

# NATIONAL HEALTH AND MORBIDITY SURVEY 2017

# ADOLESCENT HEALTH SURVEY 2017

## KEDAH



**NATIONAL HEALTH AND MORBIDITY  
SURVEY 2017**

**(NMRR-16-698-30042)**

**ADOLESCENT HEALTH SURVEY 2017**

**KEDAH**

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## **LIST OF ABBREVIATIONS**

<b>AHS</b>	<b>Adolescent Health Survey</b>
<b>CDC</b>	<b>Centre Disease Control</b>
<b>GSHS</b>	<b>Global School-based Student Health survey</b>
<b>IAT</b>	<b>Internet Addiction Test</b>
<b>MVIAT</b>	<b>Malay Version Internet Addiction Test</b>
<b>UNAIDS</b>	<b>Joint United Nations Programme on HIV and AIDS</b>
<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>UNESCO</b>	<b>United Nations Educational, Scientific and Cultural Organization</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>YRBSS</b>	<b>Youth Risk Behavior Surveillance System</b>

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## **Executive Summary**

The Adolescent Health Survey 2017 is aimed at assessing the prevalence of health risk behaviours and protective factors amongst secondary school students in Malaysia using self-administered anonymous questionnaires adapted from the Malaysian Global School-based Student Health Survey (GSHS) 2012. This study was conducted among secondary school-going adolescents between 26<sup>th</sup> March and 3<sup>rd</sup> May 2017. In order to ensure national representativeness, this study was implemented using a two-stage cluster sampling design. Out of 2738 secondary schools from the Ministry of Education and Ministry of Rural and Regional Development, 212 schools were selected and more than 30,000 students were eligible to participate in this survey. The overall response rate was 89.0% and 27,497 school-going adolescents completed the survey. A total of 14 secondary schools were randomly selected in Kedah of which 1,691 students completed the survey out of 1,930 eligible respondents with response rate of 87.6%.

## **Kedah Key Findings**

The study observed that the prevalence of current cigarette smokers in Kedah school-going adolescents was 12.2%. Amongst those who ever smoked cigarettes, 71.4% had tried cigarettes before the of age 14 years and 71.7% had attempted to quit smoking in the past 12 months. The prevalence of current e-cigarette/vape use in Kedah school-going adolescents was 8.4%. Among those who ever smoked e-cigarette/vape, 43.7% had first tried e-cigarette/vape before age 14 years and 64.3% had tried to stop using e-cigarette/vape in the past 12 months. Overall, 11.2% of students reported having parents or guardians who used e-cigarette/vape, 40.6% of students reported having parents or guardians who used any form of tobacco products and 38.0% of students reported having been exposed to people who smoked in their presence in the past seven days. Prevalence of current alcohol drinkers among school-going adolescents in Kedah was 7.6%. Among students who had ever consumed alcohol (14.7%), 30.3% reported ever drunkenness in their lifetime. With regards to drug use, 3.6% of students in Kedah reported had ever used drugs and the prevalence of current drug users was 2.6%. Prevalence of ever using marijuana in their lifetime was 1.9% and current use of marijuana was 2.0%, while 2.1% of students reported had ever used amphetamines or methamphetamines during their lifetime.

The study found that prevalence of ever having sex among school-going adolescents in Kedah was 7.0% and the prevalence of having had sex in the past 30 days was 5.2%. Of those who ever had sex, 29.8% of them had their first sexual experience before age 14 years, and 17.0% had at least two sexual partners. It was found that 9.0% of students reported they, or their partners had used condoms whilst 8.6% used other birth control methods. A total of 25.7% students had been seriously injured in the past 12 months. Among the respondents, 20.6% claimed to have been physically attacked in the past 12 months, while 21.0% of adolescents claimed to have been involved in physical fights. With regards to bullying, 13.4% reported to have ever been bullied in the past 30 days. Physical abuse at home was reported by 9.6% of students while 36.9% of reported verbal abuse at home in the past 30 days.

The overall prevalence of internet use among school-going adolescents in Kedah was 85.6% and the prevalence of internet addiction was 25.6%. Smartphones were the most prevalent device used. A total of 8.1% school-going adolescents in Kedah reported feeling lonely and 3.1% reported that they had no close friend. A total of 5.5% reported being unable to sleep “most of the time or always” due to worry in the 12 months prior to the survey. Prevalence of suicidal ideation, plan and attempt were 10.3% , 7.9%, and 6.4% respectively. Prevalence of truancy amongst students in the past 30 days was 29.4% while only 45.8% claimed to have peer support. Students who reported having parental or guardian supervision, parental or guardian connectedness, parental or guardian bonding and parental or guardian respect for privacy were 13.5%, 32.4%, 44.6% and 72.4% respectively.

Overall, 88.5% of students reported having cleaned or brushed their teeth at least twice daily while 1.9% of students reported that they had never cleaned or brushed their teeth in the past 30 days. A total of 64.7% students reported use of fluoridated toothpaste, while only 18.1% used dental floss. In the past 30 days, 10.2% never or rarely used soap when washing their hands, 5.0% never or rarely washed their hands before eating and 5.4% reported that they had never or rarely washed their hands after using the toilet. In relation to dietary behaviours, 3.3% reported being hungry most of the time or always in the past 30 days because there was not enough food at home. The consumption of fruits at least twice daily was 54.6% and consumption of vegetables at least thrice daily was 39.6% in the past 30 days. Only 28.8% of

students reported fruits and vegetables consumption at least five times daily in the past 30 days. Consumption of carbonated soft drinks of at least once daily in the past 30 days was reported at 36.2% and 10.6% consumed food from fast food restaurants for at least three days in the past seven days. Milk/milk products consumption of at least two servings per day was reported at 35.9% while 64.5% drank plain water five times or more per day in the past 30 days. Prevalence of being physically active for a total of at least 60 minutes daily for five days or more in the past seven days was 18.6% whereas 46.8% of students had spent at least three hours in a typical or usual day in sitting activities.

### **Malaysia Key Findings**

The study observed that the prevalence of current cigarette smokers in school-going adolescents was 13.8%. Amongst those who ever smoked cigarettes, 68.4% had tried cigarettes before the age of 14 years and 71.0% had attempted to quit smoking in the past 12 months. The prevalence of current e-cigarette/vape use in school-going adolescents was 9.8%. Among those who ever smoked e-cigarette/vape, 42.2% had first tried e-cigarette/vape before age 14 years and 60.9% had tried to stop using e-cigarette/vape in the past 12 months. Overall, 13.7% of students reported having parents or guardians who used e-cigarette/vape, 42.2% of students reported having parents or guardians who used any form of tobacco products and 42.0% of students reported having been exposed to people who smoked in their presence in the past 7 days. Prevalence of current alcohol drinkers among school-going adolescents was 10.2% in which alcohol sources were mainly from their own family or bought from stores. Among students who had ever consumed alcohol (19.3%), three quarter had their first alcoholic beverage before age 14 years and 31.9% reported ever drunkenness in their lifetime. With regards to drug use, 4.3% of students reported had ever used drugs and the prevalence of current drug users was 3.4%. Prevalence of ever using marijuana in their lifetime was 2.8% and current use of marijuana was 2.5%, while 2.4% of students reported had ever used amphetamines or methamphetamines during their lifetime.

The study found that prevalence of ever having sex among school-going adolescents was 7.3% and the prevalence of having had sex in the past 30 days was 5.4%. Of those who ever had sex, 31.9% of them had their first sexual experience before age 14 years, and 16.6% had at least two sexual partners. It was found that 12.7% of students reported they, or their partners had used condoms whilst 10.3% used other birth control methods. A total of 29.9% students

had been seriously injured in the past 12 months with two most common causes of injury being falls and motor vehicle accidents. Among respondents, 25.3% claimed to have been physically attacked in the past 12 months, while 24.9% of adolescents claimed to have been involved in physical fights. With regards to bullying, 16.2% reported to have ever been bullied in the past 30 days. The two most common forms of bullying were 'being made fun of because of how their body or face looks' and 'made fun of with sexual jokes, comments or gestures'. Physical abuse at home was reported by 11.8% of students while 43.2% reported verbal abuse at home in the past 30 days.

The overall prevalence of internet use among school-going adolescents was 85.6% and the prevalence of internet addiction was 29.0%. Smartphones were the most prevalent device used. A total of 9.3% secondary school students in Malaysia reported feeling lonely and 3.6% reported that they had no close friend. A total of 7.1% reported being unable to sleep "most of the time or always" due to worry in the 12 months prior to the survey. Prevalence of suicidal ideation, plan and attempt were 10.0%, 7.3%, and 6.9% respectively. Prevalence of truancy amongst students in the past 30 days was 29.4% and only 44.2% claimed to have peer support. Students who reported having parental or guardian supervision, parental or guardian connectedness, parental or guardian bonding and parental or guardian respect for privacy were 13.2%, 32.0%, 42.6%, and 74.4% respectively.

Overall, 87.1% of students reported having cleaned or brushed their teeth at least twice daily while 1.2% of students reported they had never cleaned or brushed their teeth in the past 30 days. A total of 58.3% students reported use of fluoridated toothpaste, while only 19.3% used dental floss. In the past 30 days, 11.6% never or rarely used soap when washing their hands, 6.1% never or rarely washed their hands before eating and 4.8% reported that they had never or rarely washed their hands after using the toilet. In relation to dietary behaviours, 3.9% reported being hungry most of the time or always in the past 30 days because there was not enough food at home. The consumption of fruits at least twice daily was 46.8% and consumption of vegetables at least thrice daily was 36.0% in the past 30 days. Only 23.5% reported fruits and vegetables consumption at least five times daily in the past 30 days. Consumption of carbonated soft drinks of at least once daily in the past 30 days was reported at 36.9% while 11.1% consumed food from fast food restaurants for at least three days in the

past seven days. Milk/milk products consumption of at least two servings per day was reported at 31.0% while 60.4% drank plain water five times or more per day in the past 30 days. Prevalence of being physically active for a total of at least 60 minutes daily for five days or more in the past seven days was 19.8% whereas 50.1% of students had spent at least three hours in a typical or usual day in sitting activities.

**Recommendations:**

In view of the above findings, the following recommendations are suggested:

- To strengthen awareness, knowledge and practice of positive health-related behaviours through home, school and community settings.
- To develop and disseminate more health education materials on health risk behaviours, its consequences and preventive measures.
- To enhance resilience and coping skills among students through school and community programs and activities such as, Doktor Muda, Minda Sihat, cadets and volunteerism.
- To strengthen protective factors against risky behaviours through intersectoral collaboration with more emphasis on spiritual values and parenting skills.
- Intersectoral collaboration to tackle the social determinants contributing to the adolescent health morbidities and mortalities.
- To evaluate the effectiveness of adolescent health programs provided by various agencies at a regular interval.

## **1.0 INTRODUCTION**

The World Health Organization (WHO) has defined adolescents as a group of population between the ages of 10 to 19 years.<sup>1</sup> Adolescence sub-categories used in Malaysia consists of early adolescence (10-14 years), middle adolescence (15-17 years) and late adolescence (18-19 years).<sup>2</sup> Total population of adolescents in Malaysia is around 18% out of 31 million population.<sup>3</sup> Adolescents are the most valuable asset in the country as they will become future leaders who will continue to sustain our national agendas.

By definition, adolescence is a period of transition from childhood to adulthood where significant changes occur in the form of physical appearance as well as emotional well-being. Rapid biological maturity precedes psychosocial maturity, thus having an impact on health consequences.<sup>4</sup> Generally, they are perceived as the healthiest population and often overlooked until now. However previous studies had observed multiple morbidities among adolescents resulting from unintentional injuries, risky behaviours such as smoking, use of alcohol and drugs and also involvement in sexual activity.<sup>5</sup> The current trend of the cyber era, in which more adolescents spend too much time “on line” and have become addicted to the internet, results in detachment from the real world and difficulties adapting with real world communication, which is later associated with mental health problems among adolescents.<sup>6</sup> Physical inactivity and unhealthy dietary behaviors are associated with obesity and these behaviours may continue until adulthood. The practice of good personal hygiene care and dietary behaviours are equally important aspects that should not be put aside in assessing adolescent health.<sup>5</sup> Their interaction with the environment also shapes adolescent growth through psychosocial experiences where peer and parental support play an important role. Adolescents are at-risk of premature morbidity and mortality if no preventive measures are taken.<sup>7</sup> This population should enjoy the highest attainable standards of health with a supportive environment.

### **1.1 Research in Adolescent Health in Malaysian Context**

In Malaysia, the Adolescent Health Unit has been established in 1995 under the Family Health Development Division, Ministry of Health, Malaysia.<sup>3</sup> In terms of research activities, a nationwide health risk behavior study among adolescents was conducted in 1996 with four

main scopes namely smoking, alcohol consumption, drug use and sexual activity practices.<sup>8</sup> Following that, the Global Youth Tobacco Surveys were conducted in 2003 and 2009 to identify tobacco consumption among youth.<sup>9,10</sup> In 2010, the Institute for Health Behavioural Research had initiated The Youth Behaviour Risk Factor Surveillance (YBRFS), however the respondents only consisted of students from Forms 1, Form 2 and Form 4.<sup>11</sup> In realizing that the national data on health risks and behaviours are very much important in developing policy and programs for adolescents, the Ministry of Health, Malaysia took a step forward in collaborating with the World Health Organization (WHO) in conducting the Global School-based Student Health Survey (GSHS) Malaysia in 2012. The survey used a self-administered questionnaire assessing 10 main scopes of adolescent health risk behaviours primarily among students aged 13 to 17 years. The GSHS questionnaire was developed by WHO and the Center for Disease Control and Prevention (CDC) in collaboration with UNICEF, UNESCO, and UNAIDS in 2001. It has been used as a standard tool by more than 100 countries in the world. Local adaption and validation of the questionnaire was done before running the actual nationwide survey.<sup>12</sup>

The purpose of the GSHS was to provide accurate data on health behaviours and protective factors among students to:

- Help countries develop priorities, establish programmes, and advocate for resources for school health and youth health programmes and policies;
- Establish trends in the prevalence of health behaviours and protective factors for use in evaluation of school health and youth health promotion; and
- Allow countries, international agencies, and others to make comparisons across countries and within countries regarding the prevalence of health risk behaviours and protective factors.

The 10 main scopes were:

- Alcohol use
- Dietary behaviours
- Drug use
- Hygiene (including oral health)
- Mental health problems



- Physical activity
- Protective factors
- Sexual behaviours that contribute to HIV infection, other STI, and unintended pregnancy
- Tobacco use
- Violence and unintentional injury

With regards to the importance of serial data in measuring the trends of health risk behaviours among adolescents in Malaysia, the Ministry of Health has listed the Adolescent Health Survey as one of the main scopes in the National Health and Morbidity Survey (NHMS) cycle. The current Adolescent Health Survey used a similar methodology and validated Malaysian GSHS questionnaire in 2012 with the addition of the Malay Version Internet Addiction Test (MVIAT).<sup>13</sup>

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## **1.2 Objectives**

### **1.2.1 General Objectives**

To assess the prevalence of health risk behaviours among adolescents in Malaysia in order to review health priorities, program strategies and activities and planning for allocation of resources for adolescent health.

### **1.2.2 Specific Objectives**

1.2.2.1 To identify the prevalence of alcohol use

1.2.2.2 To identify the dietary behaviors

1.2.2.3 To identify the prevalence of drug use

1.2.2.4 To identify the practice of hygiene including oral health

1.2.2.5 To identify the prevalence of internet use and addiction

1.2.2.6 To identify the prevalence of mental health problems

1.2.2.7 To identify the practice of physical activity

1.2.2.8 To identify the prevalence of protective factors

1.2.2.9 To identify the prevalence of sexual behaviours

1.2.2.10 To identify the prevalence of tobacco use

1.2.2.11 To identify the prevalence of violence and unintentional injury

### **1.2.3 The NHMS 2017 Organisation Team**

The organisation of NHMS 2017 was set up at various levels of the Ministry of Health and Ministry of Education in order to conduct this survey.

#### **1.2.3.1 NHMS Steering Committee**

The NHMS Steering Committee, chaired by the Director-General of Health was set up at the national level to approve scopes of the NHMS 2015-2018 and to facilitate implementation of the survey.

The members and terms of reference of this committee are shown in **Appendix 1 and 2.**

### **1.2.3.2 Central Coordinating Team (CCT)**

A working committee within the Institute for Public Health was established to coordinate implementation of the survey according to the scheduled Gantt chart. The Operation Centre was set up and led by the CCT team for coordinating and monitoring progress of the survey.

The list of CCT members and terms of reference are shown in **Appendix 3 and 4.** Figure 1 detailed the organisation chart at the Institute for Public Health level. Adolescent Health Survey was part of NHMS 2017 using the sample from secondary schools only.

### **1.2.3.3 Research Team Members**

Research team members for each sub-scope were established and headed by a key-person (among IPH officers) together with the relevant stakeholders. Research team members were responsible for the technical input in development of the questionnaire manual, variable definition, data analysis and writing of the final report.

The list of members for each research teams are shown in **Appendix 5.**

### **1.2.3.4 State Liason Officers and Data Collection Team.**

A State Liaison Officer was appointed in each State to facilitate planning and implementation of data collection within the States.

The list of State Liaison Officers and Data Collection Teams are shown in **Appendix 6.**

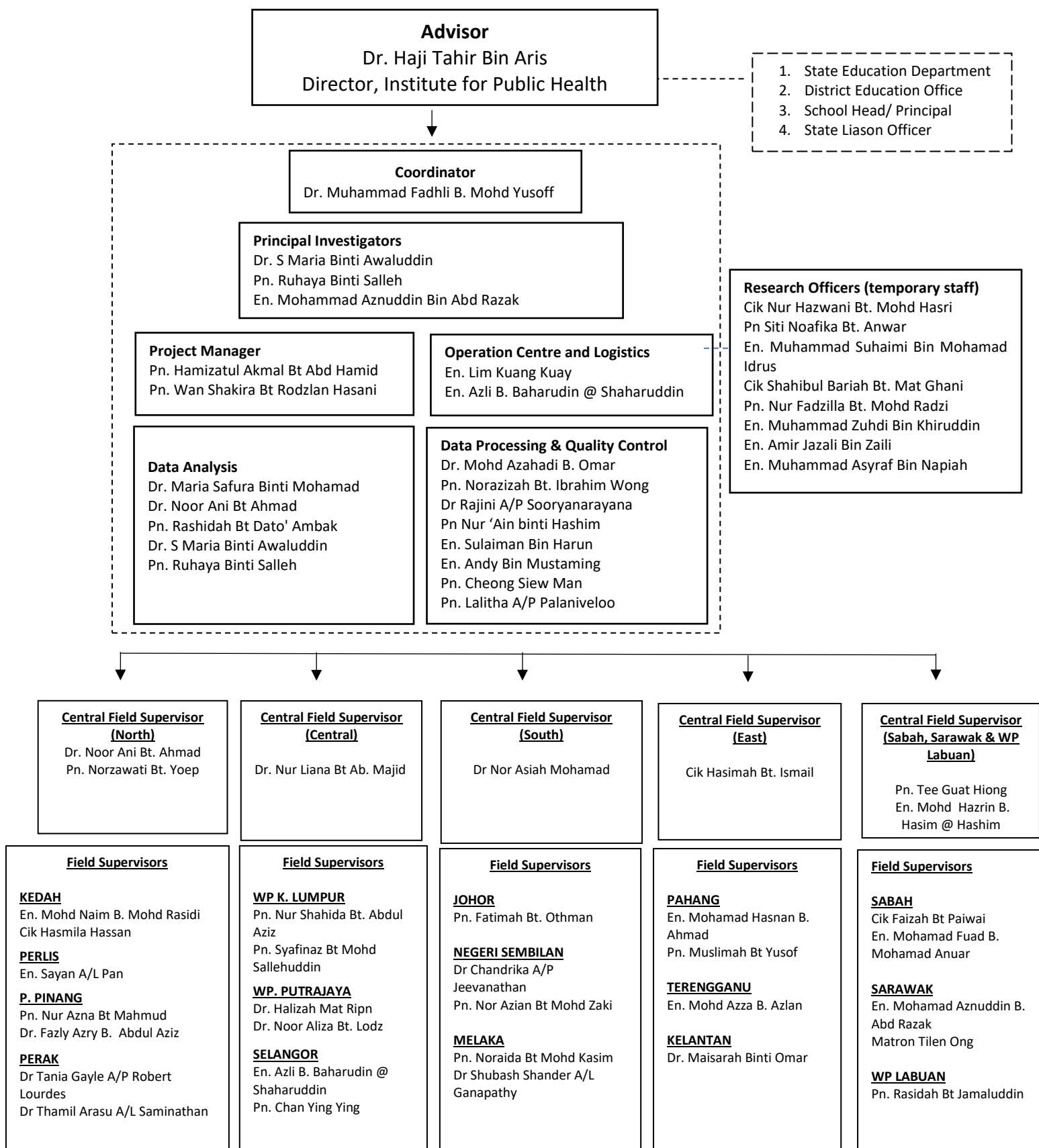


Figure 1: Organisation chart for data collection teams NHMS 2017

## 2.0 METHODOLOGY AND SAMPLING DESIGN

### 2.1 Target Population

The target population for the Adolescent Health Survey 2017 was school-going adolescents aged between 13 to 17 years in Malaysia. An equal sampling proportion was calculated from 13 States and three Federal Territories to represent adolescents in each State / Federal Territories.

### 2.2 Sampling Frame

The sampling frame used in this survey was the list of secondary schools from the Ministry of Education and Ministry of Rural and Regional Development. Students' enrolment data of Form 1 to Form 5 from 2,738 secondary schools in 2016 were used.

### 2.3 Sample Size Determination

Sample size was calculated by using a single proportion formula for estimation of prevalence.

The sample size calculation was based on a few criteria as stated below:

1. Variance of proportion of the variable of interest (Based on Global School-Based Student Health Survey 2012)
2. Margin of error (e) (Between 0.01 to 0.05)
3. Confidence Interval of 95%

To obtain an optimum sample size, a few adjustments were made to the sample size calculation as follows:

1. Adjusted n (srs) for total number of target population (N) (based on the population size for school-going adolescents in 2016)

$$n \geq \frac{n_{SRS}}{1 + \frac{n_{SRS}}{N}}$$

2. Adjusted for design effect (deff) (based on previous survey: GSHS 2012), n (complex) = n \* deff
3. Adjusted for n(complex) taking into account expected non-response rate of 25%, n (adj) = n (complex) \* (1 + non-response rate)

4. The sample size was adjusted according to the needs of analysis; at the national or state level.

Based on the requirements to achieve the objectives of the survey and above mention considerations, the optimum sample size required was 30, 496 respondents (**Table 2.1**).

**Table 2.1: Distribution of Secondary Schools Sampled by State, NHMS 2017**

No.	State / Federal Territories	Total Number of Schools	Number of Schools Sampled	Number of students sampled
1	Johor	306	14	1,906
2	Kedah	219	14	1,906
3	Kelantan	193	14	1,906
4	Melaka	87	14	1,906
5	Negeri Sembilan	139	14	1,906
6	Pahang	209	14	1,906
7	Pulau Pinang	141	14	1,906
8	Perak	275	14	1,906
9	Perlis	33	14	1,906
10	Selangor	345	14	1,906
11	Terengganu	162	14	1,906
12	Sabah	246	14	1,906
13	Sarawak	220	14	1,906
14	WP Kuala Lumpur	133	14	1,906
15	WP Labuan	19	8	1,906
16	WP Putrajaya	11	8	1,906
<b>Total</b>		<b>2,738</b>	<b>212</b>	<b>30,496</b>

## **2.4 Sampling Design**

This survey utilised a two-stage stratified cluster sampling design to ensure representativeness of students from Form 1 to Form 5 (13-17 years). Malaysia was stratified into 16 states/ Federal Territories. The first stage of sampling was selection of secondary schools (schools with students from Forms 1 to Form 5). Schools were selected randomly with probability proportionate to school enrolment size. A total of 212 secondary schools were selected to participate in this survey. The second stage of sampling was selection of classes. All classes in each selected school were included in the sampling frame. Systematic random sampling was used to select minimum of four to maximum of 10 classes from each selected school to meet the required sample for each school in 13 states and WP Kuala Lumpur, WP Putrajaya and WP Labuan; 137 and 239 respondents respectively. All students in selected classes were eligible to participate in the survey.

## **2.5 Ethical Approval and Consent Forms**

This study had obtained approvals from the Medical Research and Ethics Committee of the Ministry of Health and Ministry of Education. We obtained permission to carry out the survey from relevant offices of the Ministry of Education at state and district levels as well as from schools selected. Prior to the survey, several meetings with relevant Ministry of Education officers and persons in-charge at selected schools were conducted to ensure readiness in logistic preparation. Teachers were briefed on the parent's consent form, who then distributed it to parents a week prior to the survey. During the actual day of the survey, student's consent was obtained from eligible respondents before survey was conducted. Students who did not receive parental consent or they themselves refused to participate were considered as non-response of eligible participants in this survey.

## **2.6 Survey Instruments**

A validated self-administered bilingual questionnaire adopted from the Malaysian GSHS 2012 with computer-scan-able answer sheets was used. Answer sheets were anonymous to ensure student confidentiality. Majority of the students completed the survey within two teaching periods. The Adolescent Health Questionnaires contained 77 questions addressing the following topics:



- Alcohol use
- Dietary behaviours
- Drug use
- Hygiene (including oral health)
- Internet Use and Addiction
- Mental health
- Physical activity
- Protective factors
- Sexual behaviours that contribute to HIV infection, other STIs, and unintended pregnancy
- Tobacco use
- Violence and unintentional injury

## **2.7 Data Collection**

There were 36 teams to collect data; 4 teams each for Sabah and Sarawak and 2 teams per state in the Peninsular Malaysia and Federal Territories. Each team consisted of a field supervisor, research assistants and a driver. The field supervisor was a permanent staff in the Ministry of Health.

A pilot study was carried out on 6 February 2017. Data collection training was conducted in Kuala Lumpur and Kuching, Sarawak for data collection teams in Peninsular Malaysia, and for Sabah, Sarawak and WP Labuan respectively. The training module comprised of questionnaires and role-plays in handling the survey in classrooms or in a school hall. Data collection was from 26 March to 3 May 2017.

## **2.8 Data Management**

Quality check on data was conducted throughout the survey based on specific identification (ID) numbers; from the state ID until individual student ID (generated for the study). Upon completing the survey, each student placed his / her answer sheet in an envelope. All answer sheets from the same school were wrapped together to make a bundle. These bundles were

collected by assigned drivers for schools in Peninsular Malaysia or using tracked postage for schools in Sabah, Sarawak and WP Labuan.

