Original Article

Help-Seeking Intention and Its Determining Factors Among High School Students in Iran

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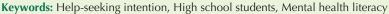
Abstract

Background: With a global prevalence of mental disorders among adolescents, exacerbated by the coronavirus disease 2019 (COVID-19)'s impact, understanding the dynamics of seeking assistance is crucial. Therefore, this study determined the status of the help-seeking intention and the factors affecting it among high school students in Saveh (center of Iran).

Methods: In this cross-sectional study conducted in 2023, 400 students from different high schools were selected by a multi-stage stratified random sampling procedure. They were studied using the Short Form of Mental Health Continuum Questionnaire (MHC-SF), Attitude Toward Seeking Professional Psychological Help Questionnaire (ATSPPH), Help-seeking Intention Questionnaire (GHSQ), and perceived barriers related to mental health services. Data were analyzed via SPSS 21 software using linear regression and descriptive statistical methods. Furthermore, $P < 0.05$ was considered statistically significant

Results: The mean score attitude toward mental health services, perceived barriers to mental health services, and positive mental health were 33.8 ± 5.5, 23.5 ± 3.8, and 42.36 ± 10.39, respectively. Close friends were favored for informal help-seeking (4.3 ± 0.97), while doctors preferred formal help-seeking (3.4 ± 0.91). Furthermore, attitude toward mental health services was the most important predictor of formal help-seeking (P value < 0.001; $\beta = 3.89$), while positive mental health was the most important predictor of informal help-seeking (P value < 0.001; $\beta = 2.93$).

Conclusion: The findings of this study identified friends, family, and doctors as primary sources of informal and formal help-seeking among adolescents. Mental health literacy education is crucial for these groups. Given boys' lower help-seeking intentions and the influence of attitudes and perceived barriers, comprehensive training is recommended. Hence, it is essential to incorporate mental health literacy programs within school curricula. Moreover, school counselors should receive comprehensive training to identify and address mental health issues effectively among students.

Keywords: Help-seeking intention, High school students, Mental health literacy

Introduction

A recent assessment of age-standardized rates of disability-adjusted life years (DALYs) linked with mental disorders in children and adolescents (1) found that one in seven adolescents has suffered a mental health disorder (2). Anxiety disorders and depression make up over 40% of all mental disorders, followed by behavioral disorders and attention deficit hyperactivity disorder (3). Globally, teenagers between the ages of 10 and 19 have a significant frequency of mental problems (4). Teenagers' mental health has suffered greatly as a result of recent features of the coronavirus disease 2019 (COVID-19) pandemic, which include extended school closures, extreme social isolation from classmates and teachers, and heavy social media usage (5).

Approximately 15% of Iran's population comprises adolescents between 10 and 19 years (6). Data that is currently available in Iran indicates that behavioral and mental health problems are common among this age group (7). In a national epidemiological survey of Iranian children and adolescents, 6209 (22.31%) of the 30,532 tested children were diagnosed with at least one

psychological condition. Anxiety disorders (14.13%) and behavioral disorders (8.3%) were the most common disorders, whereas diet disorders (0.13%) and psychotic symptoms (0.26%) were the least common (8). Moreover, roughly 25% of children and teenagers in Iran suffer from at least one mental illness (9).

Individuals may intend to seek either formal or informal assistance. Formal help-seeking involves seeking help from professional mental health services, while informal help-seeking requires seeking assistance from friends, relatives, or parents. Informal help providers such as significant others are the initial point of contact for adolescents. Indeed, it is frequently observed that teenagers would rather initially seek assistance through informal channels (10). Research indicated that teenagers who do not seek help exhibit poorer mental health outcomes (11). When teenagers experience depression and suicidal thoughts, inadequate treatment poses a serious risk to their health (12). By designing interventions to encourage prompt, appropriate, and successful help-seeking for mental health concerns, it is possible to reduce the morbidity and mortality linked to mental health problems by having a better understanding of the paradigm of decision-making in this regard (13). Furthermore, research has indicated that several circumstances can impact adolescents' intention to seek assistance (14,15). For instance, Sheikhan and colleagues' study showed that stigma acts as an attitude barrier that prevents teenagers from intending to seek help (16). Prior research has demonstrated that attitude obstacles, including social and self-stigma, influence teenagers' intentions to seek assistance (17,18). Additionally, the findings of earlier research probed into the connection between mental diseases and mental health literacy (19). The research findings demonstrated that there is no discernible difference in the mental health literacy levels of those with mental illnesses and those in good mental health (20,21). This study aimed to investigate the connection between the intention to seek assistance and mental health. It was anticipated that people with adverse mental health will be more inclined to seek assistance.

