Mental Health Improvement Among Adolescents At Peer Yogyakarta Through Increasing Regulations And Support

Oleh:

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Mental Health Improvement Among Adolescents At Peer Yogyakarta Through Increasing Emotion Regulation And Support

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Abstract
Mental health has been a concern of the global community in the late 20th century. WHO (2013) defines mental health as a point representing that an individual is able to understand the potential exists within him, able to deal with the pressing issues in life, can work productively, and able to contribute to their home environments. The issues of mental health is also penetrated the world of education, for example there is a provide mental health services to students in USA. However, the issue of mental health in education in Indonesia is not being concerned yet. This research will discuss the relationship of emotion regulation and social support from peers to mental health of adolescent of junior and senior high school in Yogyakarta. This study uses quantitative approach with a survey method and experimental method. Instruments which used in this research are mental health, emotion regulation scales. The result of this research is module of emotion regulation (Bersahabat dengan Emosi/BEMO). Data will be analyzed by using multiple regression and paired sample t-test.

Keywords: mental health, emotion regulation, emotion regulation module, social support from peers, adolescents

Mental health has become a global concern in the late 20th century. In 1996, a study published by WHO, Global Burden of Disease Study, revealed that depression was one among five health disturbances that were most likely to happen in the world. Moreover, a report issued by US Public Health Service which mainly focused on physical health, Surgeon General’s Report (1999), touched the subject of mental health for the first time, raising the awareness even more. All of the statement above was apparently based on the fact that mental health was the second biggest cause for early disorder and premature death.

WHO (2011) defined mental health as a state of well-being in which every individual recognizes his or her own potential, has the ability to cope with normal stresses of life, can be productive and fruitful in doing his or her work, and last but not least, can contribute to her or his community. The Surgeon General’s (Prever 2006) stated that mental health referred to a state in which the mental could function properly in terms of productive activities, good adaptive skills, dealing with diversity, and maintaining a good relationship with peers. Mental health also played a fundamental role in ensuring personal well-being, family welfare and quality of interpersonal relationship, and in contributing to the community.

The concept of mental health intervention even expanded its reach to educational sector. Christner and Menuti (2009) proposed a set of intervention ideas to support the development of mental health at school. The first stage of said intervention is universal intervention, which is specially contrived to be enforced to the whole students at school. The aims of this stage are: (1) to establish protective factors to reduce the
proneness of maladaptive coping tendency, (2) to prevent problems before they occur, and (3) to assist student with high risk factors (Christner & Mennuti, 2009).

At the stage of universal intervention, which is essentially the elevation of socio-emotional competence, an intervention is needed—one that can be applied to majority of students by raising general issues. Therefore, we conducted preliminary study in order to find contextual issues that are faced by middle and high schoolers in Indonesia. Through content analysis method recommended by Hayes (2000), we found that approximately 856 tweets extracted from adolescents Twitter account mostly contained negative emotion. This emotion included complaints about school life, a sense of helplessness, frustration, confusion, swear words, seeking attention, sarcasm, sadness, and numerous complaints regarding their physical features as well. Unsurprisingly, almost all participants from junior high school and senior high school have ever brought up the same theme regardless of their grade and age.

Based on the aspects of adolescent mental health, the result of our preliminary study shows that the domination of negative emotion shows the unfulfillment of one of the aspects of mental health which is emotional functioning (Roeser et al., 1999), in which teenagers are incapable of understanding, communicating, and regulating their emotions (Gross & Munoz, 1995). Below are a number of Twitter massages which indicate negative emotion of adolescent students in various contexts.

“Maybe I’m just fed up with this.” (SMP-076-0121)

“Yes, just go on and ignore me.” (SMP-067-0031)

“The whole class hates that teacher!” (SMA-079-0241)

“Report: fuck**n d*mn DONE!" (SMA-074-0097)

These preliminary data as well as theoretical facts show that emotional regulation is an invaluable part of mental health, making the development of emotional regulation in adolescent an essential matter. In addition, Saxena, Dubey and Pandey (2011) found that each component involved in the capability of emotional regulation helps an individual to reach a healthy mental condition.