### **2.8.1 Data Operation Centre**

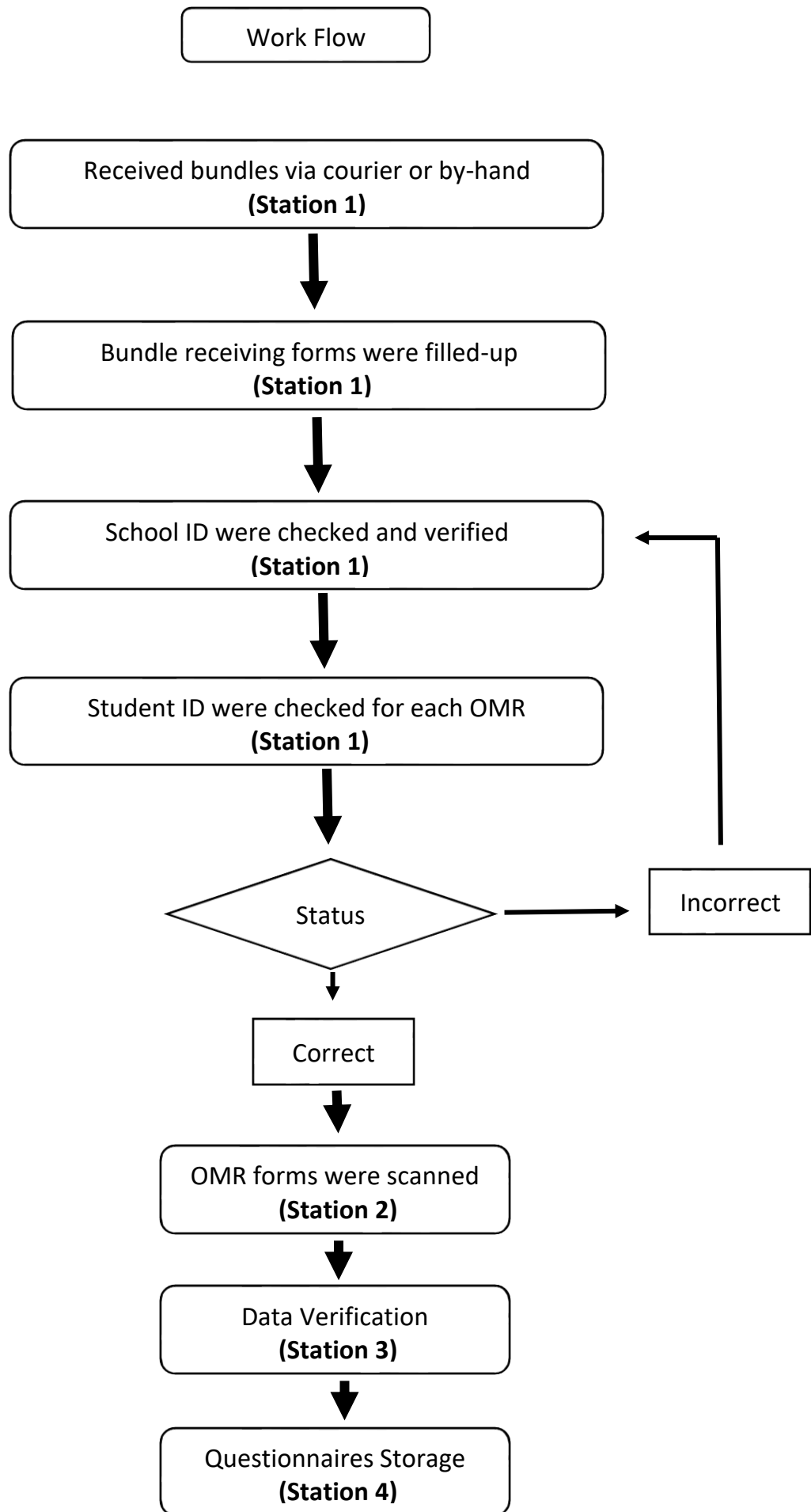
An operation centre with several stations was set up to receive data “bundles” from the field:

Station 1: Respondent ID checking

Station 2: Scanning

Station 3: Verification

Station 4: Storage



**Figure 2 : Work Flow of NHMS 2017**

### 2.8.2 Data Analysis

Analysis was prepared according to objectives of the survey, working definitions and dummy tables. IBM SPSS Statistics for Windows, Version 21.0. (Armonk, NY: IBM Corp.) was used to import raw datasets in Excel form. Data set was checked and cleaned for any inconsistencies. The final data analysis was conducted by using complex sampling design and 95% confidence interval.

A weighting factor was applied to each student record to adjust for non-response and for varying probabilities of selection. Weight estimation was calculated by the following formula:

$$W = W1 \times W2 \times F \times PS$$

Where;

**W1** = the inverse of probability of selecting the school

**W2** = the inverse of probability of selecting the class within the school

**F** = the inverse of a school, class and student level non-response adjustment factor

**PS** = a post stratification adjustment factor calculated by class and gender

The weighted results were used to make important inferences on the health risk behaviours and protective factors of all students from Form 1 to Form 5. Variable definitions used in this survey were derived from the Malaysian GSHS 2012 and was discussed in detail for each scope.

### 3.0 FINDINGS

#### 3.1 General Findings

A total of 27,497 OMR forms were received from 212 selected schools. The overall response rate was 89.2%. The response rates for schools and classes were 100% each, while the response rate for students was 89.2%. (**Table 3.1.1**).

**Table 3.1.1: Response Rate at Student Level by State, NHMS 2017**

State	Selected Schools	Eligible students	Completed OMR forms	Response rate (%)
Johor	14	1,915	1,731	90.4
Kedah	14	1,930	1,691	87.6
Kelantan	14	1,900	1,631	85.8
Melaka	14	1,986	1,872	94.3
Negeri Sembilan	14	1,930	1,718	89.0
Pahang	14	1,948	1,784	91.6
Pulau Pinang	14	1,974	1,749	88.6
Perak	14	1,931	1,754	90.8
Perlis	14	1,992	1,667	83.7
Selangor	14	1,840	1,671	90.8
Terengganu	14	1,880	1,669	88.8
Sabah	14	1,965	1,686	85.8
Sarawak	14	1,919	1,779	92.7
WP Kuala Lumpur	14	1,937	1,721	88.8
WP Labuan	8	1,907	1,712	89.8
WP Putrajaya	8	1,869	1,662	88.9
<b>Total</b>	<b>212</b>	<b>30,823</b>	<b>27,497</b>	<b>89.2</b>

Comparison of total estimated population (weighted) with the national secondary school enrolment is shown in **Table 3.1.2** Geographic information system (GIS) on the mapping of selected secondary schools is shown in **Figure 3**. The socio-demographic characteristics of the sample by gender consist of 48.3% (817) males and 51.7% (874) females in Kedah . In terms of school locality; 50.2% (849) and 49.8% (842) were students studying in school located in urban areas and rural areas respectively.

**Table 3.1.2: Comparison between NHMS 2017 respondents and national enrolment of secondary school students in Malaysia 2017**

State	NHMS 2017			National Enrolment 2017	
	Unweighted count	Estimated Enrolment (weighted)	Prevalence (%)	Secondary School Students	Prevalence (%)
<b>Malaysia</b>	27,497	2,146,447	100.0	2,146,509	100.0
<b>State</b>					
Johor	1,731	275,711	12.8	275,700	12.8
Kedah	1,691	154,645	7.2	154,643	7.2
Kelantan	1,631	121,684	5.7	121,683	5.7
Melaka	1,872	67,234	3.1	67,235	3.1
Negeri Sembilan	1,718	88,430	4.1	88,429	4.1
Pahang	1,784	103,630	4.8	103,644	4.8
Pulau Pinang	1,749	112,980	5.3	112,981	5.3
Perak	1,754	181,681	8.5	181,724	8.5
Perlis	1,667	27,012	1.3	27,014	1.3
Selangor	1,671	391,634	18.2	391,623	18.2
Terengganu	1,669	98,667	4.6	98,664	4.6
Sabah	1,686	198,960	9.3	199,006	9.3
Sarawak	1,779	197,888	9.2	197,876	9.2
WP Kuala Lumpur	1,721	112,376	5.2	112,370	5.2
WP Labuan	1,712	5,539	0.3	5,539	0.3
WP Putrajaya	1,662	8,376	0.4	8,378	0.4
<b>Sex</b>					
Male	13,135	1,064,954	49.6	1,064,988	49.6
Female	14,362	1,081,493	50.4	1,081,521	50.4
<b>Form</b>					
Form 1	5,704	451,017	21.0	451,024	21.0
Form 2	5,501	426,924	19.9	426,908	19.9
Form 3	5,837	431,050	20.1	431,043	20.1
Form 4	5,532	414,604	19.3	414,653	19.3
Form 5	4,923	422,852	19.7	422,881	19.7

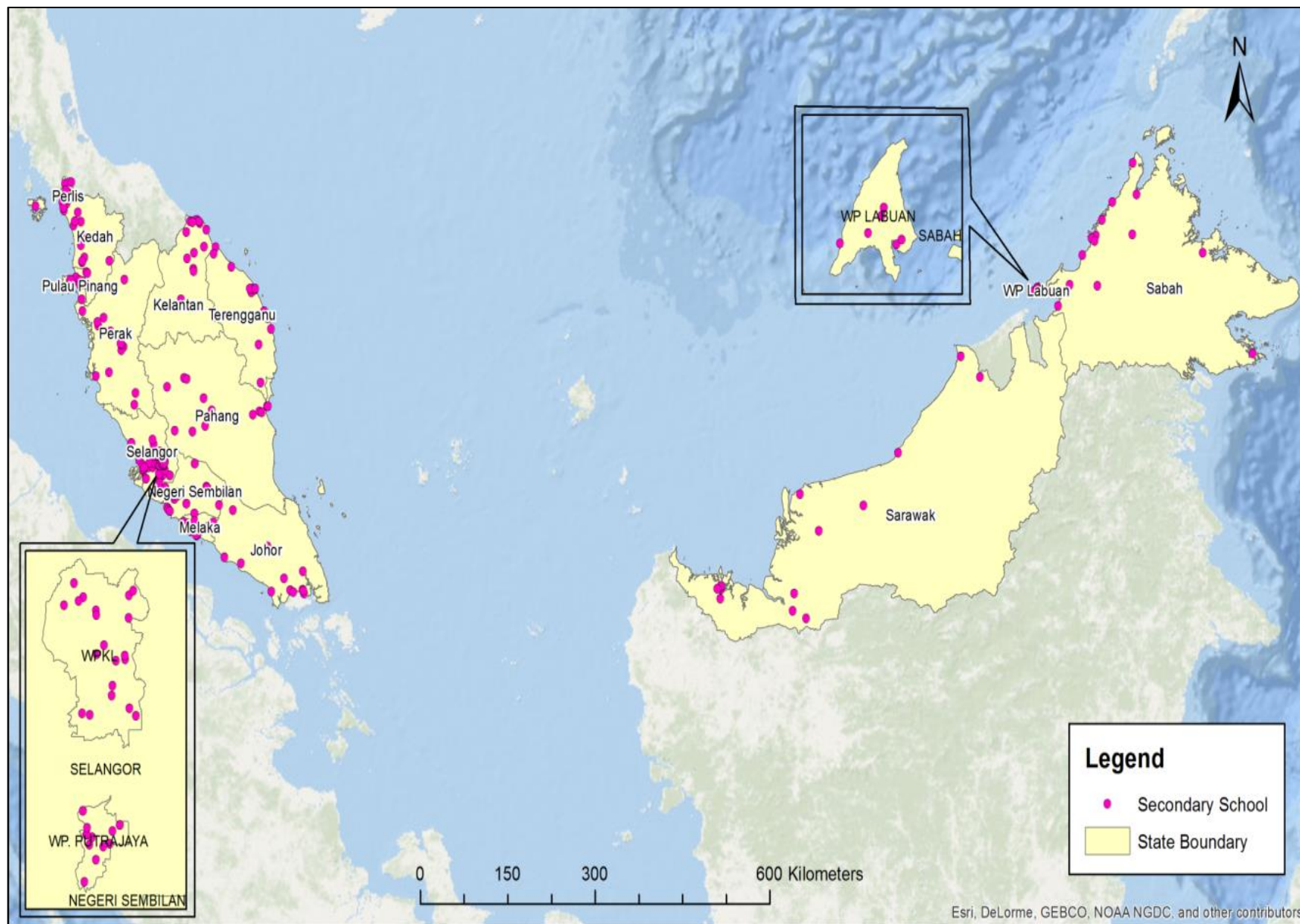


Figure 3: GIS mapping of the selected secondary schools

## **3.2 Alcohol Consumption**

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### **3.2.1 Introduction**

Globally, there are about 3.3 million deaths attributable to harmful use of alcohol annually.<sup>1</sup> The South East Asian region contributed to 4.6% of alcohol-attributable deaths and 4.0% burden of disease and injury.<sup>1</sup> People consuming alcohol are prone to more than 200 diseases and injuries as well as social consequences due to its harmful effects.<sup>1</sup> The Centre for Disease Control (CDC) estimates on average in the United States from 2006 to 2010, there were 4,358 alcohol-attributable deaths due to excessive alcohol use for those under 21; 1,580 deaths from motor vehicle crashes, 1,269 as a result of homicides, 492 from suicide, as well as 245 from other injuries such as falls, burns, and drowning.<sup>2</sup> Alarmingly, about 33% of teens (by age 15) have had at least 1 drink of an alcoholic beverage.<sup>3</sup> Evidently, individuals who started drinking before the age of 15 are five times more likely to have alcohol-related problems later in life.<sup>4</sup> The consequence of early alcohol drinking could lead to memory impairment, thus causing low educational achievement and high absenteeism rates.<sup>5,6</sup>

### **3.2.2 Objectives**

- i. To determine the prevalence of ever and current drinkers among students from Form 1 to Form 5.
- ii. To describe the socio-demographic characteristics of ever and current drinkers among students from Form 1 to Form 5.
- iii. To identify the age of alcohol drinking initiation among students from Form 1 to Form 5
- iv. To identify the sources of obtaining alcoholic beverages among students from Form 1 to Form 5.
- v. To identify the prevalence of drunkenness among students from Form 1 to Form 5 who consume alcohol.



- vi. To determine the frequency of social problems related to alcohol consumption among students from Form 1 to Form 5.

### 3.2.3 Variable definitions

- **Drinking alcohol:** A “drink” is a glass of wine, tuak, lihing, bahar, ijuk or toddy; a can of beer, a small glass of liquor’ or mixed drink. Drinking alcohol does not include drinking a few sips of wine for religious purposes.
- **Ever drinkers:** Those who had a history of alcohol consumption in their lifetime.
- **Current drinkers:** Those who had at least a “drink” of alcohol in the past 30 days.
- **Drunkenness:** When someone demonstrates signs such as staggering when walking, not being able to speak right and throwing up after consuming alcohol in a lifetime.
- **Social problems:** Having trouble with family or friends, missed school or got into fights as a result of drinking alcohol in a lifetime.

### 3.2.4 Findings

The prevalence of ever alcohol drinkers among students from Form 1 to Form 5 in Kedah was 14.7% (95% CI: 8.58, 24.06). There was no significant difference noted across school locality, sex and form (**Table 3.2.1**). The prevalence of current alcohol drinkers among students from Form 1 to Form 5 was 7.6% (95% CI: 5.02, 11.44) (**Table 3.2.2**). Among ever alcohol drinkers, 30.3% (95% CI: 19.44, 43.91) reported drunkenness (**Table 3.2.3**) and 29.8% (95% CI: 23.68, 36.68) had their first alcoholic beverage at the age of 12 or 13 years old (**Table 3.2.4**).

Among current alcohol drinkers, 39.3% (95% CI: 21.97, 59.76) of them obtained their alcoholic beverages from their families, 28.4% (95% CI: 19.93, 38.82) bought the alcoholic beverages from stores and 13.3% (95% CI: 6.15, 26.58) obtained the alcoholic beverages from their friends (**Table 3.2.5**). The prevalence of students getting into trouble with their family and friends, missed school or got into fights one or more times as a result of drinking alcohol was 3.6% (95% CI: 2.50, 5.23) and there was no significant difference by school locality and sex (**Table 3.2.6**).

### **3.2.5 Discussion/ Conclusion**

The prevalence of current alcohol drinkers among students from Form 1 to Form 5 in Kedah was 7.6% (95% CI: 5.02, 11.44) whereas the national prevalence was 10.2% (95% CI: 9.00, 11.60). The prevalence of drunkenness among the ever alcohol drinkers in Kedah was 30.3% (95% CI: 19.44, 43.91), which was almost the same compared to the national prevalence; [31.9% (95% CI: 29.26, 34.70)]. Similar to the national findings, majority of students who ever consumed alcohol in Kedah had their first drink at the age of 12 or 13 years. Among students who were current drinkers in Kedah, 39.3% (95% CI: 21.97, 59.76) obtained their alcoholic beverages from their families, 28.4% (95% CI: 19.93, 38.82) bought the alcoholic beverages from stores and 13.3% (95% CI: 6.15, 26.58) obtained the alcoholic beverages from their friends similar to the national findings.

### **3.2.6 Recommendations**

Addressing alcohol drinking among adolescents in Malaysia is vital to prevent social and other harmful effects of alcohol on the health of adolescents. Mapping of localities with high alcohol drinking and drunkenness prevalence is highly recommended, since alcohol use is not rampant and localised in specific populations and locations.

By doing this, interventions can be focused on the identified groups. Among the interventions that can be implemented are:

1. To instill awareness about the danger of underage drinking to the adolescents as early as possible.
2. Family-based prevention programmes: Educating parents on the negative effects of alcohol especially on long-term memory and learning skills, health effects and its social repercussions on adolescent behaviour and subsequent dependence and abuse if not controlled. Parents should play an important role as the firsthand educators on the harmful effects of alcohol to their children and prohibiting children to initiate early alcohol drinking.
3. School-based prevention programmes: Empower counselors and teachers to screen their students for alcohol use and to start intervention for these students as soon as possible.

### 3.2.7 References

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**Table 3.2.1: Prevalence of ever alcohol use among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	248	22,743	14.7	8.58	24.06
<b>Locality of school</b>					
Urban	166	15,319	19.8	9.41	36.88
Rural	82	7,425	9.6	6.97	13.16
<b>Sex</b>					
Male	150	13,676	18.2	10.96	28.57
Female	98	9,067	11.4	6.13	20.33
<b>Form</b>					
Form 1	51	4,126	13.4	7.93	21.64
Form 2	54	4,999	16.4	7.75	31.46
Form 3	24	2,633	8.4	4.59	14.98
Form 4	58	4,513	14.9	6.73	29.86
Form 5	61	6,472	20.4	9.43	38.56

**Table 3.2.2: Prevalence of current drinker in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	131	11,800	7.6	5.02	11.44
<b>Locality of school</b>					
Urban	82	7,429	9.6	5.39	16.49
Rural	49	4,371	5.7	3.73	8.52
<b>Sex</b>					
Male	90	8,018	10.6	6.70	16.50
Female	41	3,783	4.8	2.85	7.86
<b>Form</b>					
Form 1	40	3,263	10.6	5.59	19.06
Form 2	26	2,474	8.1	4.30	14.81
Form 3	10	1,025	3.3	1.36	7.68
Form 4	28	2,195	7.3	3.30	15.20
Form 5	27	2,844	8.9	4.49	17.05

**Table 3.2.3: Percentage of drunkenness among ever alcohol drinkers among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	73	6,839	30.3	19.44	43.91
<b>Locality of school</b>					
Urban	47	4,581	30.1	17.01	47.42
Rural	26	2,258	30.8	14.75	53.33
<b>Sex</b>					
Male	54	4,983	36.7	22.67	53.35
Female	19	1,856	20.7	10.12	37.59
<b>Form</b>					
Form 1	22	1,793	44.4	29.45	60.43
Form 2	12	1,147	23.3	13.63	37.00
Form 3	5	540	20.5	6.75	47.98
Form 4	12	962	21.3	8.76	43.35
Form 5	22	2,396	37.0	15.03	66.15

**Table 3.2.4: Initiation age of alcohol drinking among ever alcohol drinkers among Form 1 to Form 5 students in Kedah, 2017**

	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
7 years old or younger	20	1,657	7.3	4.79	11.05
8 or 9 years old	28	2,524	11.2	8.28	14.86
10 or 11 years old	40	3,730	16.5	12.06	22.11
12 or 13 years old	71	6,737	29.8	23.68	36.68
14 or 15 years old	38	3,565	15.8	11.87	20.61
16 years old or older	-	-	-	-	-
Unknown	50	4,415	19.5	8.79	37.89

**Table 3.2.5: Source of obtaining alcohol among current drinker among Form 1 to Form 5 students in Kedah, 2017**

	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
I bought in a store	28	2,570	28.4	19.93	38.82
I gave someone money to buy	10	908	10.1	5.08	18.92
I got it from my friends	13	1,206	13.3	6.15	26.58
I got it from my family	39	3,548	39.3	21.97	59.76
I stole it	2	193	2.1	0.49	8.86
I got it some other way	7	612	6.8	2.24	18.71

**Table 3.2.6: Prevalence of social problems (got into trouble with family or friends, missed school, or got into fights) as a result of drinking alcohol among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	63	5,596	3.6	2.50	5.23
<b>Locality of school</b>					
Urban	29	2,667	3.4	2.24	5.26
Rural	34	2,929	3.8	2.10	6.78
<b>Sex</b>					
Male	42	3,694	4.9	3.19	7.48
Female	21	1,903	2.4	1.56	3.68

### **3.3. Dietary Behaviours**

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#### **3.3.1 Introduction**

Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances important for adolescent's good health. Dietary patterns that include higher intakes of fruits and vegetables are associated with several health benefits, including a decreased risk for some types of cancer.

#### **3.3.2 Objectives**

To describe the prevalence of:

- i. Students who had gone hungry most of the time or always in the past 30 days.
- ii. Fruits intake of at least twice daily in the past 30 days.
- iii. Vegetables intake of at least three times daily in the past 30 days.
- iv. Fruits and vegetables intake of at least five times daily in the past 30 days.
- v. Carbonated drinks consumption of at least once daily in the past 30 days.
- vi. Plain water intake of five times or more daily in the past 30 days.
- vii. Milk or milk products intake of at least two times daily in the past 30 days.
- viii. Food consumption from fast food restaurant of at least three days in the past seven days

### 3.3.3 Variable Definitions

- **Gone hungry:** students who had gone hungry most of the time or always because there was not enough food at home for the past 30 days or living without financial means to access enough food for active and healthy living.
- **Fruits intake:** fruits intake of at least twice daily in the past 30 days, inclusive of various types of local fruit, seasonal fruit and imported fruit.
- **Vegetables intake:** vegetables intake of at least three times daily in the past 30 days, either eaten raw or cooked.
- **Plain water intake:** Includes mineral water, boiled water, or tap water
- **Carbonated drinks intake:** carbonated drinks consumption of at least once daily in the past 30 days (except mentioned as diet soft drinks).
- **Dairy products intake:** milk or milk products intake at least two times daily in the past 30 days.
- **Fast food intake:** consuming food from fast food restaurants at least three days in the past seven days

### 3.3.4 Findings

#### Hunger

The overall prevalence of students who reported being hungry most of the time or always in the past 30 days was 3.3% (95% CI: 1.93, 5.54%) with an estimated projection to 5,079 school-going adolescents. There was no significant difference reported between students studying in the urban areas (4.4%; 95% CI: 2.43, 7.98) and students from the rural areas (2.1%; 95% CI: 0.93, 4.78). There were 3.4% (95% CI: 1.78, 6.54) male students and 3.1% (95% CI: 1.90, 5.17) female students who reported being hungry. Form 1 students reported the highest prevalence of being hungry 5.0% (95% CI: 2.34, 10.35) as compared with other forms (**Table 3.3.1**).

#### Fruits intake

The overall prevalence of consuming fruits at least twice daily in the past 30 days was 54.6% (95%CI: 48.83, 60.22) with an estimated projection to 84,373 school-going adolescents. There was no significant difference reported between students studying in the urban areas 55.5%



(95% CI: 47.99, 62.74) and students from the rural areas 53.7%; 95% CI: 45.05, 62.10. There were 53.9% (95% CI: 47.87, 59.84) male students and 55.2% (95% CI: 47.78, 62.43) female students who reported consuming fruits at least twice daily (**Table 3.3.2**).

### **Vegetables intake**

The overall prevalence of consuming vegetables at least three times daily in the past 30 days was 39.6% (95%CI: 36.02, 43.27) with an estimated projection to 60,959 school-going adolescents. There were 39.5% (95% CI: 35.12, 44.03) urban school-going student and 39.7% (95% CI: 34.11, 45.55) rural students consuming vegetables at least three times daily. There were 40.1% (95% CI: 36.10, 44.25) male students and 39.1% (95% CI: 33.57, 44.91) female students who reported consuming vegetables at least twice daily. Form 5 students reported the lowest 35.2% (95% CI: 29.07, 41.76) prevalence of consuming vegetable at least thrice daily as compared with other forms (**Table 3.3.3**).

### **Fruits and vegetables intake at least five time daily**

The overall prevalence of consuming fruits and vegetables at least five times daily in the past 30 days was 28.8% (95% CI: 24.38, 33.60) with an estimated projection to 44,395 school-going adolescents. There was no difference in fruits and vegetables intake at least five times daily by school locality and sex. Form 5 students reported the lowest prevalence 24.3% (95% CI: 18.15, 31.79) of consuming fruits and vegetables at least five times daily as compared to other forms (**Table 3.3.4**).

### **Carbonated soft drinks intake**

The overall prevalence of consuming carbonated drinks at least once daily in the past 30 days was 36.2% (95%CI: 31.16, 41.49) with an estimated projection to 55,814 school-going adolescents. In terms of school locality, the urban school-going adolescents who reported carbonated drinks consumption at least once daily was 34.8% (95% CI: 27.81, 42.49) while 37.6% (95% CI: 30.83, 44.79) in rural areas. The prevalence of male students was 38.9% (95% CI: 33.44, 44.64), as compared to the females at 33.6% (95% CI: 28.50, 39.06). Form 1 students reported the highest prevalence of consuming carbonated drinks at least once daily in the past 30 days 41.9% (95% CI: 37.06, 46.93) as compared with other forms (**Table 3.3.5**).

### **Plain water intake**

The overall prevalence of drinking plain water five times or more daily in the past 30 days was 64.5 % (95%CI: 57.83, 70.68), with an estimated projection to 99,171 school-going adolescents. In terms of school locality, the prevalence of drinking plain water five times or more daily in the past 30 days among urban and rural school-going adolescents was 68.7% (95% CI: 60.08, 76.23) and 60.3% (95% CI: 51.61, 68.42) respectively. The prevalence of male students was 60.7% (95% CI: 53.57, 67.33), as compared to the females at 68.1 % (95% CI: 60.43, 74.98). Form 1 students reported the lowest prevalence of drinking plain water five times or more daily [56.8 % (95% CI: 45.99, 66.94)] as compared to other forms (**Table 3.3.6**).

### **Milk and milk products intake**

The overall prevalence of milk or milk products intake of at least two times daily in the past 30 days was 35.9% (95%CI: 31.20, 40.97), with an estimated projection to 55,515 school-going adolescents. There was no significant difference in taking milk or milk products by school locality and sex. Form 1 students [42.0% (95% CI: 33.94, 50.58)] showed the highest prevalence in taking milk or milk products compared to other forms (**Table 3.3.7**).

### **Fast food intake**

The overall prevalence of consuming food from fast food restaurants of at least three days in the past seven days was 10.6% (95%CI: 8.28, 13.47), with an estimated projection of 16,381 school-going adolescents. In terms of school locality, the urban school-going adolescents who reported consuming food from fast food restaurants of at least three days in the past seven days was 9.1% (95% CI: 5.55, 14.61) while 12.1% (95% CI: 10.32, 14.13) in rural areas (**Table 3.3.8**).

### **3.3.5 Discussion/ Conclusion**

The prevalence of being hungry most of the time or always during the past 30 days in Kedah in 2017 [3.3% (95% CI: 1.93, 5.54%)] was comparable to the national prevalence in 2017 [3.9% (95% CI: 3.53, 4.24)], and lower from the previous Kedah GSHS 2012<sup>1</sup> [4.7% (95% CI: 3.61, 6.18)]. The prevalence of consuming fruits at least twice daily in Kedah AHS 2017 [54.6% (95%CI: 48.83, 60.22)] was significantly higher compared to the national prevalence in 2017 [46.8% (95% CI: 45.09, 48.53)], and also higher compared to Kedah GSHS 2012<sup>1</sup> [47.9% (95%

CI: 44.25, 51.62)]. The prevalence of vegetables consumption in Kedah AHS 2017 [39.6% (95%CI: 36.02, 43.27)] was higher compared to the national prevalence in 2017 [36.0% (95% CI: 34.45, 37.52)], and also significantly higher compared to Kedah GSHS 2012<sup>1</sup> [27.7% (95% CI: 24.43, 31.19)]. The prevalence for fruits and vegetables intake at least five times per day in Kedah AHS 2017 [28.8% (95%CI: 24.38, 33.60)] was higher compared to the national prevalence in 2017 [23.5% (95% CI: 22.20, 24.94)], and similar with Kedah GSHS 2012<sup>1</sup> [28.8% (95% CI: 26.17, 31.69)]. The prevalence for carbonated drink consumption once daily in Kedah AHS 2017 [36.2% (95%CI: 31.16, 41.49)] was comparable with the national prevalence in 2017 [36.9% (95% CI: 35.04, 38.79)], and significantly higher than the Kedah GSHS 2012<sup>1</sup> [20.2% (95% CI: 17.00, 23.84)]. The prevalence for plain water drinking five times or more daily in the past 30 days in Kedah in 2017 [64.5 % (95%CI: 57.83, 70.68)] was higher compared to the national prevalence in 2017 [60.4% (95% CI: 59.07, 61.78)], and higher than the Kedah GSHS 2012<sup>1</sup> [56.7% (95% CI: 50.82, 62.42)]. The prevalence for fast food consumption from fast food restaurants of at least three days in the past seven days in Kedah AHS 2017 [10.6% (95%CI: 8.28, 13.47)] was comparable with the national prevalence in 2017 [11.1% (95% CI: 10.24, 12.01)] and significantly higher than the Kedah GSHS 2012<sup>1</sup> [4.5% (95% CI: 2.98, 6.61)].

