banning smoking in public areas, restrictions on tobacco sponsorship, promotion, and advertising in all media, as well as Graphic Warning Labels (GWLs) on cigarette packets and restricting the legal smoking age to 18 years, it is well-known that children and teenagers are involved and youth tobacco usage is rising. As there is a rise in the prevalence of tobacco use so is the call for effective school-based tobacco prevention and cessation program for children and teenagers. The study set out to understand the current level of knowledge, attitude, and behaviour of children and teenagers towards tobacco use and possible change through psycho-education and counselling towards prevention and cessation.

**Study participants and methods.** This study adopted a pre and post Mixed Method Triangulation Design: Convergence Model. There was an independent and concurrent collection of quantitative and qualitative data from school children ages 11 to 18 years and 7 to 10 years respectively. A one-day four-module school-based prevention and cessation program was developed and carried out in five approved schools and data were collected before and after the program. The mean age for the quantitative study was 13 years, 66% were males and 34% were females. For the qualitative study, the mean age was 9 years, 54% were male and 46% were female A grand total of 131 students participated in the study. The data was analyzed using descriptive statistics, paired samples t-test thematic analysis.

**Results.** The quantitative analysis showed a significant difference between knowledge test scores before psychoeducation intervention (M=.803; SD=.1793) and Knowledge test scores after the psycho-education intervention (M=.895; SD=.1193); \[t (108) = -4.596, p = .000\], attitude and behavior were insignificant

Results from the thematic analysis on the qualitative results showed that the psychoeducation and counselling intervention had a significant impact only on knowledge. The children report on attitude and behaviour towards tobacco did not significantly change from before to after the program. The timing between the program and post-data may be a contributing factor but irrespective of the data collection method the outcome was similar for both children and teenagers.

**Practical Significance.** Through psycho-education and counselling towards prevention and cessation the study set out to understand the current level of knowledge, attitude, and behaviour of children and teenagers towards tobacco use and possible change through psycho-education and counselling towards prevention and cessation. Therefore, intervention programme should include psychoeducation and counselling to improve the knowledge of students in school-based interventions.

**Keywords:** tobacco prevention and cessation program, psychoeducation, counselling, children, adolescents
INTRODUCTION

Smoking tobacco is an anecdotal and documented world menace [1]. Tobacco use is the number one preventable cause of death and morbidity in the world and a significant contributor to more than 20 different types or subtypes of cancer [2,3]. Tobacco-related causes of death have claimed an estimated 27,400 lives annually, and that number is anticipated to climb in the coming years. Unfortunately, one major peculiarity with tobacco is that it does not only affect the smoker it also has adverse effects on tobacco smoke exposure.

Despite laws in Malaysia banning smoking in public areas, restrictions on tobacco sponsorship, promotion, and advertising in all media, as well as Graphic Warning Labels (GWLs) on cigarette packets and restricting the legal smoking age to 18 years, it is well-known that children and teenagers are involved and youth tobacco usage is rising. According to the National Health and Morbidity Survey [4] and WHO Framework Convention on Tobacco Control report on Malaysia [5], 41% (4,742,418) of the total population of male adults ages 15 years and above smoke tobacco. Also, 44,000 children within the age range of 10–14 years smoke tobacco every day. That is, respectively, 38.8% and 3.06% more intake compared to average Human Development Index (HDI) countries. This act is causing serious financial and public health problems to the individuals and the nation as a whole [6].

As there is a rise in the prevalence of tobacco use among youths so also is the documented poor outcome of tobacco [2]. Lee and Tam reviewed the inefficiency of the Malaysian tobacco control and how worldwide smoking cessation was effective because of the incorporation of interventions [2]. Also, a youth Tak Nak Anti-Smoking campaign was researched on and the authors found that a fear nor humour appeal to tobacco cessation never yielded anything change towards reduction or cessation [7]. In a similar study, Malaysian respondents report neutrality to advertisement directed towards tobacco cessation [8]. So far, among all control programs initiated by the Malaysian government the Quit Smoking Clinic (QSC) was reported useful [2]. The QSC basically uses counselling and nicotine replacement therapy as its cessation strategy. However, the QSC has been identified to be effective in some areas and ineffective in other areas of the country like Perak [2]. The mean age of those who patronize the QSC services are 44 years meaning that children and teenagers scarcely go to seek help for their tobacco problems. This implies that there has been a lack of effective prevention and cessation programs for children and teenagers.