An individual who is capable of regulating emotions is equivalent tone who has learned to express their feelings effectively, as well as balance spontaneity with rationality (Atwater & Duffy, 2005). According to Thompson (1994), emotional regulation consists of an internal and external process responsible in evaluating and modifying emotional reaction to reach an objective and adapt to certain social situations.

The ability to regulate emotions properly is a fundamental indicator of one’s mental health (Saxena, Dubey & Pandey, 2011). This study aims to be a pioneer of a program that promotes mental health and prevents as well as intervenes its problems through emotional regulation training for middle and high schoolers.
Training or psycho-education is becoming more significant because it purports to provide equal chances of service to the society (Supratiknya, 2011). This is based on the fact that there is a disparity in the number of psychologists and the total population of Indonesia.

This study aims to create a training program to increase adolescent emotional regulation, which eventually will lead to mental health enhancement. Emotional regulation training utilized in this study is a program that is systematically designed to enhance emotional regulation competence. Moreover, this training is going to be arranged into a training module which serves a purpose of achieving the capabilities contained in 5 aspects of emotional regulation as proposed by Gross and Thompson (2007): situation selection, situation modification, attentional deployment, cognitive change, and response modulation. Supratiknya (2011) suggested to title the training attractively so that it increases the interest of participants into joining the training. The training in this study is titled as BEMO which is an abbreviation of “Bersahabat dengan Emosi” (Befriending Emotions). On a side note, BEMO is also an acronym of the four training sessions which are: 1) Bedakan Situasi (Distinguish Situation), 2) Eliminasi dan Fokus (Eliminate and Focus), 3) Menjernihkan pikiran (Clear the Mind), and 4) Olah perilaku (Control your Behavior). The first session is derived from the aspect of situation selection and situation modification while the second one represents attentional deployment aspect. The third session consists of cognitive change aspect and the last one contains an explanation regarding the aspect of response modulation.

The training is modeled after experiential learning. Experiential learning is a training model that allows instructions to be given in a variety of methods (Siberman, 1998). Supratiknya (2011) states that experiential learning begins with experiencing, in which an individual engages in the learning process. This stage includes games, role play, demonstration, paperwork, etc. Publishing comes next, which requires the individual to convey and retell his experience by reflecting his feelings and thoughts. Afterwards, the individual will need to process his feelings and thoughts into key points that will help him generalize and conclude the meaning of his learning process. The last stage of the cycle is where the individual applies what he has learned and starts learning new things.

The objectives of this study, therefore, were to: (1) empirically evaluate BEMO module to be further applied on adolescents and (2) investigate the impact of BEMO training to adolescents’ emotional regulation and mental health at school.

Mental health has become a global concern in the late 20th century. In 1996, a study published by WHO, Global Burden of Disease Study, revealed that depression was one among five health disturbances that were most likely to happen in the world. Moreover, a report issued by US Public Health Service which mainly focused on physical health, Surgeon General’s Report (1999), touched the subject of mental health for the first time, raising the awareness even more. All of the statement above was apparently based on the fact that mental health was the second biggest cause for early disorder and premature death.

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The training is modeled after experiential learning. Experiential learning is a training model that allows instructions to be given in a variety of methods (Sierberman, 1998). Supratiknya (2011) states that experiential learning begins with experiencing, in which an individual engages in the learning process. This stage includes games, role play, demonstration, paperwork, etc. Publishing comes next, which requires the individual to convey and retell his experience by reflecting his feelings and thoughts. Afterwards, the individual will need to process his feelings and thoughts into key points that will help him generalize and conclude the meaning of his learning process. The last stage of the cycle is where the individual applies what he has learned and starts learning new things.