### **3.3.6 Recommendations**

In view of the findings highlighted above, Malaysian students need more attention towards a healthy eating habit. Parents play an important role to ensure that healthy and nutritious food such as fruits, yogurt, and high fibre snacks are available on shelves and in fridges at home. Appropriate nutrition education program with creative and innovative approaches should be carried out in promoting healthy diet, specifically eating more fruits and vegetables, drinking more plain water, consuming more milk/milk products and reducing fast food intake and carbonated soft drinks intake. Further research should be conducted to identify underlying causes of food insecurity and unhealthy eating habits among students in Malaysia.

### **3.3.7 References**

1. Institute for Public Health (IPH). 2012. National Health and Morbidity Survey, NHMS 2012: Kedah Global School-based Student Health Survey 2012. Kuala Lumpur Ministry of Health Malaysia.

**Table 3.3.1: Prevalence of students who had gone hungry \*(most of the time or always) because there was not enough food among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	*Most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	56	5,079	3.3	1.93	5.54
<b>Locality of school</b>					
Urban	38	3,439	4.4	2.43	7.98
Rural	18	1,640	2.1	0.93	4.78
<b>Sex</b>					
Male	28	2,584	3.4	1.78	6.54
Female	28	2,495	3.1	1.90	5.17
<b>School level</b>					
Lower secondary	33	2,952	3.2	1.52	6.57
Upper secondary	23	2,126	3.4	2.02	5.76
<b>Form</b>					
Form 1	19	1,538	5.0	2.34	10.35
Form 2	8	771	2.5	0.66	9.20
Form 3	6	644	2.1	0.90	4.66
Form 4	15	1,217	4.0	1.83	8.62
Form 5	8	910	2.9	1.59	5.10

**Table 3.3.2: Prevalence of fruit intake of at least twice daily in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Yes (at least twice daily)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	932	84,373	54.6	48.83	60.22
<b>Locality of school</b>					
Urban	475	43,004	55.5	47.99	62.74
Rural	457	41,369	53.7	45.05	62.10
<b>Sex</b>					
Male	441	40,566	53.9	47.87	59.84
Female	491	43,806	55.2	47.78	62.43
<b>School level</b>					
Lower secondary	570	51,065	55.2	47.40	62.74
Upper secondary	362	33,308	53.7	46.55	60.67
<b>Form</b>					
Form 1	226	17,478	56.7	45.66	67.16
Form 2	175	16,352	53.7	43.38	63.67
Form 3	169	17,235	55.2	44.68	65.19
Form 4	210	16,482	54.5	45.65	63.01
Form 5	152	16,827	52.9	44.45	61.24

**Table 3.3.3: Prevalence of vegetable intake of at least three times daily in the past 30 days, among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Yes (at least three times daily)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	674	60,959	39.6	36.02	43.27
<b>Locality of school</b>					
Urban	338	30,493	39.5	35.12	44.03
Rural	336	30,466	39.7	34.11	45.55
<b>Sex</b>					
Male	324	30,013	40.1	36.10	44.25
Female	350	30,945	39.1	33.57	44.91
<b>School level</b>					
Lower secondary	419	37,713	41.0	36.01	46.12
Upper secondary	255	23,246	37.5	33.49	41.76
<b>Form</b>					
Form 1	152	11,882	38.8	31.05	47.17
Form 2	145	13,456	44.3	37.16	51.66
Form 3	122	12,375	39.9	32.47	47.74
Form 4	153	12,112	40.0	34.72	45.57
Form 5	102	11,134	35.2	29.07	41.76

**Table 3.3.4: Prevalence of fruits and vegetables intake at least five times daily in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
	<b>KEDAH</b>	495	44,395	28.8	24.38
<b>Locality of school</b>					
Urban	252	22,641	29.3	23.91	35.30
Rural	243	21,754	28.3	21.62	36.00
<b>Sex</b>					
Male	227	21,073	28.0	23.50	33.08
Female	268	23,323	29.5	23.89	35.73
<b>School level</b>					
Lower secondary	311	27,743	30.1	24.22	36.65
Upper secondary	184	16,653	26.8	22.06	32.22
<b>Form</b>					
Form 1	116	8,980	29.2	22.42	37.11
Form 2	106	9,835	32.4	24.51	41.36
Form 3	89	8,927	28.7	21.45	37.15
Form 4	113	8,920	29.5	23.19	36.66
Form 5	71	7,733	24.3	18.15	31.79

**Table 3.3.5: Prevalence of carbonated soft drinks consumption at least once a day in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Yes (at least three times daily)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	622	55,814	36.2	31.16	41.49
<b>Locality of school</b>					
Urban	298	26,912	34.8	27.81	42.49
Rural	324	28,902	37.6	30.83	44.79
<b>Sex</b>					
Male	322	29,261	38.9	33.44	44.64
Female	300	26,553	33.6	28.50	39.06
<b>School level</b>					
Lower secondary	394	35,094	38.0	33.76	42.43
Upper secondary	228	20,720	33.4	24.82	43.32
<b>Form</b>					
Form 1	164	12,882	41.9	37.06	46.93
Form 2	127	11,804	38.7	31.72	46.28
Form 3	103	10,409	33.4	24.26	44.01
Form 4	143	11,382	37.7	25.92	51.15
Form 5	85	9,337	29.4	21.93	38.10

**Table 3.3.6 : Prevalence of plain water intake 5 times or more per day in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Yes (at least 5 times daily)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	1,087	99,171	64.5	57.83	70.68
<b>Locality of school</b>					
Urban	577	52,748	68.7	60.08	76.23
Rural	510	46,423	60.3	51.61	68.42
<b>Sex</b>					
Male	493	45,263	60.7	53.57	67.33
Female	594	53,908	68.1	60.43	74.98
<b>School level</b>					
Lower secondary	631	57,303	37.8	30.94	45.12
Upper secondary	456	41,869	67.9	59.12	75.61
<b>Form</b>					
Form 1	224	17,353	56.8	45.99	66.94
Form 2	215	20,113	66.5	54.66	76.50
Form 3	192	19,836	63.5	53.56	72.37
Form 4	270	21,434	71.4	64.61	77.29
Form 5	186	20,434	64.7	51.80	75.68

**Table 3.3.7: Prevalence of milk or milk products intake at least two servings per day in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Unweighted Count	Estimated Population	Prevalence %	95% CI	
				Lower	Upper
<b>KEDAH</b>	614	55,515	35.9	31.20	40.97
<b>Locality of school</b>					
Urban	330	30,002	38.8	32.62	45.35
Rural	284	25,513	33.1	26.85	39.95
<b>Sex</b>					
Male	306	28,070	37.4	31.26	43.89
Female	308	27,445	34.6	29.84	39.68
<b>School level</b>					
Lower secondary	386	34,588	37.4	31.72	43.43
Upper secondary	228	20,927	33.8	28.39	39.62
<b>Form</b>					
Form 1	163	12,948	42.0	33.94	50.58
Form 2	118	10,903	35.8	27.22	45.38
Form 3	105	10,736	34.4	23.95	46.52
Form 4	131	10,333	34.1	28.17	40.67
Form 5	97	10,594	33.4	25.73	42.12

**Table 3.3.8: Prevalence of consuming food from fast food restaurants of at least three days in the past seven days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Yes (at least three days)				
	Unweighted Count	Estimated Population	Prevalence (%)	Lower	Upper
<b>KEDAH</b>	182	16,381	10.6	8.28	13.47
<b>Locality of school</b>					
Urban	78	7,061	9.1	5.55	14.61
Rural	104	9,319	12.1	10.32	14.13
<b>Sex</b>					
Male	91	8,152	10.8	8.16	14.22
Female	91	8,228	10.4	8.15	13.14
<b>School level</b>					
Lower secondary	106	9,550	10.3	7.69	13.73
Upper secondary	76	6,830	11.0	7.58	15.72
<b>Form</b>					
Form 1	39	3,114	10.1	6.83	14.64
Form 2	37	3,479	11.4	7.02	18.04
Form 3	30	2,957	9.5	6.05	14.58
Form 4	50	3,864	12.8	7.61	20.65
Form 5	26	2,966	9.3	5.10	16.46

### **3.4 Drug Use**

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#### **3.4.1 Introduction**

According to the World Drug Report 2017, an estimated quarter of a billion people, or around five per cent of the global adult population, used drugs at least once in 2015. Even more worrisome is the fact that about 29.5 million of those drug users, or 0.6 percent of the global adult population, suffer from drug use disorders.<sup>1</sup> This means that their drug use is harmful to the point that they may experience drug dependence and require treatment.

Marijuana or cannabis remains the world's most widely used drug, with an annual prevalence of 3.8 per cent of the adult population, or an estimated 183 million people (range 128 million to 238 million), having used marijuana in the past year.<sup>2</sup> Amphetamines remain the second most commonly used drug worldwide, with an estimated 35 million past-year users (range 13 million to 58 million), and the use of amphetamines, particularly methamphetamine, is perceived to be increasing in many regions, including most parts of Asia.

This drug menace contributes to various social and medical ill health implications particularly among adolescents. The broad range of problems reported by young people include deteriorating family relations, truancy, poorer performance in school, mental disorders such as depression and anxiety, drug induced psychosis particularly with the New Psychoactive Substances (NPS), unwanted and unprotected sexual activity, accidents, violence and increased risk of blood-borne viral diseases such as HIV and Hepatitis C for those injecting drug users (IDU). Some youth engaging in heavy substance use will continue to do so into adulthood and will experience various longer-term health and social problems.



### 3.4.2 Objectives

- i. To determine the prevalence of ever and current drug use among Form 1 to Form 5 students
- ii. To describe the socio-demographic characteristics of ever and current drug use among Form 1 to Form 5 students
- iii. To determine the prevalence of ever and current marijuana use among Form 1 to Form 5 students
- iv. To describe the socio-demographic characteristics of ever and current marijuana use among Form 1 to Form 5 students
- v. To determine the prevalence and socio-demographic characteristics of ever amphetamines or methamphetamines use among Form 1 to Form 5 students
- vi. To identify the age of initiation and the sources of obtaining drugs among Form 1 to Form 5 students

### 3.4.3 Variable Definitions

- **Drug use:** taking of heroin, morphine, glue, amphetamine or methamphetamines (ecstasy, syabu, ice), marijuana/*ganja* (except prescribed medicine).
- **Ever drug use:** students who had history of drug use in their lifetime
- **Current drug use:** students who used drugs in the past 30 days
- **Ever Marijuana use:** students who had history of marijuana use in their lifetime
- **Current Marijuana use:** students who used marijuana in the past 30 days
- **Ever Amphetamine or Methamphetamines use:** students who had history of amphetamine or methamphetamines use in their lifetime.

### 3.4.4 Findings

Overall, the prevalence of ever drug use among students from Form 1 to Form 5 in Kedah was 3.6% (95% CI: 2.31, 5.44) with an estimated population of 5,507 students. The prevalence of ever drug use was significantly higher among males [5.5% (95% CI: 3.54, 8.54)] as compared to females [1.7% (95%CI: 0.97, 2.94)]. Those who studied in urban areas [3.8% (95% CI: 1.92, 7.46)] and Form 1 students [8.6%(95% CI: 3.63, 18.93)] had the highest prevalence of ever used drugs. **(Table 3.4.1)**. The prevalence of current drug use in the past 30 days among Form 1 to Form 5 students in Kedah was 2.6% (95%CI: 1.44, 4.82). The current drug users were highest among those who were from urban schools [2.8% (95% CI: 1.05, 7.52)], males [4.3% (95% CI: 2.34, 7.66)] and Form 1 students [7.4% (95% CI: 2.69, 18.55)] **(Table 3.4.2)**. The prevalence of ever used marijuana in lifetime was 1.9% (95% CI: 1.01, 3.65) among Form 1 to Form 5 students in Kedah **(Table 3.4.3)** and 2.0% (95% CI: 1.06, 3.85) were current marijuana users in the past 30 days **(Table 3.4.4)**. Meanwhile, about 2.1% (95% CI: 1.20, 3.76) students reported that they had ever used amphetamines or methamphetamines during lifetime **(Table 3.4.5)**.

Among current drug users, most of the students obtained their drugs by buying them from someone [38.0% (95% CI: 26.01, 51.71)]. Other than that, they gave someone else money to buy it [16.1% CI: 7.88, 30.10), stole it or got it without permission [10.2% (95%CI: 4.72, 20.72)] and they also obtained drugs from their friend [10.5% (95%CI: 4.78, 21.51)] **(Table 3.4.6)**. Among ever drug users, about 12.4% (95% CI: 4.97, 27.84) had initiated drug use at the age of 7 years or younger. The percentage by school locality was 0.4% (95% CI: 0.14, 1.02) in urban areas and 0.5% (95% CI: 0.10, 2.40) in rural areas **(Table 3.4.7)**.

### 3.4.5 Discussion/ Conclusion

The prevalence of ever drug use and current drug use in Kedah did not differ with the national prevalence. However, the prevalence of current drug use was significantly higher in male students. As for ever used marijuana and ever used amphetamines or methamphetamine, the prevalence was also higher among males. Among those who ever used drug, majority of students admitted that they had been using drugs at the age of seven years or younger. Most of those who were current drug users had obtained their drugs by buying from someone.

### **3.4.6 Recommendations**

Prevention and control measures of drug use among adolescents in Malaysia needs to be strengthened and started early from the primary school level. New strategies and approaches must be developed to address this issue. Health education and the dangers of drug abuse should be emphasized. Early detection and intervention also needs to be given priority.

### **3.4.7 References**

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2. United Nations Office on Drugs and Crime, *World Drug Report 2017: Global Overview*. (ISBN: 978-92-1-148291-1, eISBN: 978-92-1-060623-3, United Nations publication, Sales No. E.17.XI.6).

**Table 3.4.1 : Prevalence of ever used drugs in a lifetime among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	61	5,507	3.6	2.31	5.44
<b>Locality of school</b>					
Urban	32	2,963	3.8	1.92	7.46
Rural	29	2,544	3.3	2.05	5.27
<b>Sex</b>					
Male	46	4,166	5.5	3.54	8.54
Female	15	1,341	1.7	0.97	2.94
<b>Form</b>					
Form 1	31	2,648	8.6	3.63	18.93
Form 2	9	869	2.9	1.05	7.48
Form 3	4	401	1.3	0.36	4.52
Form 4	8	615	2.0	0.96	4.24
Form 5	9	975	3.1	1.19	7.67

**Table 3.4.2 : Prevalence of current drug use in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	45	4,096	2.6	1.44	4.82
<b>Locality of school</b>					
Urban	23	2,208	2.8	1.05	7.52
Rural	22	1,887	2.4	1.33	4.47
<b>Sex</b>					
Male	35	3,217	4.3	2.34	7.66
Female	10	879	1.1	0.49	2.46
<b>Form</b>					
Form 1	26	2,270	7.4	2.69	18.55
Form 2	6	589	1.9	0.61	5.99
Form 3	4	401	1.3	0.36	4.52
Form 4	3	220	0.7	0.16	3.28
Form 5	6	616	1.9	0.68	5.36

**Table 3.4.3 : Prevalence of ever used marijuana in their lifetime among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	32	2,975	1.9	1.01	3.65
<b>Locality of school</b>					
Urban	15	1,482	1.9	0.63	5.69
Rural	17	1,493	1.9	0.99	3.75
<b>Sex</b>					
Male	23	2,178	2.9	1.59	5.20
Female	9	797	1.0	0.40	2.51
<b>Form</b>					
Form 1	18	1,594	5.2	1.81	13.86
Form 2	5	480	1.6	0.47	5.18
Form 3	3	295	0.9	0.19	4.46
Form 4	1	76	0.3	0.03	2.00
Form 5	5	530	1.7	0.64	4.25

**Table 3.4.4 : Prevalence of current marijuana use in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	34	3,137	2.0	1.06	3.85
<b>Locality of school</b>					
Urban	18	1,759	2.3	0.85	5.95
Rural	16	1,378	1.8	0.84	3.78
<b>Sex</b>					
Male	26	2,451	3.3	1.67	6.24
Female	8	686	0.9	0.36	2.05
<b>Form</b>					
Form 1	19	1,638	5.3	1.95	13.61
Form 2	5	493	1.6	0.40	6.27
Form 3	4	401	1.3	0.36	4.52
Form 4	1	76	0.3	0.03	2.00
Form 5	5	530	1.7	0.64	4.25

**Table 3.4.5 : Prevalence of ever amphetamines/metaphetamines use in a life time among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	36	3,298	2.1	1.20	3.76
<b>Locality of school</b>					
Urban	21	2,007	2.6	1.12	5.85
Rural	15	1,291	1.7	0.90	3.08
<b>Sex</b>					
Male	27	2,483	3.3	1.81	5.94
Female	9	815	1.0	0.47	2.24
<b>Form</b>					
Form 1	21	1,787	5.8	2.37	13.46
Form 2	6	590	1.9	0.51	7.02
Form 3	2	191	0.6	0.14	2.67
Form 4	3	235	0.8	0.25	2.40
Form 5	4	496	1.6	0.46	5.11

**Table 3.4.6 : Source of getting drugs in the past 30 days among current drug users, Form 1 to Form 5 students in Kedah, 2017**

	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
I bought them from someone	16	1,557	38.0	26.01	51.71
I gave someone else money to buy it for me	8	659	16.1	7.88	30.10
I stole it or got it without permission	5	418	10.2	4.72	20.72
I got it from my friend	5	430	10.5	4.78	21.51
I got it from my family	3	263	6.4	1.57	22.81
I got it some other ways	2	169	4.1	0.43	30.14

**Table 3.4.7 : Age of initiation of first use of drugs among ever drug users, Form 1 to Form 5 students in Kedah, 2017**

	Total					Urban				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
7 years old or younger	7	685	12.4	4.97	27.84	3	298	0.4	0.14	1.02
8 or 9 years old	5	390	7.1	3.01	15.72	1	76	0.1	0.01	0.79
10 or 11 years old	7	634	11.5	4.96	24.48	5	432	0.6	0.16	1.87
12 or 13 years old	7	619	11.2	5.36	22.06	3	260	0.3	0.12	0.91
14 or 15 years old	2	176	3.2	0.61	15.09	1	72	0.1	0.01	0.74
16 years old or older	3	248	4.5	0.90	19.66	1	76	0.1	0.01	0.80

**Table 3.4.7 : Age of initiation of first use of drugs among ever drug users, Form 1 to Form 5 students in Kedah, 2017 (cont.)**

	Rural				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
7 years old or younger	4	387	0.5	0.10	2.40
8 or 9 years old	4	314	0.4	0.19	0.85
10 or 11 years old	2	202	0.3	0.07	1.02
12 or 13 years old	4	359	0.5	0.22	0.97
14 or 15 years old	1	104	0.1	0.02	1.08
16 years old or older	2	172	0.2	0.03	1.79

### **3.5 Hygiene (Including Oral Health)**

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#### **3.5.1 Introduction**

Dental caries has substantial impact to children, families, and health systems, including dental and medical consequences, loss of working time on the part of caregivers and increased expenditures. It is a multi-factorial infectious disease that leads to pain and infection, consequently affecting the quality of life, general health, productivity and educational performance of the child.<sup>1</sup> Daily tooth brushing with a fluoridated toothpaste and regular dental check-up at least once a year can help prevent dental caries and periodontal disease.

Clean hands can stop spread of parasites from one person to another. These parasites consume nutrients from children they infect, causing abdominal pain and can impair learning by slowing cognitive development. Hand washing is one of the most effective ways to prevent the spread of parasites, especially during these key times: before, during and after preparing food, before eating and after using the toilet.<sup>2,3</sup>

#### **3.5.2 Objectives**

To describe the prevalence of:

- i. Tooth brushing frequency in the past 30 days
- ii. Fluoridated toothpaste usage
- iii. Dental floss usage
- iv. Timing of last visit to a dentist or dental nurse
- v. Having missed class due to toothache in the past 12 months
- vi. Avoidance of smiling or laughing due to the appearance of their teeth
- vii. Using soap during hand washing in the past 30 days
- viii. Hand washing before eating in the past 30 days
- ix. Hand washing after using the toilet in the past 30 days



### 3.5.3 Variable Definitions

- **Clean or brush teeth:** Regular tooth brushing using toothbrush and toothpaste to keep the mouth, teeth and gums clean and healthy
- **Last saw a dentist or dental nurse:** Seen a dentist or dental nurse for a check-up, scaling or other dental treatment

### 3.5.4 Findings

#### Cleaning or brushing teeth during the past 30 days

Overall, 1.9% (95%CI: 1.02, 3.34) of students reported they had never cleaned or brushed their teeth during the past 30 days. About 2.2% (95%CI: 1.55, 2.99) reported they had cleaned or brushed their teeth less than once daily, 7.4% (95%CI: 6.03, 9.16) had cleaned or brushed their teeth once daily and 88.5% (95%CI: 85.98, 90.70) at least twice daily (**Table 3.5.1**).

#### Use of fluoridated toothpaste

Overall, only 64.7% (95%CI: 59.60, 69.43) of students reported use of fluoridated toothpaste in Kedah. About 9.2% (95%CI: 6.88, 12.18) claimed that they were not using fluoridated toothpaste and 26.1% (95%CI: 21.11, 31.86) of students reported did not know whether their toothpaste contained fluoride. In terms of school locality, significantly more students in the urban [31.8% (95%CI: 24.31, 40.32)] than in the rural areas [20.4% (95%CI: 17.43, 23.81)] reported not knowing whether their toothpaste contained fluoride (**Table 3.5.2**).

#### Use of dental floss for cleaning teeth

Overall, only 18.1% (95%CI: 15.81, 20.68) of students reported that they use dental floss for cleaning their teeth and 81.9% (95%CI: 79.32, 84.19) claimed that they do not use dental floss to clean their teeth. By school grade, the prevalence of students who reportedly did not use dental floss was significantly lower in Form 1 [71.0% (95%CI: 64.18, 77.00)] compared to Form 2 [84.0% (95%CI: 80.60, 86.90)], Form 3 [87.4% (95%CI: 81.74, 91.43)], Form 4 [81.9% (95%CI: 77.42, 85.70)] and Form 5 [85.0% (95%CI: 78.17, 89.93)] (**Table 3.5.3**).

### **Last dental visit**

Overall, only 35.6% (95%CI: 31.04, 40.40) of students reported that they had their last dental visit (inclusive of both dental treatment and dental check-up) in the past 12 months. The prevalence of students who had their last dental visit between 12-24 months was 11.1% (95%CI: 8.31, 14.63) while those who had their last dental visit more than 24 months was 8.8% (95%CI: 6.32, 12.20). About 11.0% (95%CI: 8.49, 14.22) of students had never ever had a dental visit, while a substantial proportion [33.5% (95%CI: 30.82, 36.23)] did not know when was their last dental visit (**Table 3.5.4**).

### **Missing class or school due to toothache**

Overall, 8.2% (95% CI: 6.59, 10.12) of students had missed class or school due to toothache in the past 12 months (**Table 3.5.5**).

### **Avoid smiling or laughing due to the appearance of their teeth**

Overall, 17.2% (95%CI: 15.32, 19.23) of students reported that they avoided smiling or laughing due to the appearance of their teeth (**Table 3.5.6**).

### **Use of soap when washing hands during the past 30 days**

Overall in the past 30 days, about 10.2% (95%CI: 8.69, 12.02) of students reported that they had never or rarely used soap when washing their hands, 27.2% (95%CI: 24.19, 30.53) reported they had only used soap sometimes when washing their hands while a fairly high proportion of 62.5% (95%CI: 58.64, 66.25) had always used soap when washing their hands (**Table 3.5.7**). By school grade, the prevalence of students who had sometimes used soap when washing hands was significantly lower in Form 4 [23.3% (95%CI: 19.86, 27.03)] than Form 5 [33.3% (95%CI: 27.27, 39.93)].

### **Washing hand before eating during the past 30 days**

Overall in the past 30 days, about 5.0% (95%CI: 3.66, 6.90) of students reported that they had never or rarely washed their hands before eating, 10.0% (95%CI: 7.64, 12.94) reported they had sometimes washed their hands before eating while a fairly high proportion of students [85.0% (95%CI: 80.79, 88.38)] had always washed their hands before eating (**Table 3.5.8**).

### **Washing hand after using the toilet or latrine during the past 30 days**

Overall in the last 30 days, about 5.4% (95%CI: 4.16, 7.08) of students reported they had never or rarely washed their hands after using the toilet, 10.6% (95%CI: 7.80, 14.23) reported they had only washed their hands sometimes after using the toilet while 84.0% (95%CI: 79.83, 87.39) of students claimed that they had always or most of the times washed their hands after using the toilet. In terms of school locality, there was a significantly higher prevalence of students in the rural areas [14.6% (95%CI: 11.25, 18.81)] than in the urban [6.6% (95%CI: 4.54, 9.42)] who had only sometimes washed their hands after using the toilet (**Table 3.5.9**).

#### **3.5.5 Discussion/Conclusion**

The above findings related to the hand hygiene and oral hygiene practises of students in the age group of 13-17 years in Kedah. Overall, the prevalence of students who had cleaned/brushed their teeth less than one time per day during the past 30 days was higher (2.2%) compared to the findings for Kedah in GSHS 2012 (1.9%)<sup>4</sup> and the national prevalence (2.4%). This survey also found a higher proportion of students (64.7%) who reported using fluoridated toothpaste compared to the findings for Kedah in GSHS 2012 (57.2%)<sup>4</sup> and the national prevalence (58.3%). The prevalence of students who did not know whether their toothpaste contained fluoride (26.1%) was lower than the national prevalence (31.8%) and the findings for Kedah in GSHS 2012 (30.2%)<sup>4</sup>. The survey also found that a lower proportion of students (18.1%) who reportedly used dental floss to clean their teeth as compared to the national prevalence in 2017 (19.3%). The use of dental floss was not studied in the national GSHS in 2012.

Our findings on the proportion of students who had never or rarely used soap when washing their hands during the past 30 days in this study (10.2%) was lower than the findings for Kedah in GSHS 2012 (11.9%)<sup>4</sup> and the national prevalence (11.6%). This study also found that the prevalence of students who had never or rarely washed their hands before eating (5.0%) was higher compared to the findings for Kedah in GSHS 2012 (3.4%)<sup>4</sup> and lower than the national prevalence in 2017 (6.1%). The prevalence of students in Kedah who had never or rarely washed their hands after going to the toilet in this study (5.4%) was higher compared to the findings for Kedah in GSHS 2012 (4.6%)<sup>4</sup> and the national prevalence in 2017 (4.8%).

Overall, the findings in relation to hand hygiene and oral hygiene practises of students in the age group of 13-17 years in Kedah showed that there is still room for further improvement. In terms of oral hygiene, areas of concern were still a low proportion of students (almost 2 in 10) reported using dental floss to clean their teeth. In terms of hand hygiene, comparing to the previous survey, more students in this survey reported they had never or rarely washed their hands before eating (1 in 20) and also more reported had never or rarely washed their hands after going to the toilet (1 in 20).