There are enough empirical evidences to prove the effectiveness of psychoeducation and counselling worldwide as recommended for practice and policy [9]. In a study conducted in the US, a comparison with no tobacco counselling showed that counselling youths on tobacco reduced the prevalence by 2.0% thus, preventing 42,686 smoking attributed fatalities [10]. Mak et al, reported a promising cognitive changes and greater psychological flexibility after introducing brief Acceptance and commitment (ACT) session directed towards smoking cessation [11]. In order to complement the efforts of the government, a call for effective strategies, programs, and policies needs to be in place for tobacco prevention and cessation among children and teenagers.

Lauren et. al. [12] identified that because teen e-cigarette usage is rapidly on the rise, there is an urgent need for preventative strategies that are effective. Suggesting that a school-based intervention may be a practical, cost-effective, and effective strategy. Also, to reduce
smoking rates and hence smoking-related health problems in children and adolescents, it is advised that a holistic school-based program aiming at enhancing awareness and attitude change becomes imperative [13]. In a study on the knowledge and attitude among 10,545 Malaysians, the results showed that the amount of knowledge and attitude varied. Smokers' low education, lack of information about the dangers of smoking, and male gender had a more positive or stronger impact on their attitude towards smoking [13]. Hence, there is a need for tobacco knowledge sharing and attitudinal change using psycho-education and counselling targeted at children and teenagers for tobacco cessation.

The current study is based on the objective to understand the current level of knowledge, attitude, and behaviour of children and teenagers towards tobacco smoking and see if there will be knowledge, attitude, and behavior change in children and teenagers through psycho-education and counselling towards tobacco prevention and cessation. Consequently, directly answering the questions of what the existing knowledge, attitude, and behavior towards tobacco smoking and will there be an increase in knowledge, change in attitude, and behavior towards tobacco smoking after psycho-education and counseling?

MATERIALS AND METHODS

1. Study Design
This study adopted a pre and post-test, Mixed Method Triangulation Design: Convergence Model. In this paradigm, the researchers independently and concurrently collected and reviewed quantitative and qualitative data on the same research problem, and the varied results converged (by contrasting and comparing the various outcomes) during the interpretation and discussion stage [14].

A grand total of 131 students participated in the study, 22 primary, and 109 secondary students. The pre and post-preventive and cessation program data sets on knowledge, attitude, and behavior were obtained qualitatively through interviews with children aged 7 to 10 years. The interview protocol was open-ended questions specifically designed for this study while data set collected from adolescents aged 11 to 18 years were gathered quantitatively through a survey designed for this study as other questionnaires were not approved by the Ministry of Education due to perceived sensitivity of the items. The outcomes of both qualitative and quantitative were analyzed using thematic analysis and Paired samples t-test respectively.

2. Sample Selection
All participants were purposively, consecutively, and voluntarily sampled. The inclusion criteria where all participants must be between ages 7 and 18 years. They may or may not have smoked tobacco in any form before. They must be students in any of the approved schools by the Ministry. Participants ages 10-18 years should be able to read and understand either Malay or English language.

3. Program structure
A one-day four-module school-based prevention and cessation program was developed and carried out in each of the five approved schools. PowerPoint presentations, videos, role plays, and discussions were used in delivering programme plan. The interview, prevention,
and cessation program were done in Malay while the questionnaire was bilingual (Malay and English language). Two weeks before the prevention and cessation program the pretest data was collected and four weeks after post-test data was also collected due to time constraints the researchers were allowed to conduct the study within six months from the approval date by the Malaysian Federal Ministry of Education.

Figure 1 Study process and milestones
Table 1

Overview of the psycho-education and counselling Program content

<table>
<thead>
<tr>
<th>Module</th>
<th>Main messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Psycho-education</td>
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<tr>
<td></td>
<td>• Introduction and facts on tobacco</td>
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<td></td>
<td>• Chemical components in tobacco</td>
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<td></td>
<td>• Different ways of taking nicotine like smoking, vaping etc.</td>
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<tr>
<td>2</td>
<td>Tobacco and its effects</td>
</tr>
<tr>
<td></td>
<td>• Health, psychological/neurological, social, academic, financial, religious, social/moral, legal effects of tobacco</td>
</tr>
<tr>
<td>3</td>
<td>Counselling and role play</td>
</tr>
<tr>
<td></td>
<td>• Generating the motivation to stop</td>
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<td></td>
<td>• Seeking help</td>
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<tr>
<td>4</td>
<td>Saying No</td>
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<tr>
<td></td>
<td>• Communication and refusal skills that are assertive</td>
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</tbody>
</table>

STUDY RESULTS

1. Quantitative Analysis

The pre and post-test analysis of the quantitative (table 2 and 3) and qualitative (table 2) of data collected are shown therein.