The objectives of this study, therefore, were to: (1) empirically evaluate BEMO module to be
further applied on adolescents and (2) investigate the impact of BEMO training to adolescents’ emotional regulation and mental health at school.

Method

Participants
This study was an experiment done in a purposely chosen location, X Junior High School in Yogyakarta. According to the Sector Police of Gondokusuman, the said school frequently deals with school violence and quarrels which serves the objectives of the study appropriately. Pretest was conducted prior to data collecting. The pretest was necessary to pick out specific participants with medium mental health and emotional regulation score.

Intervention
The intervention implemented in the study was called BEMO (Bersahabat dengan Emosi—Befriending Emotion) training. BEMO training was a program systematically designed to help adolescents improve their emotional regulation skills in its five main components as recommended by Gross & Thompson (2007): situation selection, situation modification, attentional deployment, cognitive change and response modulation. The training was done in groups, and took 2 meetings to completion with each session lasting for 180 minutes.

Experiment Design
A quasi-experimental control group design with pre-test and post-test was used in the study. (Cook & Campbell, 1979). Participants were divided into two groups: experimental group and control group. The effect of treatment towards dependent variable will be assessed by comparing dependent variable in experimental group after receiving treatment with control group. The design is shown as follows:

\[
\begin{array}{c}
O_1 \\
X \\
O_2
\end{array}
\]

\[
\begin{array}{c}
O_1 \\
O_2
\end{array}
\]

Notes:
O₁ : Pre-test
O₂ : Post-test
X : Treatment with BEMO Training
   : No treatment

Procedure
Pretest was executed at school on Friday, October 31 2014 while the experiment was implemented from Friday to Sunday, November 8 to 9 2014. Initially, there were 100 8th graders who participate in the pretest. Only 30 of them with medium score of mental health and emotional regulation were chosen. The
experiment was held on November 8 and 9 2014 after school from 1 to 4 P.M. The post-test followed accordingly 3 days after the experiment took place, along with qualitative follow-up in the form of interview. This follow-up aims to know better the condition of participants upon receiving the training.

Measurement tools
Mental Health Inventory and Emotional regulation Questionnaire were used in the study.

1. Mental Health Inventory
Mental health data was collected using Mental Health Inventory. The scale is a 50-item self-report questionnaire derived from indicators of mental health proposed by Prever (2006). Participants were requested to respond to the statements presented on the scale. After undergoing a process of try-out, 46 out of 50 items of the scale were proven reliable while the other 4 were eliminated due to their low correlation coefficient. Reliability coefficients resulted with a composite alpha of 0.881 and correlation coefficients ranging from 0.251 to 0.547.

2. Emotional regulation Questionnaire
Aside from mental health inventory, we also used our own Emotional regulation Questionnaire that was extracted from Gross & Thompson’s (2007) emotional regulation aspects. The analysis of reliability of the questionnaire resulted in Alpha coefficient up to 0.733, which was reliable enough by standard. Out of 20 items, only 18 of them met the standard bar. The correlation coefficients ranged from 0.227 to 0.479. These 18 items were re-numbered later on.

Analysis
The hypothesis of the study was tested using statistical method. Mixed Design ANOVA was selected to examine the alteration that occurred in both groups before and after the treatment.

Result
BEMO training consisted of 3 consecutive stages which were pretest, data collecting, and posttest. The pretest—done by giving mental health inventory (Hidayat, dkk., 2013) and emotional regulation questionnaire to the participants—involved 191 students in total; 97 and 84 respectively for junior high school students and senior high school students. The pretest was held on two different days, October 13 2014 in X Junior High School in Yogyakarta and November 15 2014 in Y Senior High School in Yogyakarta. The data that had been gathered was then sorted into 3 categories based on its hypothetical value as seen on the table below:
Table 1
Data Description of Junior High School Students' Pretest (n=97)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Range of Score</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Low</td>
<td>X &lt; 105</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Medium</td>
<td>105 ≤ X &lt; 165</td>
<td>73</td>
<td>75.26%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>High</td>
<td>138 ≤ X</td>
<td>24</td>
<td>24.74%</td>
</tr>
</tbody>
</table>