Geographical differences were found to affect attitudes toward seeking professional psychological treatment (ATSPPH). One-third of participants in the 1990–1992 US National Comorbidity Survey (NCS) stated that they had certainly sought professional assistance (22). Moreover, 43.5% of participants in a study in Saudi Arabia (23) sought professional assistance for significant emotional issues. A 40-year analysis conducted from 1968 to 2008 showed that ATSPPH progressively worsens with time (24). University students have been the subject of most studies on help-seeking attitudes (25-27). According to research, 40.4% of Chinese university students reported that they would be open to seeing a psychiatrist if they were experiencing suicidal thoughts. Additionally, they favored turning to informal social networks over specialists when seeking help for mental health issues (28). To the best

of our knowledge, there has been no research on help-seeking attitude and its effect on help-seeking intention in the Iranian adolescent population. Therefore, the present study was conducted to determine the status of the help-seeking intention and the factors affecting it among high school students in Saveh (center of Iran).

Materials and Methods
Study Design and Participants
This cross-sectional study was conducted from February to June 2023 in Saveh. Participants included teenagers from secondary schools in Saveh involving both boys and girls. Twenty thousand high school pupils were the target group of the research at the time of data collection. Based on comparable studies of adolescent mental health literacy with an accuracy of 0.05% and a 95% confidence level, an initial target sample size of 380 was determined; however, the sample size was expanded to 400 to obtain the intended effect size of 1.1 (29,30).

The multistage sample approach was utilized to select the study subjects. To this end, Saveh was divided into two districts: the core and outlying areas. Next, information regarding secondary schools was taken from the Saveh Education Department. Out of the 24 high schools in each district, twelve were chosen randomly. Afterward, 400 students were chosen for the study using a straightforward random sampling technique, according to the number of first, second, and third-year students enrolled in these schools. The study's inclusion criteria required students to be in seventh, eighth, or ninth grade and not have any history of mental health or cognitive issues. Each participant had completed a formal consent form before the study began, and the exclusion criteria were also considered. As a result, all study participants provided informed written consent from their parents and their written agreement.

Instrument for Data Collection
Short Form Mental Health Continuum Questionnaire
Based on the 40-item Mental Health Continuum scale (31), Singh et al developed the 14-item Mental Health Continuum Short Form (MHC-SF) questionnaire (32). This questionnaire contains 14 questions, covering three different domains: psychological (6 questions such as "How often did you feel that our society is becoming a better place for all people?"), emotional (3 questions such as "In the past month, how often did you feel satisfied with life"), and social well-being (5 questions such as "In the past month, how often did you feel good at managing the responsibilities of your daily life"). Each item is graded on a Likert scale ranging from "Never" (0) to "Every day" (5). Following Keyes' description. the total scores of the emotional, psychological, and social well-being determine the good mental health score (33). The possible total score on MHC-SF ranges from 0 to 70, and psychological well-being increases with a higher score (34). This survey was validated by Yousefi Afrashteh and Janjani (9). We

assessed its face and content validity both qualitatively and quantitatively. For each question, the content validity ratio and content validity index values ranged from 0.80 to 0.98. Acceptable fit indices were also obtained using confirmatory factor analysis. The results showed that the MHC-SF-A subscales have internal consistency, discriminant validity, and convergent validity (9).

The Attitude Toward Seeking Professional Psychological Help Questionnaire

This questionnaire was used to assess attitudes toward asking for assistance. The ATSPPH is a 10-item test with questions such as "If I thought I was having a mental breakdown, I would seek professional help right away", Items 2, 4, 8, 9, and 10 are reverse scored on a 4-point Likert-type scale (3 = Agree, 0 = Disagree). The questionnaire has a score range from 0 to 30, and the participants will view asking for assistance favorably if they summarize the questions on the questionnaire and receive a high score (35). Psychometric testing of this questionnaire was done by Sharifi et al (36). Moreover, factor analysis results in Iran demonstrated the validity of the ATSPPH-S structure as a model, and Cronbach's alpha in this study was 0.84.