### **3.5.6 Recommendations**

Taking cognizance of these findings, there is a need to emphasis on promoting hygiene among school-going adolescents through attitude and behavioural changes in maintenance of personal hygiene. Thus, the following recommendations are made:

1. More effort is needed to strengthen health education on oral and hand hygiene habits in schools and at home.
2. There is a need to further promote toothpaste literacy in our oral health promotion efforts.
3. Surveillance of hygiene habits and practices among adolescents need to be continued at regular intervals.
4. Further studies are recommended to study the factors contributing to poor hygiene habits among adolescents.

### **3.5.7 References**

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**Table 3.5.1: Prevalence of teeth brushing in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Never clean or brush teeth					Less than 1 day				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	32	2,867	1.9	1.02	3.34	34	3,329	2.2	1.55	2.99
<b>Locality of school</b>										
Urban	12	1,185	1.5	0.91	2.56	11	1,078	1.4	0.79	2.46
Rural	20	1,681	2.2	0.86	5.41	23	2,251	2.9	2.23	3.81
<b>Sex</b>										
Male	22	2,012	2.7	1.81	3.95	26	2,520	3.4	2.20	5.09
Female	10	853	1.1	0.33	3.43	8	809	1.0	0.48	2.13
<b>Form</b>										
Form 1	22	1,885	6.1	2.18	16.02	10	865	2.8	1.17	6.61
Form 2	4	418	1.4	0.58	3.20	7	715	2.3	0.90	5.98
Form 3	4	403	1.3	0.52	3.15	8	864	2.8	1.15	6.49
Form 4	1	65	0.2	0.03	1.58	4	342	1.1	0.48	2.66
Form 5	1	96	0.9	0.22	3.48	5	542	1.2	0.16	8.56

**Table 3.5.1: Prevalence of teeth brushing in the past 30 days among Form 1 to Form 5 students in Kedah, 2017 (cont.)**

Socio-demographic characteristics	Once per day					2 times or more per day				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	124	11,494	7.4	6.03	9.16	1,499	136,742	88.5	85.98	90.70
<b>Locality of school</b>										
Urban	75	6,906	8.9	7.39	10.73	750	68,236	88.2	85.75	90.20
Rural	49	4,587	6.0	4.13	8.51	749	68,506	88.9	84.06	92.46
<b>Sex</b>										
Male	87	8,170	10.9	8.37	14.03	680	62,397	83.1	79.70	86.00
Female	37	3,324	4.2	2.75	6.33	819	74,345	93.7	90.97	95.66
<b>Form</b>										
Form 1	22	1,799	5.8	3.48	9.66	339	26,231	85.2	73.11	92.44
Form 2	20	1,938	6.4	3.89	10.23	296	27,393	89.9	83.09	94.18
Form 3	19	2,130	6.8	4.54	10.10	272	27,851	89.1	84.64	92.42
Form 4	40	3,320	10.6	7.59	14.73	336	26,633	88.0	84.54	90.79
Form 5	23	2,407	8.5	5.63	12.61	256	28,634	90.4	87.47	92.68

**Table 3.5.2: Prevalence of use of fluoridated toothpaste among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Yes					No				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	1,089	99,857	64.7	59.60	69.43	159	14,198	9.2	6.88	12.18
<b>Locality of school</b>										
Urban	510	46,624	60.2	52.73	67.14	69	6,251	8.1	4.86	13.09
Rural	579	53,233	69.2	64.60	73.50	90	7,947	10.3	7.63	13.85
<b>Sex</b>										
Male	524	48,215	64.2	59.48	68.70	82	7,527	10.0	7.37	13.49
Female	565	51,642	65.1	58.44	71.22	77	6,671	8.4	6.07	11.54
<b>Form</b>										
Form 1	235	18,398	59.6	47.29	70.76	69	5,392	17.5	11.58	25.46
Form 2	196	18,208	60.0	46.03	72.50	28	2,709	8.9	4.03	18.60
Form 3	186	19,222	61.8	53.47	69.43	12	1,263	4.1	2.41	6.76
Form 4	214	32,048	59.3	54.12	64.30	19	2,851	5.3	3.53	7.82
Form 5	210	23,240	73.1	65.82	79.33	24	2,809	8.8	5.46	14.01

**Table 3.5.2: Prevalence of use of fluoridated toothpaste among Form 1 to Form 5 students in Kedah, 2017 (cont.)**

Socio-demographic characteristics	Don't Know				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	441	40,351	26.1	21.11	31.86
<b>Locality of school</b>					
Urban	270	24,634	31.8	24.31	40.32
Rural	171	15,716	20.4	17.43	23.81
<b>Sex</b>					
Male	209	19,333	25.8	20.18	32.24
Female	232	21,018	26.5	21.06	32.75
<b>Form</b>					
Form 1	90	7,094	23.0	12.79	37.75
Form 2	102	9,435	31.1	21.10	43.21
Form 3	104	10,634	34.2	26.75	42.46
Form 4	133	19,136	35.4	30.06	41.16
Form 5	52	5,740	18.1	13.83	23.23

**Table 3.5.3: Prevalence of use of dental floss among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Yes					No				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	315	27,980	18.1	15.81	20.68	1,374	126,454	81.9	79.32	84.19
<b>Locality of school</b>										
Urban	181	16,193	20.9	18.26	23.92	666	61,106	79.1	76.08	81.74
Rural	134	11,787	15.3	13.05	17.81	708	65,349	84.7	82.19	86.95
<b>Sex</b>										
Male	167	14,852	19.8	17.39	22.41	648	60,251	80.2	77.59	82.61
Female	148	13,127	16.5	13.28	20.43	726	66,203	83.5	79.57	86.72
<b>Form</b>										
Form 1	112	8,924	29.0	23.00	35.82	281	21,856	71.0	64.18	77.00
Form 2	52	4,874	16.0	13.10	19.40	275	25,589	84.0	80.60	86.90
Form 3	39	3,935	12.6	8.57	18.26	263	27,206	87.4	81.74	91.43
Form 4	69	5,470	18.1	14.30	22.58	312	24,791	81.9	77.42	85.70
Form 5	43	4,777	15.0	10.07	21.83	243	27,012	85.0	78.17	89.93

**Table 3.5.4: Timing of last dental visit among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	During past 12 months					Between 12-24 months ago				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	604	55,027	35.6	31.04	40.40	190	17,138	11.1	8.31	14.63
<b>Locality of school</b>										
Urban	314	28,348	36.6	31.78	41.65	80	7,264	9.4	7.43	11.76
Rural	290	26,678	34.6	27.18	42.82	110	9,874	12.8	8.22	19.39
<b>Sex</b>										
Male	289	26,321	34.9	30.89	39.24	102	9,284	12.3	9.26	16.23
Female	315	28,706	36.2	30.22	42.61	88	7,854	9.9	6.87	14.07
<b>Form</b>										
Form 1	147	11,370	36.8	29.86	44.36	60	4,915	15.9	9.72	24.98
Form 2	108	10,021	32.9	24.45	42.61	38	3,591	11.8	7.83	17.38
Form 3	92	9,517	30.5	26.11	35.18	28	2,913	9.3	6.54	13.13
Form 4	142	11,088	36.6	26.65	47.94	40	3,075	10.2	6.35	15.87
Form 5	115	13,031	41.0	31.71	50.97	24	2,643	8.3	5.25	12.93



**Table 3.5.4: Timing of last dental visit among Form 1 to Form 5 students in Kedah, 2017 (cont.)**

Socio-demographic characteristics	More than 24 months ago					Never				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	147	13,652	8.8	6.32	12.20	188	17,067	11.0	8.49	14.22
<b>Locality of school</b>										
Urban	72	6,968	9.0	6.02	13.23	101	9,026	11.6	8.26	16.17
Rural	75	6,684	8.7	5.04	14.51	87	8,041	10.4	6.98	15.29
<b>Sex</b>										
Male	79	7,463	9.9	6.96	13.92	95	8,695	11.5	8.57	15.38
Female	68	6,190	7.8	5.29	11.36	93	8,372	10.6	7.48	14.68
<b>Form</b>										
Form 1	25	1,916	6.2	3.13	11.93	34	2,699	8.7	6.05	12.46
Form 2	35	3,214	10.6	5.31	19.86	26	2,477	8.1	4.79	13.47
Form 3	32	3,381	10.8	7.08	16.20	33	3,258	10.4	6.43	16.48
Form 4	32	2,544	8.4	5.45	12.74	58	4,692	15.5	10.63	22.07
Form 5	23	2,598	8.2	4.28	15.04	37	3,941	12.4	7.52	19.76

**Table 3.5.4: Timing of last dental visit among Form 1 to Form 5 students in Kedah, 2017 (cont.)**

Socio-demographic characteristics	Don't know				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	562	51,761	33.5	30.82	36.23
<b>Locality of school</b>					
Urban	282	25,903	33.4	30.27	36.72
Rural	280	25,858	33.5	29.32	38.00
<b>Sex</b>					
Male	252	23,551	31.3	27.97	34.78
Female	310	28,209	35.6	31.53	39.80
<b>Form</b>					
Form 1	128	9,985	32.3	26.10	39.26
Form 2	120	11,160	36.6	31.11	42.53
Form 3	118	12,178	39.0	33.44	44.80
Form 4	109	8,862	29.3	21.86	38.00
Form 5	87	9,576	30.1	24.06	36.97

**Table 3.5.4.1: Prevalence of last dental visit within the last 24 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	794	72,165	46.7	42.90	50.47
<b>Locality of school</b>					
Urban	394	35,612	45.9	42.01	49.93
Rural	400	36,553	47.4	41.05	53.81
<b>Sex</b>					
Male	391	35,604	47.3	42.69	51.91
Female	403	36,560	46.1	41.60	50.64
<b>Form</b>					
Form 1	207	16,285	52.7	47.08	58.31
Form 2	146	13,612	44.7	38.89	50.63
Form 3	120	12,431	39.8	35.43	44.30
Form 4	182	14,163	46.8	36.56	57.32
Form 5	139	15,674	49.3	40.51	58.15

**Table 3.5.5: Prevalence of having missed class due to toothache in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Yes					No				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	138	12,659	8.2	6.59	10.12	1,553	141,986	91.8	89.88	93.41
<b>Locality of school</b>										
Urban	64	5,895	7.6	5.22	10.96	785	71,614	92.4	89.04	94.78
Rural	74	6,763	8.8	6.98	10.96	768	70,373	91.2	89.04	93.02
<b>Sex</b>										
Male	80	7,149	9.5	7.71	11.63	737	68,166	90.5	88.37	92.29
Female	58	5,510	6.9	5.08	9.43	816	73,821	93.1	90.57	94.92
<b>Form</b>										
Form 1	46	3,838	12.4	7.46	20.00	348	27,047	87.6	80.00	92.54
Form 2	22	2,087	6.9	3.90	11.77	305	28,376	93.1	88.23	96.10
Form 3	15	1,507	4.8	3.04	7.58	288	29,741	95.2	92.42	96.96
Form 4	30	2,376	7.9	5.43	11.22	351	27,885	92.1	88.78	94.57
Form 5	25	2,851	9.0	5.25	14.90	261	28,938	91.0	85.10	94.75

**Table 3.5.6: Prevalence of avoidance of smiling or laughing due to the appearance of their teeth among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Yes					No				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	290	26,521	17.2	15.32	19.23	1,397	127,765	82.8	80.77	84.68
<b>Locality of school</b>										
Urban	133	12,070	15.6	13.22	18.38	713	65,175	84.4	81.62	86.78
Rural	157	14,451	18.8	16.54	21.19	684	62,590	81.2	78.81	83.46
<b>Sex</b>										
Male	136	12,546	16.7	14.68	18.93	679	62,598	83.3	81.07	85.32
Female	154	13,975	17.7	14.71	21.05	718	65,168	82.3	78.95	85.29
<b>Form</b>										
Form 1	77	6,305	20.5	14.89	27.62	315	24,407	79.5	72.38	85.11
Form 2	52	4,989	16.4	12.51	21.27	274	25,380	83.6	78.73	87.49
Form 3	56	5,572	17.9	12.59	24.78	246	25,584	82.1	75.22	87.41
Form 4	62	4,929	16.3	13.39	19.67	319	25,331	83.7	80.33	86.61
Form 5	43	4,727	14.9	11.57	18.91	243	27,063	85.1	81.09	88.43

**Table 3.5.7: Prevalence of use of soap during hand washing in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Never or rarely use soap during hand washing					Sometimes				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	174	15,815	10.2	8.69	12.02	452	42,110	27.2	24.19	30.53
<b>Locality of school</b>										
Urban	84	7,613	9.8	7.38	12.96	206	19,477	25.1	21.47	29.18
Rural	90	8,202	10.6	9.03	12.51	246	22,634	29.4	25.09	34.06
<b>Sex</b>										
Male	104	9,460	12.6	10.22	15.35	242	22,820	30.3	26.69	34.17
Female	70	6,355	8.0	6.23	10.26	210	19,290	24.3	20.67	28.43
<b>Form</b>										
Form 1	51	4,118	13.4	9.68	18.19	85	6,672	21.7	15.53	29.38
Form 2	32	3,043	10.0	6.76	14.51	103	9,506	31.2	23.42	40.21
Form 3	28	2,765	8.8	5.18	14.72	78	8,311	26.6	21.25	32.73
Form 4	37	3,048	10.1	6.85	14.57	90	7,037	23.3	19.86	27.03
Form 5	26	2,841	8.9	5.76	13.62	96	10,585	33.3	27.27	39.93

**Table 3.5.7: Prevalence of use of soap during hand washing in the past 30 days among Form 1 to Form 5 students in Kedah, 2017 (cont.)**

Socio-demographic characteristics	Most of the times and Always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	1,064	96,637	62.5	58.64	66.25
<b>Locality of school</b>					
Urban	559	50,419	65.1	60.66	69.20
Rural	505	46,217	60.0	54.23	65.47
<b>Sex</b>					
Male	471	43,034	57.1	52.52	61.64
Female	593	53,603	67.6	62.52	72.37
<b>Form</b>					
Form 1	257	20,012	65.0	55.79	73.16
Form 2	192	17,914	58.8	49.92	67.16
Form 3	197	20,172	64.6	57.27	71.22
Form 4	254	20,175	66.7	63.39	69.80
Form 5	164	18,363	57.8	51.41	63.87

**Table 3.5.8: Prevalence of handwashing before eating in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Never or rarely wash hands before eating					Sometimes				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	85	7,795	5.0	3.66	6.90	168	15,440	10.0	7.64	12.94
<b>Locality of school</b>										
Urban	40	3,631	4.7	2.69	8.04	68	6,164	8.0	5.06	12.28
Rural	45	4,164	5.4	3.83	7.55	100	9,276	12.0	9.19	15.58
<b>Sex</b>										
Male	61	5,477	7.3	5.35	9.82	98	9,040	12.0	8.37	16.92
Female	24	2,319	2.9	1.58	5.34	70	6,399	8.1	6.02	10.72
<b>Form</b>										
Form 1	30	2,504	8.1	4.69	13.67	34	2,638	8.5	5.21	13.69
Form 2	22	2,136	7.0	3.60	13.21	45	4,149	13.6	6.70	25.70
Form 3	5	489	1.6	0.59	4.06	22	2,306	7.4	4.67	11.47
Form 4	15	1,165	3.8	1.95	7.47	33	2,580	8.5	5.50	12.98
Form 5	13	1,502	4.7	2.79	7.90	34	3,766	11.8	7.06	19.22

**Table 3.5.8: Prevalence of handwashing before eating in the past 30 days among Form 1 to Form 5 students in Kedah, 2017 (cont.)**

Socio-demographic characteristics	Most of the times and Always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	1,438	131,409	85.0	80.79	88.38
<b>Locality of school</b>					
Urban	741	67,713	87.4	80.27	92.16
Rural	697	63,695	82.6	78.34	86.13
<b>Sex</b>					
Male	658	60,797	80.7	74.39	85.79
Female	780	70,797	89.0	85.95	91.47
<b>Form</b>					
Form 1	330	25,741	83.3	75.22	89.19
Form 2	260	24,178	79.4	66.28	88.28
Form 3	276	28,452	91.1	85.80	94.49
Form 4	333	26,515	87.6	82.31	91.51
Form 5	239	26,521	83.4	74.05	89.88

**Table 3.5.9: Prevalence of handwashing after using the toilet in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Never or rarely wash hands after using the toilet					Sometimes				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	91	8,403	5.4	4.16	7.08	179	16,374	10.6	7.80	14.23
<b>Locality of school</b>										
Urban	40	3,561	4.6	3.29	6.39	56	5,088	6.6	4.54	9.42
Rural	51	4,842	6.3	4.37	8.93	123	11,287	14.6	11.25	18.81
<b>Sex</b>										
Male	58	5,409	7.2	5.32	9.63	100	9,397	12.5	8.48	17.98
Female	33	2,994	3.8	2.55	5.57	79	6,977	8.8	6.72	11.45
<b>Form</b>										
Form 1	30	2,427	7.9	5.55	11.01	56	4,610	14.9	8.22	25.59
Form 2	23	2,277	7.5	4.47	12.24	41	3,772	12.4	6.62	21.99
Form 3	12	1,194	3.8	2.06	6.97	24	2,452	7.8	5.27	11.54
Form 4	11	871	2.9	1.48	5.54	28	2,246	7.4	4.90	11.15
Form 5	15	1,634	5.1	2.34	10.91	30	3,294	10.4	4.77	21.04

**Table 3.5.9: Prevalence of handwashing after using the toilet in the past 30 days among Form 1 to Form 5 students in Kedah, 2017 (cont.)**

Socio-demographic characteristics	Most of the times and Always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	1,420	129,786	84.0	79.83	87.39
<b>Locality of school</b>					
Urban	752	68,779	88.8	84.77	91.91
Rural	668	61,006	79.1	75.13	82.57
<b>Sex</b>					
Male	659	60,507	80.3	73.89	85.51
Female	761	69,279	87.4	84.49	89.86
<b>Form</b>					
Form 1	308	23,847	77.2	66.28	85.38
Form 2	263	24,413	80.1	70.25	87.34
Form 3	267	27,601	88.3	83.23	92.03
Form 4	341	27,062	89.7	84.93	93.04
Form 5	241	26,861	84.5	73.66	91.40

### **3.6 Internet Use and Addiction**

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#### **3.6.1 Introduction**

Internet use has grown rapidly in Malaysia parallel with an increasing number of households having computers and mobile gadgets that are linked to internet access. It has been reported that the increase in internet use is more pronounced in urban than in rural areas. Major online activities include information seeking for educational, vocational and socializing purposes. Internet usage affects both adult and adolescent age groups equally compared to older age group.<sup>1</sup> Internet usage could be harmful to adolescents when it is not monitored or supervised by an adult. Uncontrolled use of internet has been linked to psychosocial problems such as addiction to online gaming, pornographic websites and social networking sites, not to mention exposing the adolescents to cyber-bullying environments. Excessive internet use and cyber bullying may in turn further worsen the mental health condition of these adolescents and predisposed them to depression, anxiety and stress.<sup>2</sup>

The terminology of internet addiction to describe excessive internet use has been debated and various tools have been developed to measure the internet addiction. The most widely used tool was the Internet Addiction Test (IAT) developed by Kimberly S. Young.<sup>3</sup> The questionnaire consists of 20 items measured using a 5-point Likert scale (1=rarely, 2=occasionally, 3=frequently, 4=often and 5=always) with the highest possible score of 100. Internet addiction is defined as a person scoring 43 points or above. This questionnaire was validated in Bahasa Malaysia by Chong Guan et al in 2012 and was named Malay Version Internet Addiction Test (MVIAT).<sup>4</sup> The (MVIAT) showed a good internal consistency (Cronbach's  $\alpha = 0.91$ ,  $P < 0.001$ ), parallel reliability (intra-class coefficient correlation=0.88,  $P < 0.001$ ) and concurrent validity with Compulsive Internet Use Scale (Pearson's correlation= 0.84,  $P < 0.00$ ).

### 3.6.2 Objectives

- i. To identify the prevalence of internet use among adolescents in the past 30 days
- ii. To identify the prevalence of internet addiction among adolescents
- iii. To identify the type of devices used by internet users and addicts

### 3.6.3 Variable Definitions

- **Internet Use:** Internet access using any internet connecting devices for the past 30 days.
- **Internet Addiction:** Using a self-administered 20-item Malay Version Internet Addiction Test (MVIAT) questionnaire, respondents with a total score of 43 or above (all items answered) were defined as having internet addiction.

### 3.6.4 Findings

There were 1690 secondary school students in Kedah who responded to this module, of which 251 students did not surf the internet for the past 30 days and 1406 students completed the MVIAT. The overall prevalence of internet use was 85.6% (95% CI: 81.38, 88.92) with an estimated projection to 132,191 school-going adolescents. In terms of school locality, there was no significant difference in internet usage between students studying in urban areas (85.9%; 95% CI: 78.29, 91.20) and students from rural areas (85.2%; 95% CI: 80.83, 88.67). There were 83.6% (95% CI: 79.88, 86.72) male students and 87.4% (95% CI: 81.35, 91.73) female students used internet in the past 30 days in Kedah. Students from higher forms in school were more likely to use internet in the past 30 days (**Table 3.6.1**).

The prevalence of internet addiction among school-going adolescents in Kedah was 25.6% (95% CI: 22.03, 29.50). In terms of school locality, there was no significant difference in internet addiction between students studying in urban areas (28.0%; 95% CI: 24.07, 32.19) and students from rural areas (23.2%; 95% CI: 18.18, 29.15). There were 27.7% (95% CI: 23.28, 32.52) male students and 23.6% (95% CI: 20.20, 27.42) female students with positive MVIAT (**Table 3.6.2**). Form 4 students were observed as having the highest prevalence of internet addiction in Kedah. Smartphone was the most prevalent device used by the internet users and addicts followed by the computer, laptop, or notebook group and tablet or iPad group (**Table 3.6.3 & Table 3.6.4**).



### **3.6.5 Discussion/ Conclusion**

The prevalence of internet usage and internet addiction in Kedah did not differ significantly compared to the national prevalence. Students in higher forms were observed as having higher prevalence of internet usage, however there were no significant differences in terms of school locality and sex of the respondents. The prevalence of internet addiction was significantly higher in Form 4 and Form 3 compared to Form 1 and Form 2 students. However, no significant difference was observed in prevalence of internet addiction by school locality and sex of the respondents. Most of the students used smartphones to surf the internet.

### **3.6.6 Recommendations**

1. The internet addiction problems among Malaysian students is considered as new health risk behaviour that needs further in-depth understanding on internet accessibility, usage, difference in type of content viewed by age, gender and ethnicity, psychosocial factors and role of significant adult supervision, peers and environment to assist in designing specific strategies in prevention program.
2. As internet use and addiction increase with age, it is important that adolescents develop self-awareness on sign of internet addiction and develop self-control against excessive internet usage. It is proposed that the component of self-awareness and control against excessive internet usage is to be integrated into the 'Click Wisely Program' which was introduced by the Malaysian Communication Multimedia Commission (MCMC).
3. Parents should be made aware on dangers of excessive internet usage by secondary students and its detrimental effects on students' health and social development. It is proposed that development of health-related information on the internet addiction should be designed specifically for students and parents. To ensure wide circulation of the messages, it is recommended that the Ministry of Health to collaborate with MCMC in disseminating the information through MCMC social network and Malaysian ICT volunteer (MIV) programs.
4. Smart partnerships with various agencies (governments, NGOs and private sectors) need to be enhanced to disseminate greater awareness on dangers of internet addiction and

safe usage of internet to children, adolescents, parents, teachers and the community at large to assist in promotive, preventive and early intervention of internet addiction.

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**Table 3.6.1: Prevalence of internet use in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Internet Users				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	1,439	132,191	85.6	81.38	88.92
<b>Locality of school</b>					
Urban	726	66,612	85.9	78.29	91.20
Rural	713	65,579	85.2	80.83	88.67
<b>Sex</b>					
Male	681	62,951	83.6	79.88	86.72
Female	758	69,240	87.4	81.35	91.73
<b>Form</b>					
Form 1	275	21,212	68.7	54.83	79.85
Form 2	262	24,312	79.8	67.44	88.30
Form 3	277	28,648	91.7	81.03	96.60
Form 4	363	28,880	95.4	91.96	97.46
Form 5	262	29,138	92.1	82.62	96.58

**Table 3.6.2: Prevalence of positive Malay Version Internet Addiction Test (MVIAT) among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Positive MVIAT				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	425	39,538	25.6	22.03	29.50
<b>Locality of school</b>					
Urban	230	21,664	28.0	24.07	32.19
Rural	195	17,874	23.2	18.18	29.15
<b>Sex</b>					
Male	222	20,834	27.7	23.28	32.52
Female	203	18,704	23.6	20.20	27.42
<b>Form</b>					
Form 1	56	4,408	14.3	10.24	19.55
Form 2	65	6,168	20.2	13.85	28.62
Form 3	98	10,136	32.4	26.31	39.24
Form 4	124	9,824	32.5	26.97	38.50
Form 5	82	9,001	28.4	18.83	40.50

**Table 3.6.3: Percentage of reported devices used by internet user among Form 1 to Form 5 students in Kedah, 2017**

Type of Devices	Unweighted Count	Percentage (%)	95% CI	
			Lower	Upper
Smartphone	1,339	93.4	91.48	94.95
Computer, Laptop, Notebook	776	54.5	46.53	62.25
Tablet, Ipad use	327	23.0	17.41	29.65

**Table 3.6.4: Percentage of reported devices used by internet addict among Form 1 to Form 5 students in Kedah, 2017**

Type of Devices	Unweighted Count	Percentage (%)	95% CI	
			Lower	Upper
Smartphone	400	94.4	90.90	96.61
Computer, Laptop, Notebook	239	56.1	48.01	63.93
Tablet, Ipad use	122	28.3	21.94	35.59

### 3.7 Mental Health Problems

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#### 3.7.1 Introduction

The World Health Organisation (WHO) estimates that one in five adolescents and children suffer from mental health problem and half of all mental illnesses begin by the age of 14.<sup>1</sup> In Malaysia, the National Health and Morbidity Survey (NHMS) 2015 reported prevalence of mental health problems among 16 to 19 years old of 34.7%, while among 10-15 years the prevalence was 11.4%.<sup>2</sup> In particular, WHO reported that suicide is the second leading cause of death among those youth.<sup>3</sup> In 2011, NHMS observed that 2.4% of youth 16-24 years reported suicidal ideation.<sup>4</sup>

#### 3.7.2 Objectives

- i. To identify the prevalence of loneliness in the past 12 months
- ii. To identify the prevalence of inability to sleep due to worry in the past 12 months
- iii. To identify the prevalence of suicidal ideation in the past 12 months
- iv. To identify the prevalence of suicidal plan in the past 12 months
- v. To identify the prevalence of suicidal attempt in the past 12 months
- vi. To identify the prevalence of not having close friend

#### 3.7.3 Variable definitions

- **Lonely “most of the time or always”**: Responded either “most of the time” or “always” for felt lonely during past 12 months prior to the survey.
- **Unable to sleep “most of the time or always” due to worry**: Responded either “most of the time” or “always” for being worried about something that he/she could not sleep at night during past 12 months prior to the survey.
- **Suicidal ideation**: ever seriously considered attempting suicide in the past 12 months prior to the survey.
- **Suicidal plan**: made a plan of attempted suicide in the past 12 months prior to the survey.
- **Suicidal attempt**: attempted suicide at least once in the past 12 months prior to the survey.

- **No close friend:** Do not have any close friend

### **3.7.4 Findings**

Overall, 8.1% (95%CI: 6.33, 10.25) of secondary school students in Kedah reported that they felt lonely “most of the time or always” (**Table 3.7.1**). A total of 5.5% (95%CI: 4.38, 6.96) reported being unable to sleep “most of the time or always” due to worry (**Table 3.7.2**). In the past 12 months prior to the survey, suicidal ideation, plan and attempt, were reported by 10.3% (95%CI: 7.64, 13.73), 7.9% (95%CI: 5.70, 10.92), and 6.4% (95%CI: 4.73, 8.66) students, respectively (**Table 3.7.3, Table 3.7.4 & Table 3.7.5**). **Table 3.7.6** showed that 3.1% (95%CI: 2.02, 4.63) of the students had no close friend. There was no significant difference in the prevalence by locality, sex or form for all these conditions.