Table 2

Descriptive Statistic of quantitative participants

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Average Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>72</td>
<td>66</td>
<td>13 Years</td>
</tr>
<tr>
<td>Female</td>
<td>37</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>100</td>
<td></td>
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</table>

The table above indicates that the average age of the respondents was 13 years old. The sex distribution of the research participants demonstrates that male respondents made up 66% while female respondents made up 34%.

Table 3

Paired samples t-test of the impact of psycho-education and counselling on knowledge, attitude and behaviour of teenagers to tobacco prevention and cessation

<table>
<thead>
<tr>
<th>Pair</th>
<th>Variable</th>
<th>Mean</th>
<th>N</th>
<th>SD</th>
<th>DF</th>
<th>T-Statistics</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Pretest</td>
<td>.803</td>
<td>109</td>
<td>.1793</td>
<td>108</td>
<td>-4.596</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>.895</td>
<td>109</td>
<td>.1193</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td>Pretest</td>
<td>.248</td>
<td>109</td>
<td>.1102</td>
<td>108</td>
<td>-.647</td>
<td>0.519</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>.257</td>
<td>109</td>
<td>.1248</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour</td>
<td>Pretest</td>
<td>.385</td>
<td>109</td>
<td>.2136</td>
<td>108</td>
<td>.894</td>
<td>0.374</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>.361</td>
<td>109</td>
<td>.1984</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The results indicated a significant difference between knowledge test scores before psychoeducation intervention (M=.803; SD=.1793) and Knowledge test scores after the psycho-education intervention (M=.895; SD=.1193); [t (108) = -4.596, p = .000]. The impact of psycho-education and counselling intervention on teenagers' attitude towards tobacco
indicate no significant difference between attitude test score before (M=.248; SD=.1102) and attitude test score after the psycho-education and counselling intervention (M=.257; SD=.1248); [t(108) = -.647, p = .519]. The impact of psychoeducation and counselling intervention on teenagers’ behaviour towards tobacco indicate no significant difference between behaviour test score before (M=.385; SD=.2136) and after the psychoeducation intervention (M=.361; SD=.1984); [t (108) = .894, p = .374]. The result indicated that the impact of psychoeducation intervention is significant only on knowledge.

1. Qualitative Analysis

Thematic analysis was used for the exploration of the interview data. Concepts were coded under the themes of knowledge, attitude, and behaviour before and after the tobacco prevention and cessation program. A total of 22 students ages 7-10 years participated in the pre (n=11) and post-test (n=11) interviews, 12 of them were boys and 10 were girls. Their average age was 9 years.