The Perceived Barriers to Mental Health Services Questionnaire

The perceived barriers to mental health services are the subject of the second questionnaire. This questionnaire comprises six questions, with responses ranging from "1" (totally disagree) to "5" (absolutely agree). An example of a question is "I cannot afford the money I need to get mental health services". The total score of this questionnaire ranges from 6 to 30, and it was designed and verified by Mo and Mak (37).

Help-seeking Intention Questionnaire

The Help-seeking Intention Questionnaire (GHSQ) is a 10-item survey that assesses both formal subscale, for example, "How likely are you to seek help from a close friend if you have a personal or emotional problem?", as well as informal subscale of help-seeking intentions, for example, "How likely are you to seek help from a doctor if you have a personal or emotional problem?". Owing to the participants' advanced age, the informal help-seeking inquiry about the wife was eliminated. As a result, nine components made up the scale used for analysis. This consisted of four items for an informal help-seeking intention measurement and five items for a formal one with responses ranging from 1 (very unlikely) to 5 (highly likely). The formal questionnaire scores on help-seeking intention varied from 5 to 25, and the informal questionnaire scores on help-seeking intention varied from 4 to 20. The GHSQ exhibited acceptable internal consistency (Cronbach's alpha = 0.85) and was intended to be used with high school-aged participants (38). The present study investigated the validity and reliability of GHSQ and perceived barriers associated with mental health care. A group of ten specialists, five of whom were specialists in health education and five of whom were psychologists, discussed the initial draft of the questionnaire online to assess its content validity.

After consulting with the city's education office officials and the local schools, the questionnaire was sent to the students. The self-reporting method was employed to collect participant replies, and the researcher gave the necessary explanations on how to respond to the questions. The questionnaire did not contain the identities of the participants, and the other data were kept private and utilized just for this research. Remarkably, out of the 411 randomly selected students based on the sample size, 400 students took part in the study. Of these, only 11 participants did not complete the questionnaire (i.e., a response rate of roughly 97%) or declined participation because their parents were not happy with the study.

Statistical Analysis

SPSS software version 23 was used to analyze the data gathered for this investigation. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were employed for this purpose. Additionally, an analysis of variance (ANOVA) and an independent t-test were conducted to examine the association between formal and informal help-seeking intentions and demographic characteristics. Furthermore, Pearson's correlation analysis was used to explore the association between the intention to seek formal and informal help, positive mental health, and attitude toward mental health services. The significance threshold was then set at $P < 0.05$. Subsequently, the backward approach multiple linear regression model was fitted with the demographic variables, positive mental health, and attitude toward mental health services reliance with formal and informal help-seeking intention ($P < 0.25$). To obtain a reduced model that best explains the data, a stepwise regression approach known as a regression model with a backward strategy started with a full (saturated) model and gradually removing variables at each step. Before executing the multiple linear regression analysis, the investigator assessed several assumptions such as data normality, variance homogeneity, and residual independence.

Results

The frequency of females (49.5%) was marginally lower than that of males (50.5%), and the majority of mothers and fathers (79% and 81.7%, respectively) had completed only high school or less. Moreover, 78.2% of respondents reported a modest economic condition. The results also demonstrated a statistically significant correlation between the intention to seek formal assistance and factors such as age, mother's educational attainment, family income, gender, and father's occupation, as depicted in Table 1.

The Pearson correlation test results showed a significant and direct relationship between the intention to seek formal help and positive mental health (r = 0.18, $P < 0.05$),

between the intention to seek informal help and perceived barriers to mental health services (r = 0.26, P < 0.001) and attitude toward mental health services (r = 0.39, P < 0.001), and between formal help-seeking intention and positive mental health (r = 0.48, P < 0.001), as illustrated in Table 2.

As depicted in Table 3, the mean scores for attitudes toward mental health services and perceived barriers to mental health services were 33.8 ± 5.5 and 23.5 ± 3.8, respectively. In addition, among the informal help-seeking intention sources, close friends with a mean score of 4.3 ± 0.97 obtained the highest score, while doctors obtained the highest mean score (3.4 ± 0.91) among the formal help-seeking intention sources.

In Table 4, the results of a multiple linear regression model by the backward method indicated a 37% variance in the formal help-seeking intention score. The findings revealed that gender (β = 2.56, P = 0.01), household income (β = 3.15, P = 0.001), mother's education level (β = 2.83, P = 0.01), attitude towards mental health services (β = 3.89,

P < 0.001), and perceived barriers to mental health services (β = -3.37, P = 0.001) significantly predicted formal help-seeking intention.