### **3.7.5 Discussion/ Conclusion**

The prevalence of being lonely among secondary school students increased from 7.9 % in the Kedah GSHS 2012.<sup>5</sup> to 8.1% in this current survey while prevalence of “has no close friend” among secondary school students in Kedah has reduced from 3.9% to 3.6%. However, this survey noted an increase in the prevalence of “inability to sleep due to worry” from only 3.9% in 2012<sup>5</sup> to 5.5%, while suicidal behaviours was observed as worsening compared to the prevalence in Kedah GSHS 2012.<sup>5</sup> Suicidal ideation, plan and attempts increased from 6.5% to 10.5%, 5.1% to 7.9% and 5.4% to 6.4%, respectively<sup>5</sup>. The prevalence of suicidal behaviours in 2017 was comparable to the national figures.

### **3.7.6 Recommendations**

1. Screening of at-risk students by School Health Teams and referral for further management
2. Holistic intervention programmes targeted to students at risk of suicide
3. Strengthen students coping skills and resilience through interactive health promotion activities

### 3.7.7 References

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**Table 3.7.1: Prevalence of loneliness "most of the time or always" in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	133	12,477	8.1	6.33	10.25
<b>Locality of school</b>					
Urban	71	6,657	8.6	7.35	10.01
Rural	62	5,821	7.6	4.66	12.04
<b>Sex</b>					
Male	57	5,328	7.1	4.90	10.15
Female	76	7,149	9.0	6.36	12.61
<b>Form</b>					
Form 1	29	2,299	7.4	4.36	12.43
Form 2	29	2,778	9.1	4.56	17.42
Form 3	26	2,631	8.4	5.10	13.59
Form 4	23	1,877	6.2	4.25	8.97
Form 5	26	2,892	9.1	5.80	14.08

**Table 3.7.2: Prevalence of inability to sleep "most of time or always" due to worry in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	94	8,531	5.5	4.38	6.96
<b>Locality of school</b>					
Urban	54	5,061	6.5	4.91	8.68
Rural	40	3,470	4.5	3.43	5.93
<b>Sex</b>					
Male	51	4,682	6.2	4.15	9.30
Female	43	3,849	4.9	3.22	7.28
<b>Form</b>					
Form 1	21	1,700	5.5	3.68	8.23
Form 2	21	1,988	6.5	3.62	11.49
Form 3	14	1,417	4.6	2.09	9.71
Form 4	21	1,629	5.4	3.18	8.96
Form 5	17	1,797	5.7	3.07	10.26



**Table 3.7.3: Prevalence of suicidal ideation in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	172	15,881	10.3	7.64	13.73
<b>Locality of school</b>					
Urban	87	8,285	10.7	7.65	14.73
Rural	85	7,596	9.9	5.95	16.02
<b>Sex</b>					
Male	95	8,725	11.6	8.79	15.23
Female	77	7,156	9.0	6.14	13.10
<b>Form</b>					
Form 1	53	4,414	14.3	7.27	26.30
Form 2	21	1,991	6.5	4.74	8.95
Form 3	32	3,243	10.4	5.73	18.07
Form 4	38	3,014	10.0	6.35	15.36
Form 5	28	3,219	10.2	4.54	21.33

**Table 3.7.4: Prevalence of suicidal plan in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	136	12,252	7.9	5.70	10.92
<b>Locality of school</b>					
Urban	72	6,732	8.7	5.86	12.68
Rural	64	5,520	7.2	4.17	12.05
<b>Sex</b>					
Male	70	6,255	8.3	5.63	12.09
Female	66	5,997	7.6	5.43	10.47
<b>Form</b>					
Form 1	46	3,778	12.2	6.31	22.38
Form 2	21	1,948	6.4	3.61	11.15
Form 3	20	1,945	6.2	3.57	10.63
Form 4	30	2,369	7.8	4.92	12.25
Form 5	19	2,211	7.0	2.56	17.55

**Table 3.7.5: Prevalence of suicidal attempt "at least once" in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	107	9,916	6.4	4.73	8.66
<b>Locality of school</b>					
Urban	49	4,821	6.2	3.45	10.97
Rural	58	5,095	6.6	5.36	8.17
<b>Sex</b>					
Male	56	5,232	7.0	4.86	9.86
Female	51	4,684	5.9	4.14	8.39
<b>Form</b>					
Form 1	32	2,557	8.3	4.96	13.58
Form 2	25	2,369	7.8	5.07	11.83
Form 3	13	1,338	4.3	1.92	9.29
Form 4	21	1,726	5.7	3.63	8.89
Form 5	16	1,928	6.1	2.12	16.10

**Table 3.7.6: Prevalence of not having any close friend among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	52	4,708	3.1	2.02	4.63
<b>Locality of school</b>					
Urban	25	2,358	3.1	1.57	5.88
Rural	27	2,350	3.1	1.87	5.04
<b>Sex</b>					
Male	36	3,334	4.5	2.87	6.88
Female	16	1,374	1.7	1.01	2.99
<b>Form</b>					
Form 1	20	1,621	5.3	2.30	11.65
Form 2	7	700	2.3	0.78	6.79
Form 3	11	1,121	3.6	2.07	6.14
Form 4	7	561	1.9	0.83	4.13
Form 5	7	705	2.3	0.83	5.97

### 3.8 Physical Activity

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#### 3.8.1 Introduction

Physical inactivity is a public health problem worldwide and is the fourth leading cause of death worldwide.<sup>1</sup> It is an important contributor to major non-communicable diseases.<sup>2,3</sup> Sufficient physical activity has substantial health benefits for children and adolescents in terms of improving cardiovascular health<sup>4</sup>, mental health<sup>5</sup> and academic performance<sup>6</sup>. Despite these established benefits, a substantial proportion of young people fail to meet physical activity guidelines.

#### 3.8.2 Objectives

1. To identify the prevalence of being physically active for a total of at least 60 minutes daily for five days or more in the past seven days,
2. To identify the prevalence of spending at least three hours in sitting activities in a typical or usual day

#### 3.8.3 Variable Definitions

- **Physical activity:** any activity that increases the heart rate and makes one breathe hard. Examples of physical activities include sports, playing with friends, walking to school, running, fast walking, biking or dancing.
- **Physically active:** physically active for at least 60 minutes per day, for a minimum of five days per week (sum of all the time spent in any kind of physical activity each day).

#### 3.8.4 Findings

There were 1684 secondary school students who responded to this module. The prevalence of being physically active for a total of at least 60 minutes daily for five days or more in the past seven days was 18.6% (95% CI: 16.76, 20.49) with an estimated projection to 28,586 school-going

adolescents. In terms of school locality, it was significantly higher in urban areas [20.6% (95% CI: 18.02, 23.54)] compared to rural areas [16.5% (95% CI: 14.11, 19.11)]. By sex, the prevalence was significantly higher in males [23.2% (95% CI: 20.38, 26.29)] than in females [14.2% (95% CI: 12.01, 16.64)]. By form, Form 4 had the highest prevalence [21.2% (95% CI: 17.34, 25.57)], followed by Form 1 [20.1% (95% CI: 16.41, 24.37)] and Form 5 [17.7% (95% CI: 13.75, 22.37)] (**Table 3.8.1**).

Regarding sitting activities, the prevalence of spending at least three hours in a typical or usual day in sitting activities was 46.8% (95% CI: 44.44, 49.22). In terms of school locality, there was no significant difference between students studying in urban areas (46.7%; 95% CI: 43.36, 50.11) and students from rural areas (46.9%; 95% CI: 43.56, 50.32). By sex, the prevalence was higher among females [48.5% (95% CI: 45.20, 51.88)] than males [45.0% (95% CI: 41.64, 48.46)]. By form, Form 3 had the highest prevalence [55.5% (95% CI: 49.83, 61.02)], followed by Form 4 [51.3% (95% CI: 46.26, 56.39)] and Form 5 [49.9% (95% CI: 44.15, 55.74)] (**Table 3.8.2**).

### **3.8.5 Discussion/ Conclusion**

The prevalence of students being physically active for a total of at least 60 minutes daily for five days or more in the past seven days in Kedah [18.6% (95% CI: 16.76, 20.49)] was lower than the national prevalence [19.8% (95% CI: 19.21, 20.40)] and the previous Kedah GSHS 2012<sup>7</sup> [25.2% (95% CI: 19.62, 31.77)]. Male students and students resided in urban areas were observed to be more physically active. However, there was no significant difference in terms of form. The prevalence of students who spent at least three hours in sitting activities in a typical or usual day [46.8% (95% CI: 44.44, 49.22)] was significantly lower than the national prevalence [50.1% (95% CI: 49.38, 50.85)] but comparable to previous Kedah GSHS 2012<sup>7</sup> [46.8% (95% CI: 41.84, 51.80)]. However, there were no significant differences by locality of the school, sex and form.

### **3.8.6 Recommendations**

Schools represent an important setting for promoting physical activity as the adolescents spend approximately half of their waking day at school. Development of creative and innovative “school-based interventions” such as engaging social media to promote healthy lifestyles particularly on increasing physical activity need to be explored.

### 3.8.7 References

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**Table 3.8.1 : Prevalence of being physically active (60 minutes daily) for a total of at least 5 days or more among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Physically Active for at least 5 days or more				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	317	28,586	18.6	16.76	20.49
<b>Locality of school</b>					
Urban	174	15,932	20.6	18.02	23.54
Rural	143	12,653	16.5	14.11	19.11
<b>Sex</b>					
Male	188	17,359	23.2	20.38	26.29
Female	129	11,227	14.2	12.01	16.64
<b>Form</b>					
Form 1	78	6,158	20.1	16.41	24.37
Form 2	57	5,259	17.3	13.53	21.76
Form 3	49	5,184	16.7	12.82	21.45
Form 4	81	6,389	21.2	17.34	25.57
Form 5	52	5,596	17.7	13.75	22.37

**Table 3.8.2: Prevalence of spending at least 3 hours in sitting activities Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	spending at least 3 hours on sedentary activities				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	777	72,103	46.8	44.44	49.22
<b>Locality of school</b>					
Urban	391	36,082	46.7	43.36	50.11
Rural	386	36,021	46.9	43.56	50.32
<b>Sex</b>					
Male	365	33,830	45.0	41.64	48.46
Female	412	38,273	48.5	45.20	51.88
<b>Form</b>					
Form 1	131	10,210	33.2	28.65	37.98
Form 2	145	13,385	44.1	38.78	49.51
Form 3	166	17,241	55.5	49.83	61.02
Form 4	195	15,488	51.3	46.26	56.39
Form 5	140	15,779	49.9	44.15	55.74

### 3.9. Protective Factors

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#### 3.9.1 Introduction

According to Centre for Disease Control and Prevention (CDC), protective factors are individual or environmental characteristics, conditions, or behaviours that reduce the effects of stressful life events.<sup>1</sup> Important protective factors such as parental attachment and peer support especially for adolescence could influence their attitude and behaviour. Research has shown that adolescent attachment and relationships with parents and peers as well as schools they attend is a predictor of their psychological well-being.<sup>2</sup> Protective factor could help avoid unhealthy behaviours such as violence, sexual risk behaviours, tobacco use and drug abuse.<sup>3</sup> In order to measure the level of protective factors among school students, truancy is seen as an indicator, which is monitored by lower prevalence, as truancy often acts as the initial behaviour that can lead to other risky behaviour.<sup>4</sup>

#### 3.9.2 Objectives

To identify prevalence of:

- i. Truancy in the past 30 days
- ii. Peer support in the past 30 days
- iii. Parental or guardian supervision in the past 30 days
- iv. Parental or guardian connectedness in the past 30 days
- v. Parental or guardian bonding in the past 30 days,
- vi. Parental or guardian respect for privacy in the past 30 days,

#### 3.9.3 Variable Definitions

- **Truancy:** missed class or school without permission for at least one day in the past 30 days. (This variable is monitored with lower prevalence to define as protective factors)
- **Peer support:** students in their school were kind and helpful most of the time or always during the past 30 days.
- **Parental or guardian supervision:** parents or guardians had always or most of the time, checked to see if their homework was done in the past 30 days.

- **Parental or guardian connectedness:** parents or guardians had always or most of the time, understood their problems and worries in the past 30 days.
- **Parental or guardian bonding:** parents or guardians had always or most of the time, really knew what they were doing with their free time in the past 30 days.
- **Parental or guardian respect for privacy:** parents or guardians had never or rarely gone through their things without their approval in the past 30 days.

### 3.9.4 Findings

In Kedah, the overall prevalence of truancy among students in the past 30 days was 29.4% (95% CI: 23.88, 35.68) of which males were [31.0% (95% CI: 24.22, 38.79)] and females were [27.9% (95% CI: 22.66, 33.87)]. Prevalence of truancy according to form were 28.6% (95% CI: 18.66, 41.12), 26.5% (95% CI: 17.12, 38.62), 26.4% (95% CI: 20.92, 32.68), 33.2% (95% CI: 25.47, 41.85) and 32.5% (95% CI: 22.22, 44.90) from Form 1 to Form 5 respectively. In terms of school locality, prevalence of truancy in rural areas was [31.7% (95% CI: 26.87, 37.01)] and urban areas was [27.2% (95% CI: 18.16, 38.53)] (**Table 3.9.1**).

Overall, prevalence of having peer support among students in Kedah was 45.8% (95% CI: 40.66, 51.12); of which 36.8% (95% CI: 31.21, 42.80) in males, 54.4% (95% CI: 48.88, 59.85) in females (**Table 3.9.2**). Total prevalence of having parental or guardian supervision was 13.5% (95% CI: 11.37, 15.85) which was 14.7% (95% CI: 11.97, 17.98) in males, 12.2% (95% CI: 9.89, 15.06) in females (**Table 3.9.3**). The overall prevalence of having parental or guardian connectedness was 32.4% (95% CI: 29.26, 35.78) of which 28.7% (95% CI: 23.72, 34.23) in males and 36.0% (95% CI: 32.22, 39.95) in females. In terms of school locality, having parental or guardian connectedness was 31.4% (95% CI: 26.51, 36.83) in urban areas and 33.4% (95% CI: 29.71, 37.37) in rural areas (**Table 3.9.4**). Overall prevalence of having parental bonding was 44.6% (95% CI: 40.50, 48.85) which was 41.5% (95% CI: 35.65, 47.50) in males and 47.7% (95% CI: 43.91, 51.42) in females (**Table 3.9.5**). A total 72.4% (95% CI: 68.25, 76.25) of students reported having parental respect for privacy, 68.0% (95% CI: 61.17, 74.13) in males and 76.6% (95% CI: 72.71, 80.13) in females (**Table 3.9.6**).



### **3.9.5 Discussions/ Conclusion**

Prevalence of truancy and protective factors (peer support, parental supervision, parental connectedness, parental bonding and parental respect) among students in Kedah within the past 30 days shows no significant difference from the national prevalence. There was also no change between prevalence of truancy and protective factors reported in the national AHS 2017 and Kedah GSHS 2012.<sup>5</sup>

### **3.9.6 Recommendations**

1. Monitoring attendance closely by participation of schools, parent and local organizations through enforcement of mandatory attendance law allows identification of at risk and truancy behaviour among school students.
2. Positive reinforcement which focuses on the positive points of behavior will encourage children to improve peer support, self-control and respect for others.
3. Establishment of school programs that need parent's supervision will help in improving the parenting skills especially in parental attachment.
4. Development of interventions that strengthen the protective factors among school students is important and more effective in reducing risk in order to improve the outcomes experienced by the students

### **3.9.7 References**

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**Table 3.9.1 : Prevalence of truancy in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic Characteristics	Truancy				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	491	45,523	29.4	23.88	35.68
<b>Locality of school</b>					
Urban	223	21,052	27.2	18.16	38.53
Rural	268	24,470	31.7	26.87	37.01
<b>Sex</b>					
Male	256	23,372	31.0	24.22	38.79
Female	235	22,151	27.9	22.66	33.87
<b>Form</b>					
Form 1	109	8,830	28.6	18.66	41.12
Form 2	87	8,072	26.5	17.12	38.62
Form 3	80	8,243	26.4	20.92	32.68
Form 4	126	10,032	33.2	25.47	41.85
Form 5	89	10,347	32.5	22.22	44.90

**Table 3.9.2 : Prevalence of having peer support in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic Characteristics	*Most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	774	70,849	45.8	40.66	51.12
<b>Locality of school</b>					
Urban	405	36,907	47.6	41.49	53.82
Rural	369	33,942	44.1	36.17	52.26
<b>Sex</b>					
Male	302	27,727	36.8	31.21	42.80
Female	472	43,122	54.4	48.88	59.85
<b>Form</b>					
Form 1	146	11,194	36.2	27.13	46.47
Form 2	143	13,197	43.3	36.96	49.91
Form 3	146	14,853	47.5	39.58	55.61
Form 4	195	15,587	51.7	43.12	60.12
Form 5	144	16,019	50.4	37.99	62.74

**Table 3.9.3 : Prevalence of having parental or guardian supervision in the past 30 days among Form 1 to Form 5 students Kedah, 2017**

Socio-demographic Characteristics	*most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	232	20779	13.5	11.37	15.85
<b>Locality of school</b>					
Urban	106	9529	12.3	9.15	16.35
Rural	126	11251	14.6	12.48	17.02
<b>Sex</b>					
Male	123	11089	14.7	11.97	17.98
Female	109	9690	12.2	9.89	15.06
<b>Form</b>					
Form 1	74	5809	18.9	14.84	23.65
Form 2	53	4973	16.3	12.40	21.18
Form 3	26	2711	8.7	5.55	13.31
Form 4	44	3422	11.3	7.64	16.41
Form 5	35	3865	12.2	8.32	17.54

**Table 3.9.4 : Prevalence of having parental or guardian connectedness in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic Characteristics	*Most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	556	50,102	32.4	29.26	35.78
<b>Locality of school</b>					
Urban	269	24,369	31.4	26.51	36.83
Rural	287	25,734	33.4	29.71	37.37
<b>Sex</b>					
Male	235	21,603	28.7	23.72	34.23
Female	321	28,499	36.0	32.22	39.95
<b>Form</b>					
Form 1	124	9,683	31.5	22.43	42.26
Form 2	115	10,631	34.9	31.77	38.16
Form 3	88	8,977	28.7	22.15	36.35
Form 4	146	11,626	38.4	33.27	43.84
Form 5	83	9,186	28.9	21.67	37.38

**Table 3.9.5 : Prevalence of having parental or guardian bonding in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic Characteristics	*Most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	760	68,873	44.6	40.50	48.85
<b>Locality of school</b>					
Urban	398	36,094	46.6	41.54	51.78
Rural	362	32,778	42.6	36.65	48.84
<b>Sex</b>					
Male	341	31,143	41.5	35.65	47.50
Female	419	37,729	47.7	43.91	51.42
<b>Form</b>					
Form 1	153	11,747	38.2	29.27	48.06
Form 2	142	13,107	43.0	35.60	50.77
Form 3	131	13,656	43.8	34.22	53.93
Form 4	212	16,885	55.8	51.06	60.43
Form 5	122	13,478	42.5	30.66	55.31

**Table 3.9.6 : Prevalence of parental or guardian respect for privacy in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic Characteristics	Never or rarely				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	1,222	111,626	72.4	68.25	76.25
<b>Locality of school</b>					
Urban	644	58,546	75.8	70.29	80.55
Rural	578	53,080	69.1	64.27	73.45
<b>Sex</b>					
Male	557	51,010	68.0	61.17	74.13
Female	665	60,616	76.6	72.71	80.13
<b>Form</b>					
Form 1	282	22,025	71.8	64.09	78.48
Form 2	222	20,614	68.1	59.82	75.43
Form 3	229	23,631	75.6	69.69	80.72
Form 4	282	22,354	73.9	67.97	79.03
Form 5	207	23,001	72.6	64.70	79.23

### **3.10 Sexual Behaviours that contribute to HIV Infection, Other STIs and Unintended Pregnancy**

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#### **3.10.1 Introduction**

The WHO reported that 10% to 40% of young unmarried girls aged 13 to 19 years to have had an unintended pregnancy.<sup>1</sup> It was also reported that the highest rate of Sexual Transmitted Illness (STI) worldwide are among young people aged 15 to 24 years.<sup>2</sup> In Malaysia, Ministry of Health revealed that 12,492 teenage pregnancies were recorded in 2016. Therefore, sexual intercourse among school aged students is a public health concern in Malaysia due to the alarming numbers of the teenage unintended pregnancies and Sexual Transmitted Illness (STI) from this age group.<sup>2,3</sup>

#### **3.10.2 Objectives**

To identify prevalence of:

- i. Current sexual intercourse in the past 30 days among Form 1 to Form 5 students in Malaysia.
- ii. Ever having sexual intercourse among Form 1 to Form 5 students in Malaysia.
- iii. First sexual experience before the age 14 years among those who ever had sex.
- iv. Having at least two sexual partners among those who ever had sex.
- v. Condom use during the last sexual intercourse among those who ever had sex.
- vi. Use of "other birth control methods" during the last sexual intercourse among those who ever had sex.

#### **3.10.3 Variable Definitions**

- **Sexual intercourse:** sexual acts of penetration of penis into vagina or anus.
- **Safe sexual practice:** sexual contact that doesn't involve the exchange of semen, vaginal fluids or blood between partners.

### **3.10.4 Findings**

Prevalence of ever-had sex among Form 1 to Form 5 students in Kedah was 7.0% (95% CI: 5.17, 9.30). Prevalence of ever-had sex among male students were 8.5% (95% CI: 5.30, 13.48) while female students were at 5.4% (95% CI: 4.10, 7.22). Form 5 students showed the highest prevalence of 9.8% (95% CI:5.16, 17.94) (**Table 3.10.1**). The prevalence of Form 1 to Form 5 students that were currently having sexual intercourse in Kedah was 5.2% (95% CI: 3.65, 7.49). Form 5 students showed the highest prevalence of 9.2% (95% CI:4.65, 17.35) compared to other forms (**Table 3.10.2**).

Of those who ever-had sex, 29.8% (95% CI: 20.88, 40.60) of them had sex before the age of 14 years. Form 1 students showed the highest percentage at 53.6% (95% CI:32.97, 72.99) (**Table 3.10.3**). It was noted that 17.0% (95% CI: 10.92, 25.53) of those who were ever-had sex, had at least two sexual partners in which, male students were 23.0% (95% CI: 14.11, 35.26) and females were 8.1% (95% CI: 3.00, 19.98) (**Table 3.10.4**). Only 9.0% (95% CI: 5.49, 14.47) of those who ever-had sex used a condom during their last sexual intercourse while 8.6% (95% CI: 3.01, 22.04) used other birth control methods (**Table 3.10.5 &Table 3.10.6**).

### **3.10.5 Discussion/ Conclusion**

The prevalence of ever-had sexual intercourse in Kedah AHS 2017 (7.0%) did not differ with the national prevalence in 2017 (7.3%), however the prevalence was higher than the previous Kedah GSHS in 2012<sup>4</sup> (5.8%).

### **3.10.6 Recommendations**

1. To strengthen sexual health education especially among students and to educate them regarding the complications of unsafe sex.
2. To conduct more studies especially qualitative studies in exploring the sexual orientation of the students, abortion and unintended pregnancy.
3. To strengthen and actively provide services of our adolescent health screening (BSSK) in schools.

### 3.10.7 References

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**3.10.1 : Prevalence of ever had sexual intercourse among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	ever had sexual intercourse				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	115	10,747	7.0	5.17	9.30
<b>Locality of school</b>					
Urban	62	5,827	7.5	4.91	11.36
Rural	53	4,920	6.4	3.90	10.29
<b>Sex</b>					
Male	67	6,428	8.5	5.30	13.48
Female	48	4,319	5.4	4.10	7.22
<b>Form</b>					
Form 1	34	2,792	9.1	4.37	17.93
Form 2	21	1,987	6.5	2.88	14.09
Form 3	15	1,462	4.7	2.33	9.18
Form 4	17	1,379	4.6	2.75	7.45
Form 5	28	3,126	9.8	5.16	17.94

**Table 3.10.2 Prevalence of current sexual intercourse in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	current sexual intercourse				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	85	8,112	5.2	3.65	7.49
<b>Locality of school</b>					
Urban	50	4,692	6.1	3.96	9.15
Rural	35	3,420	4.4	2.18	8.83
<b>Sex</b>					
Male	47	4,669	6.2	3.37	11.16
Female	38	3,443	4.3	3.02	6.20
<b>Form</b>					
Form 1	23	1,948	6.3	2.56	14.77
Form 2	14	1,301	4.3	2.07	8.63
Form 3	11	1,081	3.5	1.67	7.03
Form 4	11	862	2.8	1.35	5.92
Form 5	26	2,920	9.2	4.65	17.35

**Table 3.10.3 : Percentage of first sexual intercourse before the age of 14 years among those who ever had sex among students Form 1 to Form 5 in Kedah, 2017**

Socio-demographic characteristics	Percentage of first sex before the age 14 years among those who ever had sex				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	36	3,203	29.8	20.88	40.60
<b>Locality of school</b>					
Urban	14	1,346	23.1	11.28	41.49
Rural	22	1,858	37.8	23.55	54.43
<b>Sex</b>					
Male	26	2,299	35.8	23.03	50.90
Female	10	904	20.9	9.39	40.33
<b>Form</b>					
Form 1	18	1,495	53.6	32.97	72.99
Form 2	7	686	34.5	11.95	67.17
Form 3	2	184	12.6	3.51	36.32
Form 4	6	515	37.4	19.37	59.71
Form 5	3	323	10.3	2.39	35.06

**Table 3.10.4 : Percentage of having at least two sexual partners among students who ever had sex among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	Percentage of having at least two sexual partners among those who ever had sex				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	20	1,829	17.0	10.92	25.53
<b>Locality of school</b>					
Urban	10	967	16.6	6.89	34.83
Rural	10	862	17.5	11.97	24.91
<b>Sex</b>					
Male	16	1,480	23.0	14.11	35.26
Female	4	349	8.1	3.00	19.98
<b>Form</b>					
Form 1	10	862	30.9	18.19	47.29
Form 2	2	201	10.1	2.13	36.90
Form 3	1	85	5.8	0.54	41.46
Form 4	3	231	16.7	5.92	39.06
Form 5	4	449	14.4	5.13	34.25

**Table 3.10.5 : Percentage of reported condom use during the last sexual intercourse among students who ever had sex among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	condom use				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	11	970	9.0	5.49	14.47
<b>Locality of school</b>					
Urban	4	350	6.0	2.11	15.89
Rural	7	620	12.6	7.86	19.59
<b>Sex</b>					
Male	9	792	12.3	7.66	19.21
Female	2	178	4.1	0.96	15.96
<b>Form</b>					
Form 1	6	518	18.6	9.24	33.77
Form 2					
Form 3					
Form 4	2	155	11.2	2.57	37.76
Form 5	3	296	9.5	3.25	24.62

**Table 3.10.6 : Percentage of reported using "other birth control methods" during the last sexual intercourse among students who ever had sex among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic characteristics	other birth control methods				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	9	912	8.6	3.01	22.04
<b>Locality of school</b>					
Urban					
Rural	9	912	18.5	8.41	36.07
<b>Sex</b>					
Male	5	519	8.2	2.19	26.30
Female	4	393	9.1	3.07	24.06
<b>Form</b>					
Form 1	3	262	9.7	1.87	37.81
Form 2					
Form 3	2	213	14.6	2.88	49.69
Form 4	1	89	6.4	62.50	4283.30
Form 5	3	349	11.1	2.91	34.45

### **3.11 Tobacco Use**

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#### **3.11.1 Introduction**

Most smokers experimented and started smoking during their school aged days. For example, in Malaysian Global Adults Tobacco Survey (GATS) 2011, 51.8% of the smokers started smoking daily before the age of 18.<sup>1</sup> Therefore, monitoring tobacco use among Malaysian adolescents is an important process in tobacco control. Malaysia is committed with the implementation of the WHO Framework Convention on Tobacco Control to achieve targeted lower smoking prevalence and creating smokefree Malaysian generations.