Table 2
Data Description of Senior High School Students' Pretest (n=84)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Range of Score</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Low</td>
<td>X &lt; 88.67</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Medium</td>
<td>88.67 ≤ X &lt; 139.33</td>
<td>25</td>
<td>29.76%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>High</td>
<td>139.33 ≤ X</td>
<td>59</td>
<td>70.24%</td>
</tr>
</tbody>
</table>

The table gives us information about the distribution of the data, with 75.26% junior high school students and 29.76% senior high school students having relatively decent mental health condition. Junior high school participants with high mental health score amount to 24.74%, while senior high school participants manage to hit it up to 70.24%.

The summary of statistical description of the data is presented in table 3 below:

Table 3. Summary of Statistical Description of Data

<table>
<thead>
<tr>
<th></th>
<th>Experimental</th>
<th>Control</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>142.467</td>
<td>150.333</td>
<td>16.287</td>
<td>10.203</td>
<td>15</td>
</tr>
<tr>
<td>Post-test</td>
<td>152.400</td>
<td>147.267</td>
<td>17.879</td>
<td>12.372</td>
<td>15</td>
</tr>
</tbody>
</table>

Hypothesis Testing

The hypothesis of this study is that BEMO training gives aid to the enhancement of adolescent mental health in experimental group than control group. The summary of hypothesis testing can be seen as in Table 4.

Table 4. Summary of Hypothesis Testing

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>28,017</td>
<td>1</td>
<td>28,017</td>
<td>0.510</td>
<td>0.441</td>
</tr>
<tr>
<td>Time * group</td>
<td>633,750</td>
<td>1</td>
<td>633,750</td>
<td>13.791</td>
<td>0.001</td>
</tr>
</tbody>
</table>
The time group column shows $F=13,791$ with $p=0.001$ ($p<0.05$) which explains an interaction between measurement time (both pretest and posttest) and both experimental and control group. The interaction refers to the significantly different score changes appearing in both groups. Table 5 shows the pairwise comparisons between pretest and posttest in mental health score.

Table 5. Summary of pairwise comparisons in mental health score

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-test</th>
<th>Posttest</th>
<th>Mean Difference (Pre-post)</th>
<th>Std</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>1</td>
<td>2</td>
<td>-7.867</td>
<td>2.475</td>
<td>0.004</td>
</tr>
<tr>
<td>Control</td>
<td>1</td>
<td>2</td>
<td>5.133</td>
<td>2.475</td>
<td>0.475</td>
</tr>
</tbody>
</table>

According to Table 5, there was a significant score difference in the experimental group after being given BEMO training as shown by MD (Mean Difference) with -7.867 and $p=0.004$ ($p<0.05$). Thus, the experimental group had significantly higher score of mental health after receiving "BEMO" training.

While the control group's mean difference was 5.133, experimental group's one was up to -7.867 which indicates BEMO training contribution in enhancing participants' mental health. The effective contribution of BEMO training to mental health adds up to 33%.

**Discussion**

The result testifies mental health differences in the experimental group, which was treated with BEMO training, and the control group. The outcome of independent sample-t generates mean difference value, which adds up to 7.867 and $p=0.004$, meaning there was a significant difference in mental health between experimental group and control group, in which the experimental group achieved higher mean score than control group did. In other words, BEMO training effectively contributed in increasing participants' mental health in general. Further analysis statistically presented its contribution which amounted to 18%.