As can be seen in Table 5, a multiple linear regression model by the backward method exhibited a 29% variance in the formal help-seeking intention score. The findings revealed that gender (β = 1.98, P = 0.01), age (β = 1.88, P = 0.02), parental divorce status (No vs. Yes) (β = 2.93, P = 0. 01), and positive mental health (β = 2.98, P < 0.001) significantly predicted informal help-seeking intention.

Discussion

This study evaluated high school students' intentions to seek help and the factors influencing them. The study's findings demonstrated that attitudes regarding mental health services impact adolescents' formal intentions to seek help. This finding is in line with that of earlier research (24,39). The findings also highlighted the significance of addressing attitudes toward mental health services as

Table 1. Socio-demographic Characteristics of the Study Participants (N = 400)

Variables	Classification	Number/Mean	Formal Help-Seeking Mean ± SD	P value	Informal Help-Seeking Mean ± SD	P value
Gender	Girl	198 (49.5)	14.9 ± 3.9	0.02	14.9 ± 4.5	0.001
	Boy	202 (50.5)	11.7 ± 3.1		11.5 ± 2.9	
Family income	Good	50 (12.5)	15.6 ± 3.6		13.9 ± 3.8	
	Moderate	263 (65.7)	14.9 ± 3.9	0.01	13.3 ± 3.5	0.22
	Low	87 (21.7)	11.8 ± 3.9		13.1 ± 3.2	
Had known someone with a mental illness	Yes	78 (19.7)	13.3 ± 3.7	0.156	14.1 ± 3.8	0.15
	No/I do not know	322 (80.5)	14.1 ± 4.3		13.6 ± 3.5	
Father's job	Employee	82 (20.5)	14.3 ± 3.1		13.6 ± 3.8	
	Worker	125 (31.2)	13.8 ± 3.6	0.04	13.8 ± 3.6	0.52
	Others	193 (48.3)	13.1 ± 3.5		13.5 ± 3.1	
Mother's job	Employed	68 (17.0)	13.6 ± 3.9	0.238	13.7 ± 3.7	0.33
	Housewife	332 (83.0)	14.0 ± 3.9		13.9 ± 3.5	
Mother's education level	Diploma/under diploma	327 (81.7)	12.3 ± 3.7	0.01	14.0 ± 3.8	0.28
	College education	73 (18.2)	14.7 ± 3.8		13.9 ± 3.6	
Father's education level	Diploma/under diploma	316 (79.0)	13.8 ± 3.9	0.365	13.9 ± 3.3	0.31
	College education	84 (21.0)	13.9 ± 3.8		13.8 ± 3.6	
Parents are separated	Yes	30 (7.5)	13.7 ± 3.5	0.128	12.3 ± 3.7	0.06
	No	370 (92.5)	13.0 ± 3.3		14.5 ± 4.7	
Number of siblings	One or less	230 (57.5)	13.6 ± 3.5	0.112	13.3 ± 3.3	0.09
	Two or more	170 (42.5)	14.2 ± 4.2		13.9 ± 3.5	
Age	15 and 16 years old	157 (39.2)	12.9 ± 3.3	0.03	12.3 ± 3.7	0.001
	17 and 18 years old	243 (51.2)	14.1 ± 4.0		14.5 ± 4.6	

Note. SD: Standard deviation; Significant at *P < 0.05 using independent t-test.

Table 2. Relationship Between Formal and Informal Help-seeking, Attitude Towards Mental Health Services, Positive Mental Health, and Perceived Barriers to Mental Health Services

Variable	Formal Help-seeking Intention	Informal Help-seeking Intention
Attitude towards mental health services	0.39*	0.13**
Positive mental health	0.11**	0.28*
Perceived barriers to mental health services	0.26*	0.09

Note. * P < 0.001, ** P < 0.05.