#### **3.11.2 Objectives**

To identify the prevalence of:

- i. Current smokers
- ii. Current cigarette smokers
- iii. Current E-cigarette/vape users
- iv. Current any tobacco product users
- v. Current smoke and smokeless tobacco product use by types
- vi. Having tried a cigarette before the age of 14 years, among ever cigarette smokers
- vii. Having tried E-cigarettes or vape before the age of 14 years, among ever E-cigarette or vape users
- viii. Quit smoking attempt in the past 12 months among those who ever smoked cigarettes
- ix. Quit E-cigarettes or vape attempt in the past 12 months among those who ever used E-cigarettes or vape
- x. Having been exposed to people smoking in their presence for at least one day in the past seven days
- xi. Having parents or guardians who used any form of tobacco products

- xii. Having parents or guardians who used E-cigarettes or vape

### 3.11.3 Variable Definitions

- **Current smoker:** Used any smoked tobacco products in the past 30 days (Manufactured cigarette, Roll-your-own cigarette, Traditional hand-rolled cigarette, Shisha, Cigar, or Pipe).
- **Current cigarette smoker:** smoked manufactured cigarette, rolled-your-own, or traditional hand roll cigarette in the past 30 days.
- **Current E-cigarette/Vape user:** Used E-cigarette/Vape in the past 30 days.
- **Current any tobacco product user:** Used any tobacco products in the past 30 days (Manufactured cigarette, Roll-your-own cigarette, Traditional hand-rolled cigarette, Shisha, Cigar, and Pipe, E-cigarette/Vape, Chewing tobacco or Snuff)

### 3.11.4 Findings

The prevalence of current smokers was 13.8% (95% CI: 10.63, 17.73) (**Table 3.11.1**). The prevalence was significantly higher among males (23.7%; 95% CI: 18.90, 29.37) as compared to females (4.4%; 95% CI: 2.66, 7.06). Form 1 students had the highest prevalence of 16.4% (95% CI: 8.68, 28.95) with no significant difference across all forms.

The prevalence of current cigarettes smokers was 12.2% (95% CI: 9.10, 16.27) (**Table 3.11.2**). It was significantly higher in males (21.3%; 95% CI: 16.62, 26.92) than females (3.6%; 95% CI: 2.06, 6.29). Form 1 students reported highest prevalence (15.4%; 95% CI 7.77, 28.10) compared to the other forms. Among those who ever smoked cigarettes, 71.4% (95%CI: 64.92, 77.08) had first tried a cigarette before the age of 14 years, with no significant difference by gender (**Table 3.11.6**).

Overall, 18.1% (95% CI: 14.07, 22.86) currently use any tobacco products (**Table 3.11.3**). Males (30.1%; 95% CI: 24.39, 36.52) had significantly higher prevalence compared to females (6.6%; 95% CI: 4.21, 10.23). Form 1 students reported highest prevalence (22.3%; 95% CI 13.33, 34.89) compared to the other forms. The prevalence of using shisha/hookah in the past 30 days was 5.9% (95% CI: 4.48, 7.82) (**Table 3.11.5**). Males (9.8%; 95% CI: 7.45, 12.88) had

significantly higher prevalence compared to females (2.2%; 95% CI: 1.31, 3.80). The prevalence of traditional rolled cigarette use was 6.7% (95% CI: 4.50, 9.92) (**Table 3.11.5**). Males (12.2%; 95% CI: 7.96, 18.28) had significantly higher prevalence compared to females (1.5%; 95% CI: 0.82, 2.74). The prevalence of rolled your own was 3.0% (95% CI: 2.22, 3.91) and males (4.1%; 95% CI: 2.99, 5.60) had significantly higher prevalence compared to females (1.9%; 95% CI: 1.17, 2.93) (**Table 3.11.5**). The prevalence of **cigar** use was 2.2% (95% CI: 1.32, 3.50) with no significant difference across gender (**Table 3.11.5**). The prevalence of using pipe was 1.9% (95% CI: 1.16, 3.12) with no significant difference across gender (**Table 3.11.5**).

Among those who smoked cigarettes in the past 12 months, 71.7% (95% CI: 62.91, 79.12) had tried to stop smoking (**Table 3.11.8**). Males (78.9%; 95% CI: 71.31, 84.94) had significantly higher prevalence compared to females (23.7%; 95% CI: 9.32, 48.53). Form 3 students had the highest prevalence (83.5%; 95% CI 60.03, 94.45) compared to the other forms.

A total of 38.0% (95% CI: 34.40, 41.64) reported having been exposed to people who smoked in their presence in the past 7 days (**Table 3.11.10**). Males (46.9%; 95% CI: 40.34, 53.53) had significantly higher prevalence compared to females (29.5%; 95% CI: 26.71, 32.45). Form 4 students reported highest prevalence (50.4%; 95% CI 42.21, 58.56) compared to other forms. Overall, 40.6% (95% CI: 34.55, 46.92) of students reported having parents or guardian who used any form of tobacco products with no significant difference across gender (**Table 3.11.11**). Form 3 students had the highest prevalence (48.0%; 95% CI 40.77, 55.38) compared to other forms.

The prevalence of current E-cigarette use was 8.3% (95% CI: 6.00, 11.24) (**Table 3.11.4**). Males reported significantly higher prevalence 15.1% (95% CI: 11.82, 19.11) compared to females 1.7% (95% CI: 0.74, 4.03). Form 3 students had the highest prevalence (11.3%; 95% CI 5.25, 22.70) compared to the other forms. Among those who ever smoked e-cigarette/vape, 43.7% (95%CI: 32.95, 55.13) had first tried e-cigarette/vape before the age of 14 years, with no significant difference by gender (**Table 3.11.7**).

Among those who used e-cigarette/vape in the past 12 months, 64.3% (95% CI: 53.13, 74.16) had tried to stop using e-cigarette/vape (**Table 3.11.9**). There was no significant difference across gender. Form 3 students had the highest prevalence (78.4%; 95% CI 64.83, 87.71) compared to other forms. Overall, 11.2% (95% CI: 8.94, 13.82) of students reported having

parents or guardian who used e-cigarette/vape with no significant difference across gender (**Table 3.11.12**). Form 1 students had the highest prevalence (15.1%; 95% CI 10.47, 21.38) compared to other forms.

The prevalence of chewing tobacco was 2.0% (95% CI: 1.32, 3.11) with no significant difference across gender (**Table 3.11.5**). The prevalence of snuff use was 5.0% (95% CI: 3.87, 6.56) with no significant difference across gender (**Table 3.11.5**).

### **3.11.5 Discussion/Conclusion**

The prevalence of cigarette smoking in Kedah was not significantly different compared to the national prevalence. Similarly, the prevalence of having tried a cigarette before the age of 14 among ever cigarette smokers and the prevalence of having been exposed to people who smoke in their presence in the past seven days showed no significant difference compared to the national prevalence.

### **3.11.6 Recommendations**

All screening, prevention and intervention programmes among adolescents must be strengthened and delivered in synergy by all governmental and non-governmental agencies. Interventions should also be targeted to higher risk groups such as states with high prevalence, males and Form 1 students. The rise of prevalence of smoking among females should also be a concern for additional interventions to halt this increment. Overall national tobacco control programmes have to be amplified to achieve denormalization of public smoking, and to help reduce exposure to cigarette smoke among our youth. These would help to achieve the medium and long-term targets as stipulated in the National Strategic Plan for Tobacco Control.

### **3.11.7 References**

1. Institute for Public Health (IPH). Report of the Global Adult Tobacco Survey (GATS) Malaysia, 2011, Ministry of Health Malaysia, 2012.

**Table 3.11.1: Prevalence of current smokers among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Current Smokers				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	233	21,337	13.8	10.63	17.73
<b>Locality of school</b>					
Urban	101	9,690	12.5	9.06	17.01
Rural	132	11,646	15.1	10.28	21.63
<b>Sex</b>					
Male	194	17,880	23.7	18.90	29.37
Female	39	3,456	4.4	2.66	7.06
<b>Form</b>					
Form 1	60	5,078	16.4	8.68	28.95
Form 2	31	3,001	9.9	6.13	15.46
Form 3	42	4,470	14.3	7.56	25.41
Form 4	58	4,459	14.7	7.82	26.05
Form 5	42	4,328	13.6	6.66	25.84

**Table 3.11.2: Prevalence of current cigarette smokers among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Current Cigarette Smokers				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	208	18,929	12.2	9.10	16.27
<b>Locality of school</b>					
Urban	88	8,394	10.8	7.94	14.61
Rural	120	10,535	13.7	8.65	20.90
<b>Sex</b>					
Male	175	16,057	21.3	16.62	26.92
Female	33	2,872	3.6	2.06	6.29
<b>Form</b>					
Form 1	56	4,742	15.4	7.77	28.10
Form 2	28	2,722	8.9	5.37	14.51
Form 3	37	3,961	12.7	6.76	22.51
Form 4	50	3,820	12.6	6.44	23.26
Form 5	37	3,685	11.6	5.46	22.94



**Table 3.11.3: Prevalence of current any tobacco product use among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	306	27,914	18.1	14.07	22.86
<b>Locality of school</b>					
Urban	139	13,234	17.1	12.25	23.29
Rural	167	14,679	19.0	13.18	26.68
<b>Sex</b>					
Male	248	22,673	30.1	24.39	36.52
Female	58	5,240	6.6	4.21	10.23
<b>Form</b>					
Form 1	82	6,889	22.3	13.33	34.89
Form 2	46	4,378	14.4	9.95	20.32
Form 3	58	6,097	19.5	10.62	33.10
Form 4	70	5,373	17.8	9.77	30.08
Form 5	50	5,177	16.3	8.36	29.30

**Table 3.11.4: Prevalence of current E-cigarettes/Vape use among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Current e-Cigarette Users				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	137	12,759	8.3	6.00	11.24
<b>Locality of school</b>					
Urban	73	7,171	9.3	6.12	13.76
Rural	64	5,588	7.2	4.52	11.42
<b>Sex</b>					
Male	122	11,380	15.1	11.82	19.11
Female	15	1,379	1.7	0.74	4.03
<b>Form</b>					
Form 1	36	3,091	10.0	5.29	18.12
Form 2	20	1,915	6.3	3.34	11.53
Form 3	33	3,534	11.3	5.25	22.70
Form 4	26	1,996	6.6	2.85	14.53
Form 5	22	2,223	7.0	3.21	14.54

**Table 3.11.5: Prevalence of current smoke and smokeless tobacco product use by types (except manufactured cigarette and E-cigarette/Vape) among Form 1 to Form 5 students in Kedah, 2017**

	Total					Male				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
Shisha Use	98	9,149	5.9	4.48	7.82	79	7,373	9.8	7.45	12.88
Traditional Rolled Cigarette Use	114	10,375	6.7	4.50	9.92	100	9,184	12.2	7.96	18.28
Roll-Your-Own" With Cigarette Paper Use"	50	4,552	3.0	2.22	3.91	33	3,079	4.1	2.99	5.60
Cigar Use	36	3,324	2.2	1.32	3.50	22	2,117	2.8	1.60	4.91
Pipe Smoking Use	33	2,940	1.9	1.16	3.12	19	1,714	2.3	1.28	4.06
Chewing Tobacco Use	35	3,127	2.0	1.32	3.11	19	1,801	2.4	1.47	3.90
Snuff Use	86	7,781	5.0	3.87	6.56	55	4,943	6.6	4.81	8.95

**Table 3.11.5: Prevalence of current smoke and smokeless tobacco product use by types (except manufactured cigarette and E-cigarette/Vape) among Form 1 to Form 5 students in Kedah, 2017 (Cont.)**

	Female				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
Shisha Use	19	1,775	2.2	1.31	3.80
Traditional Rolled Cigarette Use	14	1,190	1.5	0.82	2.74
Roll-Your-Own" With Cigarette Paper Use"	17	1,473	1.9	1.17	2.93
Cigar Use	14	1,207	1.5	0.85	2.72
Pipe Smoking Use	14	1,227	1.5	0.81	2.95
Chewing Tobacco Use	16	1,326	1.7	0.84	3.33
Snuff Use	31	2,838	3.6	2.12	5.99

**Table 3.11.6: Prevalence of having tried a cigarette before the age of 14 years among ever smokers among Form 1 to Form 5 students in Kedah, 2017**

	Total					Male				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
Yes	127	11,824	71.4	64.92	77.08	121	11,316	72.1	65.04	78.13
No	51	4,740	28.6	22.92	35.08	48	4,389	27.9	21.87	34.96

**Table 3.11.6: Prevalence of having tried a cigarette before the age of 14 years among ever smokers among Form 1 to Form 5 students in Kedah, 2017 (Cont.)**

	Female				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
Yes	6	508	59.2	19.97	89.38
No	3	351	40.8	10.62	80.03

**Table 3.11.7: Prevalence of having tried a E-cigarette/Vape before the age of 14 years among ever E-cigarette/Vape users among Form 1 to Form 5 students in Kedah, 2017**

	Total					Male				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
Yes	63	6,024	43.7	32.95	55.13	56	5,412	43.7	33.30	54.79
No	83	7,753	56.3	44.87	67.05	75	6,959	56.3	45.21	66.70

**Table 3.11.7: Prevalence of having tried a E-cigarette/Vape before the age of 14 years among ever E-cigarette/Vape users among Form 1 to Form 5 students in Kedah, 2017 (Cont.)**

	Female				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
Yes	7	612	43.5	14.22	78.13
No	8	795	56.5	21.87	85.78

**Table 3.11.8: Prevalence of quit smoking attempt in the past 12 month among those who ever smoked among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Quit Smoking Attempts In The Past 12 Months Among Those Who Ever Smoked Cigarettes				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	134	12,487	71.7	62.91	79.12
<b>Locality of school</b>					
Urban	62	5,985	69.4	54.84	80.88
Rural	72	6,502	74.0	62.75	82.78
<b>Sex</b>					
Male	129	11,947	78.9	71.31	84.94
Female	5	540	23.7	9.32	48.53
<b>Form</b>					
Form 1	18	1,505	48.8	28.74	69.31
Form 2	19	1,909	80.4	52.03	93.96
Form 3	35	3,809	83.5	60.03	94.45
Form 4	40	3,014	77.7	63.91	87.30
Form 5	22	2,249	64.0	42.71	80.89

**Table 3.11.9: Prevalence of quit E-cigarette/ Vape attempt in the past 12 month among those who ever used E-Cigarette/Vape among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Stop Using e-Cigarettes In The Past 12 Months Among Those Who Ever Smoked e-Cigarettes				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	97	9,026	64.3	53.13	74.16
<b>Locality of school</b>					
Urban	54	5,305	69.4	61.08	76.66
Rural	43	3,721	58.2	39.18	75.14
<b>Sex</b>					
Male	88	8,149	69.1	59.24	77.45
Female	9	877	39.3	19.48	63.35
<b>Form</b>					
Form 1	17	1,427	67.9	36.10	88.82
Form 2	17	1,638	63.4	41.75	80.73
Form 3	28	3,006	78.4	64.83	87.71
Form 4	23	1,733	58.8	46.32	70.24
Form 5	12	1,222	47.7	28.94	67.06

**Table 3.11.10: Prevalence of being exposed to people smoking in their presence for at least one day in the past 7 days among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Having Been Exposed To People Smoking In Their Presence For At Least One Days In The Past 7 Days				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	636	58,499	38.0	34.40	41.64
<b>Locality of school</b>					
Urban	306	28,586	37.0	31.08	43.33
Rural	330	29,913	38.9	35.28	42.68
<b>Sex</b>					
Male	383	35,156	46.9	40.34	53.53
Female	253	23,343	29.5	26.71	32.45
<b>Form</b>					
Form 1	88	7,033	22.9	18.42	28.21
Form 2	106	9,891	32.6	26.60	39.18
Form 3	133	13,725	43.9	36.09	52.07
Form 4	191	15,164	50.4	42.21	58.56
Form 5	118	12,687	39.9	28.71	52.28

**Table 3.11.11: Prevalence of having father or mother or guardian who used any form of tobacco product among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Either Father Or Mother Or Guardian				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	649	58,805	40.6	34.55	46.92
<b>Locality of school</b>					
Urban	307	28,162	38.7	29.28	49.14
Rural	342	30,643	42.4	35.69	49.49
<b>Sex</b>					
Male	302	27,599	39.9	33.76	46.33
Female	347	31,206	41.2	33.43	49.51
<b>Form</b>					
Form 1	139	10,917	38.0	28.51	48.45
Form 2	125	11,462	40.8	32.93	49.08
Form 3	141	14,223	48.0	40.77	55.38
Form 4	158	12,750	43.8	35.81	52.12
Form 5	86	9,454	32.3	23.19	42.93

**Table 3.11.12: Prevalence of having father or mother or guardian who used E-cigarette/ Vape among Form 1 to Form 5 students in Kedah, 2017**

Socio-Demographic Characteristics	Either Father Or Mother Or Guardian				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	171	15,390	11.2	8.94	13.82
<b>Locality of school</b>					
Urban	83	7,661	11.0	7.35	16.03
Rural	88	7,729	11.3	9.33	13.74
<b>Sex</b>					
Male	78	7,134	10.6	8.19	13.73
Female	93	8,255	11.6	8.68	15.40
<b>Form</b>					
Form 1	53	4,224	15.1	10.47	21.38
Form 2	26	2,387	9.1	5.43	14.83
Form 3	33	3,272	11.8	6.88	19.46
Form 4	34	2,741	10.1	6.09	16.28
Form 5	25	2,765	9.6	5.36	16.47

### **3.12 Violence and Unintentional Injury**

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#### **3.12.1 Introduction**

The World Health Assembly through WHA 49.25 had declared violence to be a public health problem globally. Malaysia is committed towards resolving this issue, covering various aspects of interpersonal violence.<sup>1</sup> The prevalence of bullying varies between 9% to 25% in school-going adolescents in Western countries<sup>2</sup>, and 10.8% to 17.6% locally<sup>3</sup>, differences largely explained by linguistic and cultural factors.

Injuries are inevitable among anyone, including adolescents. Injuries however, may be due to intentional or unintentional causes. Unintentional injuries are caused by various factors and this leads to health problems and disability in an otherwise healthy population. Conflicts happen due to a wide spectrum ranging from physical fights to bullying. These may affect the mental health, well-being and healthy development of the adolescent.

This survey aims to examine the prevalence and distribution of unintentional injuries, physical attacks, physical fights, bullying, as well as physical and verbal abuse experienced by adolescents in Form 1 to Form 5 in Malaysia.

#### **3.12.2 Objectives**

To describe the prevalence of:

- i. Having been physically attacked at least once in the past 12 months
- ii. Involvement in a physical fight at least once in the past 12 months
- iii. Having been bullied at least once in the past 30 days
- iv. Physical abuse at home at least once in the past 30 days
- v. Verbal abuse at home at least once in the past 30 days
- vi. Having had a serious injury at least once in the past 12 months

### 3.12.3 Variable Definitions

- **Physical attack:** when one or more persons hurt another person with or without a weapon such as sticks or knives in the past 12 months. It is NOT a physical attack when two individuals or students of about the same strength or power choose to fight each other.
- **Physical fight:** when two individuals or students of about the same strength or power choose to fight each other in the past 12 months.
- **Bullying:** when a student or group of students say or do bad and unpleasant things to another student, such as teasing a lot in an unpleasant way or leaving out of things on purpose in the past 30 days. It is NOT bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and fun way.
- **Physical abuse at home:** when someone is hit so hard that it left a mark OR caused an injury in the past 30 days
- **Verbal abuse at home:** when someone has had hurtful or insulting things said to them in the past 30 days
- **Unintentional injury:** a serious injury which makes the student miss at least one full day of usual activity (such as school, sports or a job) OR requires treatment by a doctor or a medical personnel in the past 12 months



### 3.12.4 Findings

Among the adolescents, 20.6% (95% CI: 18.04, 23.44) of them had been physically attacked, which was significantly higher in males [27.1% (95% CI: 22.90, 31.71)] compared to females [14.5% (95% CI: 11.75, 17.72)]. There was no significant difference found between urban [22.0% (95% CI: 18.22, 26.27)] and rural [19.2% (95% CI: 16.28, 22.56)] localities. Adolescents from Form 1 had the highest prevalence of being physically attacked; 27.7% (95% CI: 22.24, 34.02) while adolescents from Form 3 had the lowest prevalence at 16.7% (95% CI: 11.84, 23.10) **(Table 3.12.1)**.

Similarly, 21.0% (95% CI: 18.16, 24.14) of adolescents claimed to have been involved in physical fight(s), with significantly more males [28.4% (95% CI: 24.26, 32.98)] than females [14.0% (95% CI: 10.91, 17.70)] involved. There was no significant difference between urban and rural localities, with a reported prevalence of 21.6% (95% CI: 16.94, 27.15) and 20.4% (95% CI: 17.53, 23.54) respectively. Adolescents from Form 1 had the highest prevalence at 33.3 % (95% CI: 25.95, 41.63) **(Table 3.12.1)**.

With regards to bullying, 13.4% (95% CI: 10.97, 16.24) of adolescents reported to have been bullied and this was higher among males [16.2% (95% CI: 13.62, 19.11)] compared to females [10.8% (95% CI: 7.92, 14.43)]. There was no significant difference found between urban [14.1% (95% CI: 10.01, 19.48)] and rural [12.7% (95% CI: 10.65, 15.04)] localities. Adolescents from Form 1 had the highest prevalence of have been bullied; 20.0% (95% CI: 12.87, 29.67) **(Table 3.12.2)**.

The two most common forms of bullying were 'made fun of with sexual jokes, comments or gestures' [14.6% (95% CI: 10.00, 20.75)] and 'being made fun of because of how body or face looks' [13.0% (95% CI: 8.87, 18.71)]. Bullying in the form of 'being made fun of because of religion' was the least common at 4.0% (95% CI: 2.03, 7.84) **(Table 3.12.3)**.

Physical abuse at home was reported by 9.6% (95% CI: 7.65, 12.09) of the adolescents. Urban localities reported a prevalence of 10.4% (95% CI: 7.36, 14.39) with rural at 8.9% (95% CI: 6.69, 11.83). There was no significant difference between males and females with a

prevalence of 11.1% (95% CI: 8.39, 14.49) and 8.3% (95% CI: 6.40, 10.67) respectively. Form 1 adolescents reported the highest prevalence at 15.4% (95% CI: 9.32, 24.33) **(Table 3.12.4)**.

It was reported that 36.9% (95% CI: 32.34, 41.71) of adolescents were abused verbally at home. The prevalence of verbal abuse was higher among females [41.0% (95% CI: 34.51, 47.73)] compared to males [32.6% (95% CI: 28.82, 36.67)]. There was no significant difference found between urban [36.7% (95% CI: 29.48, 44.54)] and rural [37.1% (95% CI: 31.76, 42.82)] localities. Adolescents from Form 4 had the highest prevalence of verbal abuse at home with a prevalence of 44.5% (95% CI: 37.48, 51.70) **(Table 3.12.4)**.

It was found that 25.7% of adolescents in Kedah (95% CI: 23.39, 28.08) had been seriously injured in the past 12 months. There was no significant difference found between urban [26.3% (95% CI: 22.72, 30.13)] and rural [25.1% (95% CI: 22.37, 27.98)] localities. Prevalence of serious injury was significantly higher among males [30.3% (95% CI: 26.66, 34.13)] as compared to females [21.3% (95% CI: 17.93, 25.15)]. Adolescents from Form 1 had the highest prevalence of serious injury at 33.2% (95% CI: 28.58, 38.25) while adolescents from Form 4 had the lowest prevalence at 20.2% (95% CI: 16.21, 24.84) **(Table 3.12.5)**.

Among those who had been seriously injured, the two most common injuries were 'a cut or stab wound' [22.8% (95% CI: 19.21, 26.78)] and 'a broken bone/dislocated joint' [14.3% (95% CI: 10.11, 19.85)] **(Table 3.12.6)**. The two most common causes of serious injury were falls [35.0% (95% CI: 30.07, 40.26)] and motor vehicle accidents [14.8% (95% CI: 11.44, 19.05)] **(Table 3.12.7)**.

### **3.12.5 Discussion / Conclusion**

The prevalence of being physically attacked and those involved in physical fights were lower among adolescents in Kedah than the national prevalence (20.6% vs 25.3% and 21.0% vs 24.9% respectively), as well as the prevalence reported in Kedah GSHS 2012<sup>4</sup> (25.0% and 25.4% respectively).

The prevalence of bullying among school going adolescents in Kedah was lower than the reported national prevalence (13.4% vs 16.2%), as well as lower than the prevalence reported in Kedah GSHS 2012<sup>4</sup> (15.6%). The prevalence of physical abuse and verbal abuse at home among adolescents were lower in Kedah compared to national prevalence (9.6% vs 11.8% and 36.9% vs 43.2% respectively). Physical abuse was higher than the 7.9% reported in Kedah GSHS 2012<sup>4</sup>, while verbal abuse was lower than the 38.3% reported in Kedah in 2012<sup>4</sup>. The prevalence of serious injury among school going adolescents in Kedah was lower than the national prevalence found in this study (25.7% vs. 29.9%), and that reported in Kedah GSHS 2012 (34.6%)<sup>4</sup>.

Studies have shown that violence related behaviour is associated with other negative factors such as smoking, drug abuse, truancy and physical and mental health problems.<sup>5</sup> Thus, despite the successes achieved by our current programs, the relatively high prevalence found in this study reminds us that we should continue our efforts in addressing this issue.

### **3.12.6 Recommendations**

1. Multiple factors are associated with the perpetuation and the victimization of bullying, violent behaviour and unintentional injuries among school-going adolescents. Although this study identified the prevalence and types of violent behaviour experienced, further studies may be conducted in these areas to better understand this problem. These should include risk factors such as health and sociocultural factors, help seeking behaviour and short and long term effects of engaging or being exposed to these situations.
2. Written policies and laws by themselves alone are not adequate to tackle the problem of physical attacks, physical fights, bullying, physical and verbal abuse experienced by school-going adolescents. Strategies should be developed with the involvement of parents, family, and the community. Support services for both perpetrator and victim at community and school levels should be developed. Increased efforts need to be directed towards male adolescents in the younger age group and within the Indian community. Helping them with counselling rather than punitive measures, besides

early detection of underlying factors would aid better prevention strategies. Innovative measures including use of social media, need to be adapted in line with the problems faced by the current generation such as cyberbullying and online forms of abuse. An integrated, multifactorial and multisectoral approach from the family level to school environment is crucial in addressing this problem.

3. Unintentional injuries should be addressed by stepping up safety awareness programs. This should be targeted towards road and traffic safety, starting from the younger age group. This would help reduce the burden of avoidable and unintentional injuries. Measures to create a safe environment within the school, home and other areas should be implemented by all parties.