<table>
<thead>
<tr>
<th>Themes for knowledge, attitude and behaviour</th>
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<tbody>
<tr>
<td><strong>Theme</strong></td>
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<tr>
<td>Knowledge</td>
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</tbody>
</table>
| P04  | “Umm... baik saja tapi, umm, tak sihat.”  
“Umm... still good but, umm, not healthy.” | P12  | “Sebab rosk-sebab buat orang lain sakit.”  
“Because it destroys—because it hurts other people.” |
| P22  | “Baik. Sebab dia selalu tolong orang?”  
“He’s good. Because he always help people?” | P13  | “Memberi kesan buruk terhadap badan kita.”  
“It has negative effects towards our body.” |
| P21  | “Tak ada? Bukan ke, saya... saya rasa saya pernah dengar, adik, yang orang merokok ini, nak hilangkan stres... Ada cara lain.”  
“No? Isn’t it I... I think I’ve heard, that people smoke to relieve stress... there is another way.” | P11  | “Dia kena pilih kawan yang tak hisap rokok.”  
“Need to choose a wise friend that does not smoke.” |
| P14  | “Tak ada. (Semua tentang rokok adalah buruk.”  
“No. (All about it is bad).” | P20  | “Lagi saya dapat, saya dapat, saya rasa saya pernah dengar, adik, yang orang merokok ini, nak hilangkan stres... Ada cara lain.”  
“No. (All about it is bad).” | |
| P10  | “Umm, jadi rokok ini semua buruk nak, buat benda yang baik tak semestinya guna rokok... kan? Sebab benda yang buruk saja tentang rokok.”  
“Umm, so these cigarettes are all bad because doing something good doesn’t necessarily mean using cigarettes, right? Because only bad things are in cigarettes.” | P08  | “Tak nak, nanti paru-paru rosak.”  
“No, it can damage our lungs.” |
| P22  | “Tak, rokok tak semestinya menentukan akhlak orang itu.”  
“No, smoking doesn’t define a person’s morality.” | P18  | “Ayah ada.”  
“My dad does.” |
| P11  | “Dia kena pilih kawan yang tak hisap rokok.”  
“Need to choose a wise friend that does not smoke.” |
| P22  | “Uh, jiran ada.”  
“Uh, my neighbours does.” | P13  | “Kalau adik dah besar nanti, adik nak merokok tak?”  
“Taknak.”  
“When you get older, do you want to smoke?”  
“No.” |
| P07  | “Vape... ada lah.”  
“Vape... yes.” | P11  | “Taknak lah.”  
“Don’t want.” |
| P18  | “Saya taknak.”  
“I don’t want to.” | P07  | “Umm, pernah tak adik rasa nak merokok ke, nanti sudah besar nak merokok? Nak try vape? Try rokok?”  
“Kadang-kadang.”  
“Umm, have you ever felt like smoking when you are older? Want to try vape? Try a cigarette?”  
“Sometimes.” |
In terms of the knowledge of tobacco (most participants referred to it more as cigarette) by the students ages 7 to 10 years before the intervention program, few of them had an idea of what tobacco was because they were taught in school by their teachers or during health education class while some others disclosed, they have not heard about it but read or seen it “I have, but I didn’t hear it. I have seen it only”. Some of the knowledge extends beyond the awareness of tobacco but also to the effects of tobacco on the body, “It can damage the lungs”. At the post-intervention stage, every one of them was aware of what tobacco was and its effects on not just the lungs but other aspects of the body, “It can hurt the lungs, hurt the mind, then lead to smoking addiction”.

Regarding their attitude to tobacco and its users, some of them were of the opinion that individuals that smoke were bad people and were critical of them, “It makes us bad. Because bad people are always smoking cigarettes”. A student expressed need for those that smoke to find alternate options rather than smoking, “No? Isn’t it ...I think I’ve heard, that people smoke to relieve stress...there is another way”. Few of them understood they were not bad people. There was no much change in the expressed attitude towards tobacco but few of them understood using cigarette does not mean the individual is a bad person, “Umm...still good, but umm, not healthy”.

On the issue of behaviour few identified friends, neighbours and family members that smoke, “My dad and my uncle. My uncle vapes, my dad smoke cigarettes”. One of them acknowledged he sometimes would like to smoke, Try a cigarette?” “Sometimes”. Post intervention response was negative towards wanting to smoke later in life, “Don’t want.” One of them extended his thought to selection of friend “Need to choose a wise friend that does not smoke”. Generally, there was a significant change in knowledge, an insignificant change in attitude and slight change in behaviour.

DISCUSSION

The result indicated that the impact of psychoeducation intervention is significant only on knowledge and not on attitude, and behaviour. Knowledge has mostly been reported to be significant in tobacco education or prevention or intervention or cessation programmes just as it is for this current study for both qualitative and quantitative outcome.

Al Agili et al reported a no distinction in tobacco use between the control and intervention groups but a significant higher mean was recorded for knowledge among middle school students [15]. Additionally, in a study by Nguyen et al found out that to help people quit smoking, efforts should address personal, social and government factors. Also suggesting that boosting their beliefs and knowledge is key to changing behaviour [16]. In a comparison study between two schools- one was the control group while the other was the intervention group- each school had equal number of participants. Anuar et al found that while there was no initial difference in knowledge between the groups, the intervention effectively boosted knowledge in the target group, suggesting its potential for improving learning outcomes [17]. Furthermore, a study that adopted a pre and post-test method, Kaur, Chaudhary and Bala [18] found that the research decisively demonstrates the potential of the structured teaching program to equip adolescent boys with vital knowledge about the dangers of smoking, setting a promising path for prevention. In a similar study among pharmacy students, a statistically significant improvement was observed in the intervention group’s knowledge, perceived role and self-efficacy while the reverse was the case for the
control group [19] and another investigation conducted in Malaysia by Ismail et al had same outcome has the current study, group counselling was statistically reported to have increased participants knowledge [22]. A comparison between boys and girls was made and even though both had a significant post-test score on knowledge the boys had higher scores [20]. There were also exceptions, McKennitt and Currie [21] did not report any significant difference in knowledge about tobacco at the pre and post-test outcomes.