Table 3. Mean and Standard Deviation of Barriers, Attitudes, and Formal and Informal Help-Seeking Intention Variables

Scale	Mean ± SD	Min-Max	The Average Percentage Obtained on a Scale of 100
Attitude towards mental health services	33.8 ± 5.5	10-50	59.5%
Perceived barriers to mental health services	23.5 ± 3.8	6-30	72.9%
Close friend	4.3 ± 0.97	1-5	82.5%
Father	3.8 ± 0.63	1-5	70.0%
Mother	4.0 ± 0.69	1-5	75.0%
Other individuals	3.7 ± 0.58	1-5	72.5%
Informal help-seeking	13.7 ± 2.8	4-20	60.6%
Counseling	3.3 ± 0.68	1-5	57.5%
Physician	3.4 ± 0.75	1-5	60.0%
Teacher	2.3 ± 0.51	1-5	32.5%
Helpline	2.1 ± 0.63	1-5	27.5%
Breeding coach	2.3 ± 0.66	1-5	32.5%
Formal help-seeking	13.9 ± 3.3	5-25	44.5%

Note. SD: Standard deviation; Min: Minimum; Max: Maximum.

Table 4. Multiple Linear Regression for Association's Formal Help-seeking Intention Between Attitude Towards Mental Health Services, Perceived Barriers to Mental Health Services, and Demographic Variables Among Participants

Variables and Constructs	Unstandardized Coefficients		Standardized Coefficients	t	P value	95.0% CI for B		Adjusted R Square
	B	Std. Error	Beta			Lower Bound	Upper Bound	
Gender (Male vs. female)	2.56	1.73	0.09	2.35	0.01	0.93	3.81	
Household income (Low vs. good)	3.15	2.15	0.11	2.69	0.001	1.38	4.76	
Mother's education level (Diploma/under diploma vs. college education)	2.83	1.44	0.08	2.34	0.01	1.15	3.98	0.37
Attitude towards mental health services	3.89	2.56	0.12	2.89	<0.001	1.23	4.93	
Perceived barriers to mental health services	-3.37	1.98	-0.23	-2.78	0.001	-5.7	-1.8	

Note. *Statistical significance was set at the level of <0.05.

Table 5. Multiple Linear Regression for Association of Informal Help-seeking Intention with Positive Mental Health and Demographic Variables Among Participants

Variables and Constructs	Unstandardized Coefficients		Standardized Coefficients	t	P value	95.0% Confidence Interval for B		Adjusted R Square
	B	Std. Error	Beta			Lower Bound	Upper Bound	
Positive mental health	2.98	1.35	0.09	1.69	<0.001	0.68	4.3	
Gender (Male vs. female)	1.98	1.28	0.07	1.36	0.01	0.23	3.8	
Age	1.88	1.36	0.08	1.93	0.02	0.55	4.1	0.29
Parental divorce status (No vs. yes)	2.63	1.55	0.10	1.89	0.01	1.9	4.8	

Note. *Statistical significance was set at the level of P<0.05.

a means of supporting adolescents' formal intentions to seek help. Promoting positive attitudes may help lessen the stigma attached to asking for assistance and provide teenagers with the confidence to get the resources they need. One of the factors that predicts teenagers' formal help-seeking is their perception of barriers to mental healthcare. Reduced formal help-seeking behaviors were observed in participants who reported higher levels of perceived impediments. Targeted education efforts to raise knowledge of mental health services and structural modifications to make mental health care more accessible and youth-friendly are two possible strategies to lower these barriers (40). We can enable students to actively seek out the support they require by lowering perceived barriers.

The findings of the present study suggest that adolescents' intentions to seek informal support are significantly predicted by having good mental health. A tenable hypothesis is that teenagers who have experienced improvements in their positive mental health might possess greater levels of self-awareness and emotional intelligence, allowing them to talk candidly about the difficulties they face. Furthermore, teenagers who have good mental health are more likely to have agency and self-efficacy, which encourages them to ask for help when they need it. These results cast doubt on the conventional theory that blames poor mental health for the majority of behaviors related to seeking assistance. While adolescents

experiencing mental health issues are more likely to ask for help, this study indicated that adolescents with better mental health not only understand the value of doing so but also have the social skills necessary to successfully start and navigate conversations about getting help.

Gender was one of the factors affecting teenagers' intentions to ask for both formal and informal assistance. The findings of earlier research are supported by the findings of this investigation (41,42). Men identify signs of mental illness less frequently than women do (43), and men may experience feelings of shame when seeking care for mental health issues (44), while women are typically better knowledgeable in diagnosing mental health issues. Adolescents' aspirations to seek formal assistance are predicted by household income and the educational attainment of their mothers. Teens from less affluent families may encounter difficulties seeking formal assistance because of their limited financial resources and a lack of mental health knowledge. Regarding the effect of parental divorce status on adolescents' aspirations to seek informal help, teenagers from divorced homes were found to have particular difficulties and turn less to their parents for informal support. Thus, programs that encourage informal help-seeking should take into account the different histories of the involved families and adjust their approach accordingly to better meet the needs of teenagers navigating complicated family dynamics.