### **3.12.7 References**

1. World Health Organization. Fact Sheet: Violence prevention in the South-East Asia Region. 2015.
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**Table 3.12.1: Prevalence of involvement in violence and had serious injury at least once in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic Characteristics	Having Been Physically Attacked At Least Once					Involvement In Physical Fight At Least Once				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	351	31,789	20.6	18.04	23.44	359	32,419	21.0	18.16	24.14
<b>Locality of school</b>										
Urban	186	17,037	22.0	18.22	26.27	183	16,727	21.6	16.94	27.15
Rural	165	14,752	19.2	16.28	22.56	176	15,691	20.4	17.53	23.54
<b>Sex</b>										
Male	223	20,315	27.1	22.90	31.71	234	21,341	28.4	24.26	32.98
Female	128	11,475	14.5	11.75	17.72	125	11,078	14.0	10.91	17.70
<b>Form</b>										
Form 1	107	8,568	27.7	22.24	34.02	128	10,294	33.3	25.95	41.63
Form 2	63	6,010	19.8	12.51	30.02	59	5,636	18.5	12.72	26.12
Form 3	49	5,211	16.7	11.84	23.10	51	5,310	17.1	11.12	25.24
Form 4	79	6,179	20.4	16.05	25.61	68	5,376	17.8	13.64	22.81
Form 5	53	5,820	18.4	12.09	26.92	53	5,803	18.3	12.35	26.30

**Table 3.12.2: Prevalence of being bullied at least once in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic Characteristics	Having Been Bullied At Least Once				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	225	20,695	13.4	10.97	16.24
<b>Locality of school</b>					
Urban	117	10,926	14.1	10.01	19.48
Rural	108	9,769	12.7	10.65	15.04
<b>Sex</b>					
Male	130	12,165	16.2	13.62	19.11
Female	95	8,530	10.8	7.92	14.43
<b>Form</b>					
Form 1	76	6,171	20.0	12.87	29.67
Form 2	46	4,413	14.5	7.84	25.21
Form 3	44	4,575	14.6	9.55	21.78
Form 4	28	2,178	7.2	4.11	12.30
Form 5	31	3,358	10.6	6.63	16.53

**Table 3.12.3: Most common ways of being bullied in the past 30 days among Form 1 to Form 5 students in Kedah, 2017**

	Unweighted Prevalence		95% CI	
	Count	(%)	Lower	Upper
Hit, kicked, pushed, shoved around or locked indoors	21	9.1	6.30	12.92
Made fun of because of race, nationality or colour	22	10.5	6.91	15.70
Made fun of because of religion	8	4.0	2.03	7.84
Made fun of with sexual jokes, comments or gestures	32	14.6	10.00	20.75
Left out of activities on purpose or completely ignored	13	5.4	3.54	8.28
Made fun of because of how body or face looks	29	13.0	8.87	18.71

**Table 3.12.4 : Prevalence of being abused at least once in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic Characteristics	Physical Abuse At Home At Least Once					Verbal Abuse At Home At Least Once				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
<b>KEDAH</b>	162	14,891	9.6	7.65	12.09	627	56,894	36.9	32.34	41.71
<b>Locality of school</b>										
Urban	86	8,029	10.4	7.36	14.39	311	28,369	36.7	29.48	44.54
Rural	76	6,862	8.9	6.69	11.83	316	28,526	37.1	31.76	42.82
<b>Sex</b>										
Male	89	8,330	11.1	8.39	14.49	269	24,462	32.6	28.82	36.67
Female	73	6,561	8.3	6.40	10.67	358	32,432	41.0	34.51	47.73
<b>Form</b>										
Form 1	57	4,741	15.4	9.32	24.33	138	10,968	35.7	28.73	43.36
Form 2	34	3,255	10.7	6.35	17.53	114	10,730	35.2	24.36	47.86
Form 3	26	2,637	8.4	4.81	14.38	122	12,115	38.8	29.75	48.64
Form 4	26	2,075	6.9	3.80	12.06	168	13,427	44.5	37.48	51.70
Form 5	19	2,184	6.9	4.05	11.49	85	9,655	30.6	22.02	40.74

**Table 3.12.5: Prevalence of had serious injury at least once in the past 12 months among Form 1 to Form 5 students in Kedah, 2017**

Socio-demographic Characteristics	Having Had Serious Injury At Least Once				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
<b>KEDAH</b>	433	39,616	25.7	23.39	28.08
<b>Locality of school</b>					
Urban	224	20,306	26.3	22.72	30.13
Rural	209	19,310	25.1	22.37	27.98
<b>Sex</b>					
Male	248	22,705	30.3	26.66	34.13
Female	185	16,911	21.3	17.93	25.15
<b>Form</b>					
Form 1	129	10,237	33.2	28.58	38.25
Form 2	94	8,888	29.3	21.20	38.90
Form 3	62	6,456	20.7	14.85	28.00
Form 4	77	6,107	20.2	16.21	24.84
Form 5	71	7,928	25.0	20.14	30.64

**Table 3.12.6: Types of the most serious injury sustained in the past 12 months among those who were injured among Form 1 to Form 5 students in Kedah, 2017**

	Unweighted Count	Prevalence (%)	95% CI	
			Lower	Upper
Broken bone / dislocated Joint	61	14.3	10.11	19.85
A cut or stab wound	102	22.8	19.21	26.78
Concussion / head or neck injury, knocked out or could not breathe	31	7.0	5.03	9.80
Bad burn	12	2.8	1.46	5.42
Poisoned	5	1.1	0.40	2.90

**Table 3.12.7: Major cause of the most serious injury sustained in the past 12 months among those who were injured among Form 1 to Form 5 students in Kedah, 2017**

	Unweighted Count	Prevalence (%)	95% CI	
			Lower	Upper
In a motor vehicle accident or hit by a motor vehicle	63	14.8	11.44	19.05
Fell	154	35.0	30.07	40.26
Something fell or hit him/her	31	7.0	5.09	9.60
Attacked or abused or fighting with someone	16	3.7	1.85	7.13
In a fire or too near a flame or something hot	7	1.6	0.70	3.57
Inhaled or swallowed something bad	7	1.5	0.62	3.67

## **APPENDICES**

### **Appendix 1: Members of Steering Committee NHMS 2015-2018**

1. Director General of Health
2. Deputy Director General of Health (Public Health)
3. Deputy Director General of Health (Medical)
4. Deputy Director General of Health (Research & Tech. Support)
5. Director, Oral Health Division
6. Director, Pharmaceutical Services Division
7. Director, Food Safety and Quality Programme Division
8. Director, Medical Development Division
9. Director, Planning Division
10. Director, Health Education Division
11. Director, Disease Control Division
12. Director, Family Health Development Division
13. Director, Nutrition Division
14. Representative of State Directors
15. Director, Institute for Public Health
16. Dean Faculty of Medicine, University of Malaya
17. Dean Faculty of Medicine, National University of Malaysia
18. Principle Investigator, NHMS



## **Appendix 2: Term of Reference for NHMS 2015-2018 Steering Committee**

1. To approve the objectives and scopes of NHMS 2015-2018.
2. To facilitate inter and intra-sectorial collaboration.
3. To monitor the implementation of the NHMS 2015-2018.
4. To facilitate the utilisation of the NHMS 2015-2018 findings.

### **Appendix 3: List of members of Central Coordinating Committee, NHMS 2017**

1. Dr. Hj Tahir bin Aris, Director of Institute for Public Health
2. Dr. Muhammad Fadhli bin Mohd Yusoff, Coordinator of NHMS 2015-2018
3. Dr. S Maria binti Awaluddin, Principal Investigator of Adolescent Health Survey
4. Pn. Ruhaya binti Salleh, Principal Investigator of Adolescent Nutrition Survey
5. En. Mohamad Aznuddin bin Abd Razak, Principal Investigator of Healthy Mind Screening using DASS
6. Dr. Mohd Azahadi bin Omar, Head Data Processing and Data Management
7. Dr. Noor Ani binti Ahmad, Central Field Supervisor of Perlis & Kedah
8. Dr. Nor Asiah binti Mohamad, Central Field Supervisor of Johor, Melaka & Negeri Sembilan
9. Dr. Rajini a/p Sooryanarayana, Data Processing & Quality
- 10.Pn. Tee Guat Hiong, Central Field Supervisor of Sarawak
- 11.Dr. Nur Liana binti Ab. Majid, Central Field Supervisor of WP Kuala Lumpur, WP Putrajaya & Selangor
- 12.Cik Hasimah binti Ismail, Central Field Supervisor of Pahang, Kelantan & Terengganu
- 13.Pn. Norzawati binti Yoep, Central Field Supervisor of Perak & Kedah
- 14.Pn. Norazizah binti Ibrahim Wong, Data Processing & Quality
- 15.En. Mohd Hazrin bin Hasim @ Hashim, Central Field Supervisor of WP Labuan & Sabah
- 16.Pn. Lalitha a/p Palanivello, Person in charge for 24Hour Diet Recall
- 17.Pn. Siti Nor'Ain binti Hashim, Head of ICT Support
- 18.En. Lim Kuang Kuay, Logistic Support
- 19.Pn. Hamizatul Akmal binti Abd. Hamid, Project Manager
- 20.Pn. Wan Shakira binti Rodzlan Hasani, Project Manager
- 21.Pn. Cheong Siew Man, Person in-charge for Food Frequency Questionnaire
- 22.Pn. Nazirah Bt Alias, Data Processing & Quality
- 23.Dr. Fazila Haryati Ahmad, Data Processing &Quality

**Appendix 4: Terms of Reference for NHMS 2017 Central Coordinating Team**

No	Team	Duties	Officers
1	Project Management and Finance	Work closely with recruitment group for employment of RA  Prepare Questionnaires manual, Data collection manual  Meeting with Liason Officers  Planning for data collection training  Prepare security cards/name tags for research team  Arrangement for advanced payment for team managers, nurses and drivers  Process claims of MOH staff  Prepare tickets for travelling  Monitor the expenditure/budget	Dr. Muhammad Fadhli bin Mohd Yusoff  Dr. S. Maria Binti Awaluddin  Pn. Hamizatul Akmal binti Abd Hamid  Pn. Wan Shakira binti Rodzlan Hasani  Cik Nur Hazwani Binti Mohd Hasri
2	Survey Research Centre	Calculate the sample size  Determine the sample distribution by state	Dr. Muhammad Fadhli bin Mohd Yusoff  Pn. Norazizah binti Ibrahim Wong  Pn. Wan Shakira binti Rodzlan Hasani
3	ICT Unit	Maintenance of the scanning machine  Daily back up for databases	Pn. Siti Nor'ain Binti Hashim  En. Sulaiman Bin Harun  En. Yusmirol Bin Yusop  En. Andy Bin Mustaming
4	Central Field Supervisors	<p><b><u>Before Data Collection</u></b></p> Central Field Supervisors are expected to prepare for the initiation of data collection. The preparation tasks include:	Dr Nor Asiah Binti Muhamad  Dr Nur Liana Binti Ab Majid

		<p>Conduct meeting with State Education Office, School Principals, Teacher in-charged for the selected schools.</p> <p>To ensure adequate logistic support for the data collection and liaise with the District Education Office, District Health Office and other relevant departments to ensure that:</p> <ul style="list-style-type: none"> <li>• Human resources are available: Field Supervisors, Team leaders, Research Assistants and drivers.</li> <li>• Manage transport: Vehicles</li> <li>• Manage survey instruments and relevant form</li> <li>• Manage lodging for data collectors</li> </ul> <p><b><u>During Data Collection</u></b></p> <p>Gather feedback from the field on the data collection status and problems related to logistics.</p> <p>Visit the field to help data collectors solve the problem if necessary.</p> <p>To ensure all data collection monitoring forms have been received on time.</p> <p>To ensure bundle from field received by the Operation Centre by hand and by post (Sabah, Sarawak, WP Labuan)</p> <p>Updating the monitoring board for state achievement and attending CCT meeting.</p>	<p>Pn. Norzawati Binti Yeop</p> <p>Dr. Noor Ani Binti Ahmad</p> <p>Pn. Hasimah Binti Ismail</p> <p>Pn. Tee Guat Hiong</p> <p>En. Mohd Hazrin Bin Hashim @ Hashim</p>
5	Data Processing and management	<p>Setting up data processing facility</p> <p>Development of directory of variables database</p> <p>Development of quality control (QC) manual for data processing</p>	<p>Dr. Mohd Azahadi bin Omar</p> <p>Dr. Rajini a/p sooryanarayana</p>

		Specify data structure for data processing and data output requirement	Dr. Fazila Haryati Binti Ahmad
		Responsible for data entry and data cleaning	Pn. Nazirah Binti Alias
		Monitoring and evaluation of QC performance for data processing	
6	Operation Centre	<p>Arrange date and place of meeting</p> <p>Prepare and circulate briefing materials</p> <p>Prepare and circulate minutes of CCT meeting</p> <p>Prepare letters of appointment to state liaison officers, nurses, scouts and data collectors</p> <p>Prepare advertisement material for recruitment of data collectors, team leaders, and interviewers,</p> <p>Prepare letters of notifications for data collections</p> <p>Prepare manuals for field Supervisors and data collectors</p> <p>Develop a system/format and monitor the distribution of materials/equipment for field work</p> <p>Arrange transport/drivers for distribution and collection of materials</p>	<p>Pn. Hamizatul Akmal binti Abd Hamid</p> <p>En. Azli bin Baharudin</p> <p>Cik Nur Hazwani Binti Mohd Hasri</p> <p>Pn. Siti Noafika Binti Anwar</p> <p>En. Muhammad Suhaimi Bin Mohamad Idrus</p> <p>Cik Shahibul Bariah binti Mat Ghani</p> <p>Pn. Nur Fadzilla binti Mohd Radzi</p> <p>En. Muhammad Zuhdi Bin Khiruddin</p> <p>Cik Nurbaiti Binti Asmawi</p>

## **Appendix 5: List of Research Team Members, NHMS 2017**

### **Alcohol Use**

1. Dr. Muhammad Fadhli Mohd Yusoff
2. Dr. Tania Gayle Robert
3. Dr. Halizah Mat Rifin
4. Dr. Norli Abdul Jabbar
5. Dr. Rozanim Kamaruddin
6. Dr. Jane Ling Miaw Yn
7. Ms. Hasimah Ismail
8. Ms. Hamizatul Akmal Binti Abd Hamid
9. Mr. Mohd Hatta Mutalip
10. Ms. Wan Shakira Rodzlan Hasani

### **Dietary Behaviours**

1. Ms. Rashidah Ambak
2. Ms. Ruhaya Salleh
3. Ms. Norlida Zulkafly
4. Dr. S. Maria Awaluddin
5. Ms. Rusidah Selamat
6. Ms. Syafinaz Mohd Sallehuddin
7. Mr. Mohd Hasnan Ahmad
8. Ms. Cheong Siew Man

### **Drug Use**

1. Dr. Muhammad Fadhli Mohd Yusof
2. Dr. Rushidi Ramly
3. Dr. Norli Abdul Jabbar
4. Dr. Jane Ling Miaw Yn
5. Dr. Halizah Mat Rifin
6. Dr. Tania Gayle Robert

7. Dr. Thamil Arasu Saminathan
8. Dr. Nur Liana Ab. Majid
9. Ms. Hasimah Ismail
10. Ms. Hamizatul Akmal Abd Hamid
11. Ms. Wan Shakira Rodzlan Hasani

### **Hygiene (Including Oral Health)**

1. Dr. Yaw Siew Lian
2. Dr. Nurrul Ashikin Abdullah
3. Dr. Natifah Che Salleh
4. Ms. Norazizah Ibrahim Wong
5. Mr. Mohamad Fuad Mohamad Anuar
6. Mr. Sayan a/l Pan

### **Internet Use and Addiction**

1. Dr S. Maria Awaluddin
2. Prof Madya Dr. Normala Ibrahim
3. Ms. Chan Ying Ying
4. Dr. Rimah Melati Abd. Ghani
5. Dr. Amal Shamsuddin
6. Prof Madya Dr. Wan Salwina Wan Ismail
7. Dr. Norharlina Bahar
8. Dr. Saidatul Norbaya Binti Buang
9. Dr. Nik Rubiah Nik Abd. Rashid

### **Mental Health Problems**

1. Dr. Noor Ani Ahmad
2. Prof Dr. Sherina Mohd Sidik
3. Dr. Fazly Azry Abdul Aziz
4. Ms. Noraida Mohamad Kasim

5. Mr. Mohammad Aznuddin Abd Razak
6. Ms. Muslimah Yusof

### **Physical Activity**

1. Mr. Lim Kuang Kuay
2. Dr. Hj. Mohd Azahadi Omar
3. Ms. Chan Ying Ying
4. Dr. Chandrika A/p Jeevananthan
5. Mr. Azli Baharudin @Shaharuddin
6. Ms. Nazirah Alias

### **Protective Factors**

1. Pn Norzawati binti Yoep
2. Ms. Faizah Paiwai
3. Dr. Noor Aliza Lodz
4. Dr. S. Maria Awaluddin
5. Ms. Azna Ahmad
6. Dr. Nik Rubiah Nik Abd Rashid

### **Sexual Behaviour that contribute to HIV infection, other STI and unintended pregnancy**

1. Dr. Maisarah Omar
2. Dr. Noor Aliza Lodz
3. Dr. S.Maria Awaluddin
4. Dr. Noor Ani Ahmad
5. Dr. Nik Rubiah Nik Abdul Rashid
6. Ms. Noraida Mohamad Kasim



**Tobacco Use**

1. Dr. Noraryana Hassan
2. Dr. Nizam Baharom
3. Dr. Muhammad Fadhli Mohd Yusoff,
4. Dr. Abdul Aiman Abd Ghani
5. Dr. Nur Liana Ab. Majid
6. Dr. Thamil Arasu Saminathan
7. Dr. Jane Ling Miaw Yn
8. Dr. Tania Gayle Robert
9. Dr. Halizah Mat Rifin
10. Ms. Tee Guat Hiong
11. Ms. Hasimah Ismail
12. Ms. Hamizatul Akmal Abd Hamid
13. Ms. Wan Shakira Rodzlan Hasani

**Violence and Unintentional Injury**

1. Dr. Rajini Sooryanarayana
2. Dr. Shubash Shander Ganapathy
3. Dr. Muhammad Fadhli Mohd Yusoff
4. Dr. S Maria Awaluddin
5. Dr. Thamil Arasu a/l Saminathan
6. Dr. Azriman Rosman
7. Dr. Fazila Haryati Ahmad
8. Mr. Mohamad Fuad Mohamad Anuar
9. Mr. Mohd Hazrin Bin Hasim@Hashim

## **Appendix 6: List of Liaison Officer and Data Collection Teams**

### **KEDAH**

#### **Liaison Officer**

Ms. Rohida Binti Sallehuddin

#### **Field Supervisor**

Ms. Hasmila Binti Mat Hassan

#### **Nutritionist**

1. Ms. Noor Hasnani Binti Ismail
2. Ms. Sharifah Binti Salbiah
3. Mr. Ho Boon Keat
4. Ms. Zalikha Amirah Binti Zainol

#### **Drivers**

1. Mr. Muhammad Ezuan Bin Razali @ Ghazali
2. Mr. Mohd Nizam Bin Yaakob

#### **Research Assistants**

1. Ms. Siti Syakiroh Binti Zaimi Azlan
2. Ms. Nurul Hani' Binti Mohamad Shofi
3. Ms. Roslinda Binti Md Zadin
4. Ms. Nurul Hazliza Binti Mat Yusoff
5. Mr. Azman Bin Senin
6. Ms. Siti Rakiah Binti Abdul Rahaman
7. Mr. Wan Muhd Hafiz Bin Wan Abdul Kadir
8. Mr. Muhammad Sulhi Bin Isa

Appendix 7: Questionnaire & OMR



## PENGENALAN

Kementerian Kesihatan Malaysia dengan kerjasama Kementerian Pendidikan Malaysia sedang menjalankan tinjauan yang berkaitan kesihatan remaja. Tinjauan ini adalah berkenaan dengan kesihatan anda dan tindakan yang anda ambil yang memberi kesan kepada kesihatan anda.

Terima kasih kerana bersetuju untuk menyertai tinjauan ini. Tiada jawapan yang **BETUL** atau **SALAH**. Markah peperiksaan anda tidak akan terjejas sekiranya anda menjawab atau tidak menjawab soalan dalam tinjauan ini. Setiap jawapan yang anda berikan boleh membantu memantapkan program kesihatan untuk remaja. Oleh itu, sila jawab dengan ikhlas dan tepat.

Segala maklumat individu yang diberikan adalah RAHSIA kerana TIADA MAKLUMAT PENGENALAN DIRI DIAMBIL dan TIDAK AKAN DIDEBAHKAN. Tiada siapa akan tahu jawapan anda. Sila jawab berdasarkan apa yang anda tahu.

## INTRODUCTION

*The Ministry of Health Malaysia, with the cooperation of the Ministry of Education Malaysia is conducting a survey on adolescent health. This survey is about your health and the things that you do that may affect your health.*

*Thank you for agreeing to participate in this survey. There are no **CORRECT** or **WRONG** answers. None of your grades or marks will be affected whether or not you answer the questions. Each answer that you provide will help in the improvisation of health programs for adolescents. Therefore, please answer as honestly and accurately as possible.*

*All individual information given will be kept **SECRET** because **NO IDENTIFIERS ARE TAKEN** nor **WILL BE EXPOSED**. No one will know your answer. Answer the questions based on the best of your knowledge.*

**PANDUAN MENGISI BORANG (SILA BACA DENGAN TELITI)**

GUIDE ON FILLING THE QUESTIONNAIRE (PLEASE READ CAREFULLY)

a. **JANGAN** tulis **NAMA ANDA** pada kertas soalan mahupun kertas jawapan.

**DO NOT** write **YOUR NAME** on the questionnaire or the answer sheet.

b. Sila **BACA PERNYATAAN** untuk soalan yang memberikan pernyataan atau definisi sebelum menjawab soalan.

Please **READ STATEMENT** for questions with a preceding statement or definition before answering.

c. Sila **HITAMKAN** jawapan yang bersamaan jawapan anda pada kertas jawapan yang disediakan. Hanya hitamkan **SATU JAWAPAN** bagi setiap soalan. Sila gunakan pensel 2B yang disediakan. Sekiranya telah selesai, ikut arahan pegawai yang melakukan survei di sekolah/kelas anda.

Please **FILL IN THE CIRCLES** on your answer sheet that matches your answer. There can be **ONLY ONE ANSWER** for each question. Use only the provided 2B pencil. When you are done, follow the instructions of the person conducting the survey in your school/class

**BERIKUT ADALAH CONTOH BAGAIMANA MENGISI JAWAPAN**

**HERE IS AN EXAMPLE OF HOW TO FILL IN THE CIRCLE:**

ISIKAN BULATAN SEPERTI INI  
 FILL IN THE CIRCLES LIKE THIS



BUKAN SEPERTI INI  
 NOT LIKE THIS



ATAU  
 OR



TINJAUAN/SURVEY

1. Adakah ikan tinggal dalam air?

Do fish live in the water?

A. Ya

Yes

B. Tidak

No

Borang jawapan  
 Answer sheet

1.   B  C  D  E  F  G  H

**BAHAGIAN 1**  
**PART 1**

1. Berapakah umur anda?  
 How old are you?
  - a. 11 tahun atau ke bawah  
*11 years old or younger*
  - b. 12 tahun  
*12 years old*
  - c. 13 tahun  
*13 years old*
  - d. 14 tahun  
*14 years old*
  - e. 15 tahun  
*15 years old*
  - f. 16 tahun  
*16 years old*
  - g. 17 tahun  
*17 years old*
  - h. 18 tahun atau ke atas  
*18 years old or older*
  
2. Apakah jantina anda?  
 What is your sex?
  - a. Lelaki  
*Male*
  - b. Perempuan  
*Female*
  
3. Anda belajar di tingkatan/kelas apa?  
 In what form/class are you?
  - a. Kelas peralihan  
*Remove class*
  - b. Tingkatan 1  
*Form 1*
  - c. Tingkatan 2  
*Form 2*
  - d. Tingkatan 3  
*Form 3*
  - e. Tingkatan 4  
*Form 4*
  - f. Tingkatan 5  
*Form 5*
  
4. Apakah etnik anda?  
 What is your ethnicity?
  - a. Melayu  
*Malay*
  - b. Cina  
*Chinese*
  - c. India  
*Indian*
  - d. Bumiputera Sabah  
*Bumiputera Sabah*
  - e. Bumiputera Sarawak  
*Bumiputera Sarawak*
  - f. Lain-lain etnik  
*Some other ethnic*
  
5. Apakah status perkahwinan ibu bapa anda?  
 What is the marital status of your parents?
  - a. Berkahwin dan tinggal bersama  
*Married and living together*
  - b. Berkahwin tetapi tidak tinggal bersama atas dasar bekerja di tempat lain  
*Married but living apart due to working in other place*
  - c. Bercerai  
*Divorced*
  - d. Balu (ayah atau ibu telah meninggal)  
*Widower (my mother or father has died)*
  - e. Berpisah (ibu bapa tidak tinggal serumah)  
*Separated (my parent do not live together)*
  - f. Tidak tahu  
*I do not know*

**BAHAGIAN 2**  
**PART 2**

6. Dalam tempoh 30 hari yang lepas, berapa kerap anda kelaparan kerana tidak cukup makanan di rumah?

*During the past 30 days, how often did you go hungry because there was not enough food in your home?*

- a. Tidak pernah  
*Never*
- b. Jarang-jarang  
*Rarely*
- c. Kadang-kadang  
*Sometimes*
- d. Kebanyakan masa  
*Most of the time*
- e. Sentiasa  
*Always*

Enam soalan yang berikutnya adalah berkenaan apa yang anda mungkin makan atau minum.

*The next six questions ask about what you might eat and drink.*

7. Dalam tempoh 30 hari yang lepas, berapa kali dalam sehari anda **biasanya** makan buah?

*During the past 30 days, how many times per day did you **usually** eat fruits?*

- a. Saya tidak makan buah dalam 30 hari yang lepas  
*I did not eat fruits during the past 30 days*
- b. Kurang dari 1 kali sehari  
*Less than 1 time per day*
- c. 1 kali sehari  
*1 time per day*
- d. 2 kali sehari  
*2 times per day*
- e. 3 kali sehari  
*3 times per day*
- f. 4 kali sehari  
*4 times per day*
- g. 5 kali atau lebih sehari  
*5 or more times per day*

8. Dalam tempoh 30 hari yang lepas, berapa kali dalam sehari anda **biasanya** makan sayur?

*During the past 30 days, how many times per day did you **usually** eat vegetables?*

- a. Saya tidak makan sayur dalam 30 hari yang lepas  
*I did not eat vegetables during the past 30 days*
- b. Kurang dari 1 kali sehari  
*Less than 1 time per day*
- c. 1 kali sehari  
*1 time per day*
- d. 2 kali sehari  
*2 times per day*
- e. 3 kali sehari  
*3 times per day*
- f. 4 kali sehari  
*4 times per day*
- g. 5 kali atau lebih sehari  
*5 or more times per day*

9. Dalam tempoh 30 hari yang lepas, berapa kali dalam sehari anda **biasanya** minum air berkarbonat seperti Coca Cola, Sprite, Pepsi dan lain-lain? (Air berkarbonat diet tidak termasuk dalam kumpulan ini)

*During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks such as Coca Cola, Sprite, and Pepsi? (Do not include diet soft drinks)*

- a. Saya tidak minum air berkarbonat dalam 30 hari yang lepas  
*I did not drink carbonated soft drink during the past 30 days*
- b. Kurang dari 1 kali sehari  
*Less than 1 time per day*
- c. 1 kali sehari  
*1 time per day*
- d. 2 kali sehari  
*2 times per day*
- e. 3 kali sehari  
*3 times per day*
- f. 4 kali sehari  
*4 times per day*
- g. 5 kali atau lebih sehari  
*5 or more times per day*

10. Dalam tempoh 30 hari yang lepas, berapa kali dalam sehari anda **biasanya** minum air kosong seperti air mineral, air masak atau air paip?

*During the past 30 days, how many times per day did you **usually** drink plain water such as mineral water, boiled water, or tap water?*

- a. Saya tidak minum air kosong dalam 30 hari yang lepas  
*I did not drink plain water during the past 30 days*
- b. Kurang dari 1 kali sehari  
*Less than 1 time per day*
- c. 1 kali sehari  
*1 time per day*
- d. 2 kali sehari  
*2 times per day*
- e. 3 kali sehari  
*3 times per day*
- f. 4 kali sehari  
*4 times per day*
- g. 5 kali atau lebih sehari  
*5 or more times per day*

11. Dalam tempoh 30 hari yang lepas, berapa kali dalam sehari anda **biasanya** minum susu atau makan produk tenusu seperti susu, keju, yogurt dan lain-lain? (Ini tidak termasuk susu pekat manis)

*During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as milk, cheese, and yogurt? (This does not include sweetened condensed milk)*

- a. Saya tidak minum susu atau makan produk tenusu dalam 30 hari yang lepas

*I did not drink milk or eat milks products during the past 30 days*

- b. Kurang dari 1 kali sehari  
*Less than 1 time per day*
- c. 1 kali sehari  
*1 time per day*
- d. 2 kali sehari  
*2 times per day*
- e. 3 kali sehari  
*3 times per day*
- f. 4 kali sehari  
*4 times per day*
- g. 5 kali atau lebih sehari  
*5 or more times per day*

12. Dalam tempoh 7 hari yang lepas, berapa hari anda makan makanan segera dari restoran **makanan segera** seperti McDonald, KFC, dan Pizza Hut?