The attitude compared in the responses of the pre- and post-interview and the survey did not differ meaningfully. Most of the children ages 7-10 held the view of not being interested in smoking at the pretest and therefore nothing differed though their opinion may have been strengthened but the level of strength was not established. The quantitative result also showed no meaningful variation. Adolescents have been empirically documented to have unnoticeable attitude change towards tobacco use or in favour of tobacco use. Another outcome in Ismail et al study among Malaysian adolescents, showed the group counselling did not impact smoking attitudes towards use and cessation [22], even though attitude is a contributory factor to tobacco use [24]. This result is not quite consistent as other studies found indicative differences in attitude of children and adolescents, culturally sensitive smoking cessation program among Aboriginals had a notable reduction in their intentions to smoke [21]. While initial refusals during the pretest might have stemmed from a desire to fulfill perceived moral expectations, post-test refusals may have reflected deeper understanding and personal conviction based on acquired knowledge. This is supported by evidence showing immediate, significant improvements in both knowledge and attitude towards tobacco abstinence after the intervention program [15]. However, these positive effects did not persist after one year with additional programs, suggesting no significant difference between the control and intervention groups in the long term [26]. Al Agili et al study, there was immediate relationship between the program and knowledge but after 2 years follow up there was no difference in tobacco use, knowledge or attitude [15]. Gender specific attitudinal change in Park, Al Agili and Bartolucci’s study showed girls were more confident not to use tobacco as compared to boys [25]. A meta-analysis by Hwang, Yeagley and Petosa evaluated 65 smoking prevention programs, they were averaged for program effect and efficacy; knowledge had the highest effect sizes over attitude to smoking [26].

Nguyen et al implied that an increase in knowledge may be imperative for behavioural change but with respect to this current study, there was no significant change in behaviour from the quantitative study but a slight difference in behaviour was noticed among those that participated in the qualitative study. So also, with other studies [15]. The posttest was gathered 4 weeks after the intervention, it could be argued that one factor that may have affected the effect of the intervention program was the timing of the prevention program and posttest but other studies found otherwise. A time between three to six weeks is most likely not to show so much difference in behaviour after intervention as not much that is learned could be remembered or may not have impacted significant change [27].

**STRENGTH AND LIMITATION**

The strength of this study was the research design, though it can also double as a limitation. The study took into consideration that children ages 7-10 years may find it challenging to answer questionnaires with possible terms they are not familiar with, hence,
the essence of a qualitative data collection for them whilst quantitative for 11-18 years. One main limitation of the study was the timing between the intervention and the post-test. Attitude and behaviour were not significant possibly because the information learned may not have been digested enough to enable change.

CONCLUSION

The research investigated the use of psycho-education and counseling in tobacco prevention and cessation among Malaysian children from ages 7 to 10 years. The result indicated that there was a significant impact of psychoeducation intervention on knowledge but none was found with attitude and behaviour. It can be concluded that psychoeducation and counselling had increased the knowledge of the participants and may in the long run affect their attitude and behaviour. Therefore, intervention programmes should include psychoeducation and counselling to improve the knowledge of students in school-based intervention.

AUTHOR’S STATEMENT

1. Authors’ contribution
TFA conceptualized the idea, submitted a proposal for grant and ethical approval, conducted a literature search, supervised psychoeducation, and counselling sessions, and drafted the manuscript. HH supervised the whole process, worked on the study design, analysis, and interpretation of data, and reviewed the manuscript. HH, SRAF, and NAMT collected data, facilitated communication in Bahasa Melayu, and transcribed and translated the interview. TFA, HH, SRAF, and NAMT analyzed both quantitative and qualitative data. All authors read and approved the final draft of the manuscript. TFA is the guarantor for the paper.

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4. Competing interests
This research was funded by RSTMH.

5. Ethical Approval
The study adopted passive (opt-out) parental consent. Consent for the six selected schools (three primary and three secondary schools) was by policy first granted by the Malaysian Federal Ministry of Education (KPM.600-3/2/3-eras(15158)), followed by the State Education Department (JMPKp. SPS.USJK.600-1Jld.8(32)), then the District Educational Department (PPD.MUA.100-9/2/2(47)) but at the school management level three primary and two secondary (five) schools gave consent, one secondary school declined. The ethical approval was also obtained from the Human Research Ethics Committee, Universiti Pendidikan Sultan Idris; Ref. No., 2022-0701-02.
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