In this survey, friends were the most often cited source of informal help-seeking, followed by parents and mothers. The results of this study align with the conclusions of related investigations carried out in various regions across the globe (10,45,46). It bears similarities to the study carried out in Tehran by Khorrami et al in which 71.3% of the participants gave priority to getting assistance from family members, but 72.9% of respondents reported that they would rather ask close friends for assistance, indicating the significance of peer groups in adolescence (47). As a result, formal education initiatives that raise peer group mental health literacy can be beneficial. Children in Iranian culture perceive the family as a safe haven because deep family ties are the norm. As such, when things get tough, they turn to their family for support. In this study, 57.5% of the teenagers believed that they ought to talk to their school counselor about getting help. In Jorm and colleagues' (48) investigation on the other hand, 82.2% of teenagers from Australia and 85.8% of teenagers from Japan agreed that consulting a school counselor was a good idea. These variations may be explained by the focus and significance placed on the role of the counselor in educational institutions as well as the caliber of services offered to deal with the issues high school students face in each nation. Academic counselors should not handle this, but school counselors should concentrate on raising mental health literacy because there are a lot of school counseling initiatives in Iran pertaining to this subject because of the significance of the university entrance exam.

Furthermore, the study's findings indicated that there is little desire to ask an instructor for assistance, which is similar to the investigation carried out by Almanasef in Saudi Arabia (49). Due to their hectic schedules, Iranian school teachers typically do not have time for counseling. Similar to the earlier study conducted in Iran (47), the telephone hotline was associated with the lowest average desire to seek help in our study. Telephone counseling services are less common because they are rapid and easily available. This could be the outcome of little to no interaction between clients and therapists, which has a significant effect on how good therapy is. The majority of people favor in-person counseling. To address this issue, online consultation using video and web services might take the role of telephone consultation due to the reduced cost and increased accessibility to virtual consultation using modern technologies.

Moreover, the findings demonstrated that the adolescents under investigation strongly felt that there were obstacles to receiving mental healthcare. Students' understanding of where and how to provide mental health services was lacking. Additionally, nearly half of the teenagers said they could not afford the price of mental healthcare. The findings of this investigation align with those of a Turkish study carried out by Arslan and Karabey (41). In Iran, mental health services are rendered without charge by consultants for health centers and education (50). As a result, it is important to give people enough information on where to get mental health services, how to get them, and whether or not government programs are free.

Conclusion

This study examined the complexities of help-seeking intents among high school students in Saveh, illuminating a complex environment shaped by socioeconomic variables, cultural norms, and individual views. The obtained patterns of requesting help from friends, parents, and school counselors matched global trends, demonstrating how common these preferences are. Family relationships, socioeconomic position, and gender were found to be important factors in determining teenagers' desire to seek help. These results highlight the necessity of customized interventions that target the particular difficulties encountered by certain subgroups. Moreover, views toward mental health professionals and perceived obstacles were found to be strong indicators of formal help-seeking, highlighting the importance of initiatives aimed at reducing stigma and enhancing accessibility to mental health services. In addition, the results of this study underscore the intricate interplay between diverse factors shaping adolescents' help-seeking behaviors, thereby paving the way for more targeted and effective strategies. By addressing the identified barriers and fostering positive attitudes towards seeking help, stakeholders can empower adolescents to proactively engage in self-care, whether they navigate mental health challenges or seek guidance

for personal growth. This study contributes to the evolving landscape of adolescent mental health support, reinforcing the importance of considering both positive and negative mental health attributes as drivers of help-seeking behaviors.

Authors' Contribution
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Competing Interests
The authors declare that there is no conflict of interests.

Ethical Approval
Before taking part in the study, the participants provided their informed consent after we had discussed the study objectives. The current investigation was approved by the Iran University of Medical Sciences and the Faculty of Education Ethics Committee in Saveh (1700, 468748, 650) under the code of ethics IR.IUMS. REC.1401.713. Additional ethical factors were observed, including the freedom to engage in the study, the assurance of information confidentiality, the anonymity of the questionnaires, and the explanation of the research aims at the beginning of the questionnaire distribution.

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