This study also corresponds to a definite effort to help adolescent train and develop their emotion regulation in order to enhance mental health. This perspective is in tandem with Saxena, Dubey, and Pandey (2011) who stated that providing chances for adolescent to improve their emotion regulation was unavoidably essential. Emotion regulation training, which is carried out to develop adolescent life skills, also acts as a means to accomplish universal intervention. Life skill improvement is given to 85% of school elements to foreclose possible psychological problems (Christner & Mennuti, 2009).

Through observation, the experiential process in the training aided participants to better understand the session. The participants easily responded the stimuli demonstrated by trainer in the form of games and quiz. Meanwhile, the discussion process helped them to learn to seek solutions for their own mental health problems.
During "Menjernihkan Pikiran" (Clear Your Mind) session, the observation result points out a number of mental health problems they encountered which for the most part were rooted from incapability of emotion regulation in learning situation, the topic of friends, and also family. At the end of the session, participants overcome their problems by doing quiz about emotion regulation implementation steps. Not only that, the BEMO training has also participated in increasing emotion regulation by raising students’ self-awareness when they ran across things that could potentially trigger mental health disturbance. Most of the participants could also conclude elements associated with positive and negative mental health state, as well as false outlooks such as jumping to conclusion, all or nothing, or blaming others which were frequently experienced by them.

In accordance with the result of observation on the training and participants’ responses to its content, it is clear that BEMO training supports the participants to develop some indicators of adolescent mental health based on Mental Health Foundation’s (Prever, 2006): having confidence, solving life problems effectively and engaged in positive relationship. During the training, the evidence of confidence obtained by the participants was shown through their activeness in giving feedback, referring situations that could trigger either positive or negative mental condition, discussing, and solving problems. This statement was also confirmed by Welsh’s study (2010) which uncovered how the process of expressing could lead the participants into better understanding and more comprehensive conclusion drawn from others’ experiences. Aside from that, a training which is based on experiential learning is found to be accommodative in strengthening one’s confidence by confessing his apprehension and drawing benefits out of his peers’ former experiences (Supratiknya, 2011).

This study has also uncovered mental health problems faced by adolescent which mostly revolve around friendship. During the training, participants acquired solutions of their problems that help them ameliorate a more positive outlook and relationship with their peers. McGrath., dkk (2009) justifies this statement as well in his study by finding that positive peer support is an indispensable factor in improving adolescent mental health. Mortality in the participants is one possible threat for the internal validity of the variable, as well as a limitation for this study itself. In this context, mortality refers to the disappearance of particular participants from both groups which can result to alteration in the average scores of dependent variable after it is given treatment (Azwar, 1998). Not all participants complete the whole training sessions; some even missed the evaluation process. These reasons explain the potential mortality that could happen in this study. Building rapport process and administration affairs shall be taken into account and elaborately considered for future references.
Conclusion

In this study we have examined whether BEMO training impacts mental health enhancement or not. The result suggested that the training was proven to be effective and assistive in enhancing adolescent mental health in Yogyakarta. The effective contribution of this training adds up to 33%. Likewise, the study represents the condition of adolescent mental health in Yogyakarta, Indonesia.

References

INVITATION AS KEYNOTE SPEAKER AT THE INTERNATIONAL CONFERENCE ON LANGUAGE, EDUCATION AND PSYCHOLOGY (ICLEP) 2015

Dear Professor Dr Amitya Kumara,

On behalf of the organizing committee we would like to officially invite you as the keynote speaker at the INTERNATIONAL CONFERENCE ON LANGUAGE, EDUCATION AND PSYCHOLOGY 2015. Details of the event are as follows:

Date: 4th and 5th June 2015
Venue: Fraser Place Namdaemun, Seoul
#58, Sejong-Daero, Jung-Gu, Seoul, Korea 100-094

We hope you will accept this invitation. We are honoured to have you at the conference and look forward to your presentation and findings.

On behalf of the organizing committee, I would like to wish you a warm welcome to ICLEP 2015.

Thank you.

Sincerely,

FAZIDAH BARIYAH MD ALI
Chairman
Organizing Committee
ICLEP 2015