*During the past 7 days, how many days did you eat food from a **fast food** restaurant, such as McDonalds, KFC and Pizza Hut?*

- a. 0 hari  
*0 day*
- b. 1 hari  
*1 day*
- c. 2 hari  
*2 days*
- d. 3 hari  
*3 days*
- e. 4 hari  
*4 days*
- f. 5 hari  
*5 days*
- g. 6 hari  
*6 days*
- h. 7 hari  
*7 days*



**BAHAGIAN 3**  
**PART 3**

6 soalan seterusnya adalah berkenaan amalan pembersihan gigi, lawatan pergigian anda dan juga bagaimana gigi anda memberi kesan kepada aktiviti-aktiviti anda.

*The 6 next question are about the cleaning of your teeth, your dental visits and also how your teeth affect your activities.*

13. Dalam tempoh 30 hari yang lepas, berapa kali dalam sehari anda membersihkan atau memberus gigi anda?  
*During the past 30 days, how many times per day did you usually clean or brush your teeth?*
- Saya tidak membersihkan atau memberus gigi dalam 30 hari yang lepas  
*I did not clean or brush my teeth during the past 30 days*
  - Kurang dari 1 kali sehari  
*Less than 1 time per day*
  - 1 kali sehari  
*1 time per day*
  - 2 kali sehari  
*2 times per day*
  - 3 kali sehari  
*3 times per day*
  - 4 kali atau lebih dalam sehari  
*4 or more times per day*
14. Adakah anda menggunakan ubat gigi berflourida?  
*Do you use toothpaste that contain fluoride?*
- Ya  
*Yes*
  - Tidak  
*No*
  - Tidak tahu  
*I do not know*
15. Adakah anda menggunakan flos/benang gigi untuk membersihkan gigi anda?  
*Do you use dental floss to clean your teeth?*
- Ya  
*Yes*
  - Tidak  
*No*
16. Bilakah kali terakhir anda berjumpa doktor gigi atau jururawat pergigian untuk pemeriksaan, pembersihan gigi atau rawatan pergigian yang lain?  
*When was the last time you saw a dentist or dental nurse for a check-up, teeth cleaning, or other dental treatment?*
- Dalam tempoh 12 bulan yang lepas  
*During the past 12 months*
  - Di antara 12 hingga 24 bulan yang lepas  
*Between 12 and 24 months ago*
  - Lebih daripada 24 bulan yang lepas  
*More than 24 months ago*
  - Tidak pernah  
*Never*
  - Tidak tahu  
*I do not know*
17. Dalam tempoh 12 bulan yang lepas, adakah sakit gigi menyebabkan anda tidak hadir ke kelas atau sekolah?  
*During the past 12 months, did a toothache cause you to miss classes or school?*
- Ya  
*Yes*
  - Tidak  
*No*
18. Adakah anda mengelak untuk senyum atau ketawa kerana risau dengan rupa gigi anda?  
*Do you avoid smiling or laughing because how your teeth look?*
- Ya  
*Yes*
  - Tidak  
*No*

**3 soalan seterusnya adalah berkenaan amalan membasuh tangan.  
 The next 3 questions are about your hand washing practices.**

19. Dalam tempoh 30 hari yang lepas, berapa kerap anda menggunakan sabun semasa membasuh tangan anda?

*During the past 30 days, how often did you use soap when washing your hands?*

- a. Tidak pernah  
*Never*
- b. Jarang-jarang  
*Rarely*
- c. Kadang-kadang  
*Sometimes*
- d. Kebanyakan masa  
*Most of the time*
- e. Setiap kali  
*Always*

20. Dalam tempoh 30 hari yang lepas, berapa kerap anda membasuh tangan sebelum makan?

*During the past 30 days, how often did you wash your hands before eating?*

- a. Tidak pernah  
*Never*
- b. Jarang-jarang  
*Rarely*
- c. Kadang-kadang  
*Sometimes*
- d. Kebanyakan masa  
*Most of the time*
- e. Setiap kali  
*Always*

21. Dalam tempoh 30 hari yang lepas, berapa kerap anda membasuh tangan selepas menggunakan tandas?

*During the past 30 days, how often did you wash your hands after using the toilet?*

- a. Tidak pernah  
*Never*
- b. Jarang-jarang  
*Rarely*
- c. Kadang-kadang  
*Sometimes*
- d. Kebanyakan masa  
*Most of the time*
- e. Setiap kali  
*Always*

**BAHAGIAN 4  
 PART 4**

**SILA BACA PERNYATAAN DI BAWAH:**

Soalan berikutnya adalah berkenaan serangan fizikal. Serangan fizikal berlaku apabila seseorang atau lebih ramai orang menyerang individu lain dengan anggota badan atau senjata seperti kayu dan pisau. Serangan fizikal tidak diambil kira jika dua individu atau pelajar yang sama saiz atau kekuatan bersetuju untuk bergaduh secara fizikal.

**PLEASE READ THE STATEMENT BELOW:**  
*The next question asks about physical attacks. A physical attack occurs when one or more people hurt another person with/without a weapon such as sticks and knife. It is not a physical attack when two individuals or students of about the same strength or power choose to fight each other.*

22. Dalam tempoh 12 bulan yang lepas, berapa kali anda telah diserang secara fizikal?

*During the past 12 months, how many times were you physically attacked?*

- a. 0 kali  
*0 times*
- b. 1 kali  
*1 time*
- c. 2 atau 3 kali  
*2 or 3 times*
- d. 4 atau 5 kali  
*4 or 5 times*
- e. 6 atau 7 kali  
*6 or 7 times*
- f. 8 atau 9 kali  
*8 or 9 times*
- g. 10 atau 11 kali  
*10 or 11 times*
- h. 12 kali atau lebih  
*12 or more times*

**SILA BACA PERNYATAAN DI BAWAH:**

Soalan seterusnya adalah berkaitan pergaduhan fizikal. Pergaduhan fizikal berlaku apabila dua individu atau pelajar yang sama saiz atau kekuatan bersetuju untuk bergaduh secara fizikal.

**PLEASE READ THE STATEMENT BELOW:**  
*The next question asks about physical fights. A physical fight occurs when two individuals or students of about the same strength or power choose to fight each other.*

23. Dalam tempoh 12 bulan yang lepas, berapa kali anda terlibat dalam pergaduhan secara fizikal?

*During the past 12 months, how many times were you in physical fight?*

- a. 0 kali  
*0 times*
- b. 1 kali  
*1 time*
- c. 2 atau 3 kali  
*2 or 3 times*
- d. 4 atau 5 kali  
*4 or 5 times*
- e. 6 atau 7 kali  
*6 or 7 times*
- f. 8 atau 9 kali  
*8 or 9 times*
- g. 10 atau 11 kali  
*10 or 11 times*
- h. 12 kali atau lebih  
*12 or more times*

**SILA BACA PERNYATAAN DI BAWAH:**

3 soalan seterusnya adalah berkenaan kecederaan serius yang pernah anda alami. Kecederaan serius berlaku apabila anda tidak hadir sekurang-kurangnya satu hari aktiviti yang biasa dilakukan (termasuk sekolah, sukan atau kerja) atau kecederaan yang memerlukan rawatan daripada doktor atau anggota kesihatan.

**PLEASE READ THE STATEMENT BELOW:**

*The next 3 questions ask you about serious injuries that happened to you. An injury is serious when it makes you miss **at least one full day** of usual activities (such as school, sports or a job) or requires treatment by a doctor or medical personnel.*

24. Dalam tempoh 12 bulan yang lepas, berapa kali anda mengalami kecederaan serius?

*During the past 12 months, how many times were you seriously injured?*

- a. 0 kali  
*0 times*
- b. 1 kali  
*1 time*
- c. 2 atau 3 kali  
*2 or 3 times*
- d. 4 atau 5 kali  
*4 or 5 times*
- e. 6 atau 7 kali  
*6 or 7 times*
- f. 8 atau 9 kali  
*8 or 9 times*
- g. 10 atau 11 kali  
*10 or 11 times*
- h. 12 kali atau lebih  
*12 or more times*

25. Dalam tempoh 12 bulan yang lepas, apakah kecederaan yang **paling serius** yang anda pernah alami?

*During the past 12 months, what was the **most serious** injury that happened to you?*

- a. Saya tidak mengalami kecederaan dalam tempoh 12 bulan yang lepas  
*I was not seriously injured during the past 12 months*
- b. Patah tulang atau sendi terkehel/terkeluar  
*I had a broken bone or a dislocated joint*
- c. Luka atau tikaman  
*I had a cut or stab wound*
- d. Gegaran (konkusi) kepala atau kecederaan leher, pengsan atau tidak boleh bernafas  
*I had a concussion or other head or neck injury, was knocked out or could not breathe*
- e. Kebakaran kulit yang serius  
*I had a bad burn*
- f. Diracun atau mengambil ubat berlebihan  
*I was poisoned or took too much of a drug*
- g. Sesuatu yang lain berlaku kepada saya  
*Something else happened to me*

26. Dalam tempoh 12 bulan yang lepas, apakah penyebab utama terhadap kecederaan serius yang anda alami?

*During the past 12 months, what was the major cause of the most serious injury that happened to you?*

- a. Saya tidak mengalami kecederaan dalam 12 bulan yang lepas  
*I was not seriously injured during the past 12 months*
- b. Saya terlibat dalam kemalangan melibatkan kenderaan  
*I was in a motor vehicle accident or hit by a motor vehicle*
- c. Saya terjatuh  
*I fell*
- d. Sesuatu telah jatuh atau terkena saya  
*Something fell on me or hit me*
- e. Saya telah diserang atau didera atau bergaduh dengan orang lain  
*I was attacked or abused or was fighting with someone*
- f. Saya terlibat dalam kebakaran atau berada terlalu dekat dengan api atau sesuatu yang panas  
*I was in the fire or too near a flame or something hot*
- g. Saya sedut atau telan sesuatu yang membahayakan saya  
*I inhaled or swallowed something bad for me*
- h. Sesuatu yang lain menyebabkan kecederaan saya  
*Something else caused my injury*

**SILA BACA PERNYATAAN BI BAWAH:**

**2 soalan seterusnya adalah berkenaan buli. Buli berlaku apabila seseorang atau sekumpulan pelajar mengata atau melakukan sesuatu yang tidak menyenangkan pelajar lain. Seseorang juga boleh dikatakan dibuli apabila dia diejek secara berterusan atau dipulaukan dengan sengaja. Buli tidak diambil kira apabila dua pelajar yang sama saiz atau kekuatan bergaduh atau ejekan dilakukan secara bergurau atau berseronok bagi kedua-dua pihak.**

**PLEASE READ THE STATEMENT BELOW:**

**The next 2 questions ask about bullying. Bullying occurs when a student or group of students say or do bad and unpleasant things to another student. It is also bullying when a student is teased a lot in an unpleasant way or when a student is left out of things on purpose. It is not bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and fun way.**

27. Dalam tempoh 30 hari yang lepas, berapa hari anda telah dibuli?

*During the past 30 days, on how many days were you bullied?*

- a. 0 hari  
*0 days*
- b. 1 atau 2 hari  
*1 or 2 days*
- c. 3 hingga 5 hari  
*3 to 5 days*
- d. 6 hingga 9 hari  
*6 to 9 days*
- e. 10 hingga 19 hari  
*10 to 19 days*
- f. 20 hingga 29 hari  
*20 to 29 days*
- g. Kesemua 30 hari  
*All 30 days*

28. Dalam 30 hari yang lepas, apakah perlakuan buli **paling kerap** anda alami?  
*During the past 30 days, how were you bullied **most often**?*
- Saya tidak dibuli dalam 30 hari yang lepas  
*I was not bullied during the past 30 days*
  - Saya telah dipukul, ditendang, ditolak atau dikunci dalam suatu tempat  
*I was hit, kicked, punched, shoved around, or locked indoors*
  - Saya telah diejek kerana bangsa, kerakyatan atau warna kulit saya  
*I was made fun of because of my race, nationality or colour*
  - Saya telah diejek kerana agama saya  
*I was made fun of because of my religion*
  - Saya telah diejek dengan ejekan seksual seperti secara komen, perilaku atau gurauan  
*I was made fun of with sexual jokes, comments or gestures*
  - Saya telah dipulau dari apa-apa aktiviti secara sengaja atau langsung tidak dipedulikan  
*I was left out of activities on purpose or completely ignored*
  - Saya diejek kerana bentuk badan atau paras rupa saya  
*I was made fun of because of how my body or face looks*
  - Saya telah dibuli dengan cara lain  
*I was bullied in some other way*

**SILA BACA PERNYATAAN BI BAWAH:**  
 2 soalan berikutnya adalah berkenaan deraan fizikal dan lisan di rumah. Apabila seseorang memukul atau mengatakan ayat yang menyakitkan hati ia diambil kira sebagai deraan fizikal atau lisan.

**PLEASE READ THE STATEMENT BELOW:**  
 The next 2 questions ask about physical and verbal abuse at home. When someone hits you or says hurtful or insulting things to you it is called physical abuse or verbal abuse.

29. Dalam tempoh 30 hari yang lepas, adakah anda telah dipukul di rumah sehingga meninggalkan kesan atau mengalami kecederaan?  
*During the past 30 days, how many times did someone at home hit you so hard that they left a mark or caused an injury?*
- 0 kali  
*0 times*
  - 1 kali  
*1 time*
  - 2 atau 3 kali  
*2 or 3 times*
  - 4 atau 5 kali  
*4 or 5 times*
  - 6 atau 7 kali  
*6 or 7 times*
  - 8 atau 9 kali  
*8 or 9 times*
  - 10 atau 11 kali  
*10 or 11 times*
  - 12 kali atau lebih  
*12 or more times*

30. Dalam tempoh 30 hari yang lepas, berapa kali seseorang di rumah menyatakan sesuatu yang menyakitkan hati atau menghina anda?

*During the past 30 days, how many times has someone at home said hurtful or insulting things to you?*

- a. 0 kali  
*0 times*
- b. 1 kali  
*1 time*
- c. 2 atau 3 kali  
*2 or 3 times*
- d. 4 atau 5 kali  
*4 or 5 times*
- e. 6 atau 7 kali  
*6 or 7 times*
- f. 8 atau 9 kali  
*8 or 9 times*
- g. 10 atau 11 kali  
*10 or 11 times*
- h. 12 kali atau lebih  
*12 or more times*

**BAHAGIAN 5**  
**PART 5**

**6 soalan seterusnya adalah berkenaan perasaan dan persahabatan anda.**  
*The next 6 questions ask about your feelings and friendships.*

31. Dalam tempoh 12 bulan yang lepas, berapa kerap anda merasa kesunyian?  
*During the past 12 months, how often have you felt lonely?*
- Tidak pernah  
*Never*
  - Jarang-jarang  
*Rarely*
  - Kadang-kadang  
*Sometimes*
  - Kebanyakan masa  
*Most of the time*
  - Setiap masa  
*Always*
32. Dalam tempoh 12 bulan yang lepas, berapa kerap anda merasa terlalu risau tentang sesuatu perkara sehingga anda tidak dapat tidur di waktu malam?  
*During the past 12 months, how often have you been so worried about something that you could not sleep at night?*
- Tidak pernah  
*Never*
  - Jarang-jarang  
*Rarely*
  - Kadang-kadang  
*Sometimes*
  - Kebanyakan masa  
*Most of the time*
  - Setiap masa  
*Always*
33. Dalam tempoh 12 bulan yang lepas, pernahkah anda terfikir secara serius untuk membunuh diri?  
*During the past 12 months, did you ever seriously consider attempting suicide?*
- Ya  
*Yes*
  - Tidak  
*No*
34. Dalam tempoh 12 bulan yang lepas, adakah anda membuat perancangan untuk membunuh diri?  
*During the past 12 months, did you make a plan about how you would attempt suicide?*
- Ya  
*Yes*
  - Tidak  
*No*
35. Dalam tempoh 12 bulan yang lepas, berapa kali anda telah cuba untuk membunuh diri?  
*During the past 12 months, how many times did you actually attempt suicide?*
- 0 kali  
*0 times*
  - 1 kali  
*1 time*
  - 2 atau 3 kali  
*2 or 3 times*
  - 4 hingga 5 kali  
*4 to 5 times*
  - 6 kali atau lebih  
*6 or more times*
36. Berapa ramai kawan rapat yang anda ada?  
*How many close friends do you have?*
- 0 kawan  
*0 friends*
  - 1 kawan  
*1 friend*
  - 2 kawan  
*2 friends*
  - 3 atau lebih  
*3 or more*



**BAHAGIAN 6**  
**PART 6**

**Rokok dan produk tembakau yang lain.**  
***Cigarettes and other cigarette products.***

37. Berapakah umur anda ketika kali pertama menghisap rokok?  
*How old were you when you first tried a cigarette?*

a. Saya tidak pernah merokok  
*I have never smoked cigarettes*

b.   tahun/ *years old*

38. Dalam tempoh 30 hari yang lepas, berapa hari anda merokok?  
*During the past 30 days, on how many days did you smoke cigarettes?*

- a. 0 hari  
*0 days*
- b. 1 atau 2 hari  
*1 or 2 days*
- c. 3 hingga 5 hari  
*3 to 5 days*
- d. 6 hingga 9 hari  
*6 to 9 days*
- e. 10 hingga 19 hari  
*10 to 19 days*
- f. 20 hingga 29 hari  
*20 to 29 days*
- g. Kesemua 30 hari  
*All 30 days*

39. Dalam tempoh 30 hari yang lepas, adakah anda menggunakan mana-mana produk seperti di bawah?  
*During the past 30 days, did you use any of the products listed below?*

39.1 Shisha/*Shisha*

- a. Ya/*Yes*
- b. Tidak/*No*

39.2 Rokok Daun/*Traditional hand-rolled cigarette*

- a. Ya/*Yes*
- b. Tidak/*No*

39.3 Rokok gulung sendiri dengan kertas rokok/*"Roll-your-own" with cigarette paper*

- a. Ya/*Yes*
- b. Tidak/*No*

39.4 Cerut/*Cigar*

- a. Ya/*Yes*
- b. Tidak/*No*

39.5 Hisap paip/*Pipe smoking*

- a. Ya/*Yes*
- b. Tidak/*No*

39.6 Rokok elektronik atau vape/*E-cigarettes or vape*

- a. Ya/*Yes*
- b. Tidak/*No*

39.7 Mengunyah tembakau (Sentil atau songel)/*Chewing tobacco*

- a. Ya/*Yes*
- b. Tidak/*No*

39.8 Menghidu tembakau/*Snuff*

- a. Ya/*Yes*
- b. Tidak/*No*

40. Dalam tempoh 12 bulan yang lepas, adakah anda cuba untuk berhenti merokok?  
*During the past 12 months, have you ever tried to stop smoking cigarettes?*

- a. Saya tidak pernah merokok  
*I have never smoked cigarettes*
- b. Saya tidak pernah merokok dalam tempoh 12 bulan yang lepas  
*I did not smoke cigarettes during the past 12 months*
- c. Ya  
*Yes*
- d. Tidak  
*No*

41. Dalam tempoh 7 hari yang lepas, berapa hari anda bersama dengan perokok yang sedang merokok?  
*During the past 7 days, on how many days have people smoked in your presence?*

- a. 0 hari  
*0 days*
- b. 1 atau 2 hari  
*1 or 2 days*
- c. 3 atau 4 hari  
*3 or 4 days*
- d. 5 atau 6 hari  
*5 or 6 days*
- e. Kesemua 7 hari  
*All 7 days*

42. Siapa antara bapa, ibu atau penjaga yang menggunakan produk tembakau termasuk rokok?  
*Which of your parents or guardians use any form of tobacco including cigarettes?*

- a. Kedua-duanya tidak merokok  
*Neither*
- b. Ayah atau penjaga lelaki  
*My father or male guardian*
- c. Ibu atau penjaga perempuan  
*My mother or female guardian*
- d. Kedua-duanya  
*Both*
- e. Tidak tahu  
*I do not know*

43. Berapakah umur anda ketika mula-mula menggunakan rokok elektronik/vape?  
*How old were you when you first tried using e-cigarettes/vape?*

- a. Saya tidak pernah gunakan rokok elektronik/vape  
*I have never tried using e-cigarettes/vape*
- b.   tahun/ years old

44. Dalam tempoh 30 hari yang lepas, berapa hari anda telah menggunakan rokok elektronik/vape?  
*During the past 30 days, on how many days did you use e-cigarettes/vape?*

- a. 0 hari  
*0 days*
- b. 1 atau 2 hari  
*1 or 2 days*
- c. 3 hingga 5 hari  
*3 to 5 days*
- d. 6 hingga 9 hari  
*6 to 9 days*
- e. 10 hingga 19 hari  
*10 to 19 days*
- f. 20 hingga 29 hari  
*20 to 29 days*
- g. Kesemua 30 hari  
*All 30 days*

45. Dalam tempoh 12 bulan yang lepas, adakah anda cuba untuk berhenti menggunakan rokok elektronik/vape?

*During the past 12 months, did you ever try to stop using e-cigarettes/vape?*

a. Saya tidak pernah menggunakan rokok elektronik/ vape

*I have never used e-cigarettes/vape*

b. Saya tidak pernah menggunakan rokok elektronik/ vape dalam tempoh 12 bulan yang lepas

*I don't use e-cigarettes/vape in the past 12 months*

c. Ya

*Yes*

d. Tidak

*No*

46. Siapakah antara bapa, ibu atau penjaga anda menggunakan rokok elektronik/vape?

*Which of your parents or guardians use e-cigarettes/vape?*

a. Kedua-duanya tidak merokok

*Neither*

b. Ayah atau penjaga lelaki

*My father or male guardian*

c. Ibu atau penjaga perempuan

*My mother or female guardian*

d. Kedua-duanya

*Both*

e. Tidak tahu

*I do not know*

**BAHAGIAN 7  
 PART 7**

**SILA BACA PERNYATAAN DI BAWAH:**

6 soalan berikutnya adalah berkenaan meminum minuman beralkohol. Satu “minuman merujuk kepada satu gelas wain, tuak, lihing, bahar, ijuk atau todi; sebotol bir, segelas kecil arak, langkau, montoku; atau minuman campuran. Minuman beralkohol tidak termasuk beberapa hirup wain untuk tujuan keagamaan.

**PLEASE READ THE STATEMENT BELOW:**

*The next 6 questions ask about drinking alcohol. A “drink’ is a glass of wine, tuak, lihing, bahar, ijuk or toddy; a bottle of beer, a small glass of liquor’ or mixed drink. Drinking alcohol does not include drinking a few sip of wine for religious purposes.*

47. Berapakah umur anda ketika kali pertama anda minum minuman beralkohol?

*How old were you when you had your first drink of alcohol?*

- a. Saya tidak pernah minum minuman beralkohol  
*I have never had a drink of alcohol*
- b. 7 tahun atau ke bawah  
*7 years old or younger*
- c. 8 atau 9 tahun  
*8 or 9 years old*
- d. 10 atau 11 tahun  
*10 or 11 years old*
- e. 12 atau 13 tahun  
*12 or 13 years old*
- f. 14 atau 15 tahun  
*14 or 15 years old*
- g. 16 tahun atau ke atas  
*16 years old or older*

48. Dalam tempoh 30 hari yang lepas, berapa hari anda mengambil sekurang-kurangnya satu minuman mengandungi alkohol?

*During the past 30 days, on how many days did you have at least one drink containing alcohol?*

- a. 0 hari  
*0 days*
- b. 1 atau 2 hari  
*1 or 2 days*
- c. 3 hingga 5 hari  
*3 to 5 days*
- d. 6 hingga 9 hari  
*6 to 9 days*
- e. 10 hingga 19 hari  
*10 to 19 days*
- f. 20 hingga 29 hari  
*20 to 29 days*
- g. Kesemua 30 hari  
*All 30 days*

49. Dalam tempoh 30 hari yang lepas, pada hari anda minum minuman alkohol; berapa banyak minuman yang anda **biasa** ambil dalam sehari?

*During the past 30 days, on the day you drank alcohol, how many drinks did you usually drink per day?*

- Saya tidak minum minuman beralkohol dalam 30 hari yang lepas  
*I did not drink alcohol during the past 30 days*
- Kurang dari 1 minuman  
*Less than one drink*
- 1 minuman  
*1 drink*
- 2 minuman  
*2 drinks*
- 3 minuman  
*3 drinks*
- 4 minuman  
*4 drinks*
- 5 minuman atau lebih  
*5 or more drinks*

50. Dalam tempoh 30 hari yang lepas, biasanya bagaimana anda mendapatkan minuman beralkohol? **SILA PILIH SATU JAWAPAN SAHAJA**

*During the past 30 days, how did you usually get the alcohol you drank? SELECT ONLY ONE RESPONSE*

- Saya tidak minum minuman beralkohol dalam 30 hari yang lepas  
*I did not drink alcohol during the past 30 days*
- Saya beli dari kedai atau gerai  
*I brought it in a store, shop or from a street vendor*
- Saya beri duit kepada orang lain untuk membeli  
*I gave someone else money to buy it for me*
- Saya dapat daripada kawan  
*I got it from my friend*
- Saya dapat daripada keluarga saya  
*I got it from my family*
- Saya curi atau ambil tanpa kebenaran  
*I stole it or got it without permission*
- Saya perolehi dari cara lain  
*I got it some other way*

**SILA BACA PERNYATAAN DI BAWAH:**  
Terhuyung-hayang semasa berjalan, tidak mampu bercakap dengan betul, dan muntah adalah tanda seseorang itu terlalu mabuk.

**PLEASE READ THE STATEMENT BELOW?**  
*Staggering when walking, not being able to speak right, and throwing up are some signs of being really drunk.*

51. Sepanjang hidup anda berapa kali anda minum minuman beralkohol berlebihan sehingga betul-betul mabuk?

*During your life, how many times did you drink so much alcohol that you were really drunk?*

- 0 kali  
*0 times*
- 1 atau 2 kali  
*1 or 2 times*
- 3 hingga 9 kali  
*3 or 9 times*
- 10 kali atau lebih  
*10 or more times*

52. Sepanjang hidup anda, berapa kali anda mendapat masalah dengan ahli keluarga atau kawan, tidak ke sekolah, atau bertumbuk, akibat daripada minum minuman beralkohol?

*During your life, how many times have you got into trouble with your family or friends, missed school, or got into fights, as a result of drinking alcohol?*

- 0 kali  
*0 times*
- 1 atau 2 kali  
*1 or 2 times*
- 3 hingga 9 kali  
*3 or 9 times*
- 10 kali atau lebih  
*10 or more times*

**BAHAGIAN 8**  
**PART 8**

**SILA BACA PERNYATAAN DI BAWAH:**

4 soalan berikutnya adalah berkenaan penggunaan dadah termasuk heroin, morfin, gam, amfitamin, ecstasy, syabu, ice dan ganja. Ini tidak termasuk ubat-ubatan preskripsi.

**PLEASE READ THE STATEMENT BELOW:**

*The next 4 questions ask about drug use. This include heroin, morphine, glue, amphetamine, ecstasy, methamphetamine, ice and marijuana . This does not include prescribed medicine.*

53. Berapakah umur anda ketika **pertama kali** anda menggunakan dadah?

*How old were you when you **first** used drugs?*

- a. Saya tidak pernah menggunakan dadah  
*I have never used drugs*
- b. 7 tahun atau ke bawah  
*7 years old or younger*
- c. 8 atau 9 tahun  
*8 or 9 years old*
- d. 10 atau 11 tahun  
*10 or 11 years old*
- e. 12 atau 13 tahun  
*12 or 13 years old*
- f. 14 atau 15 tahun  
*14 or 15 years old*
- g. 16 tahun atau ke atas  
*16 years old or older*

54. Sepanjang hidup anda, berapa kali anda telah menggunakan dadah?

*During your life, how many times have you used drugs?*

- a. 0 kali  
*0 times*
- b. 1 atau 2 kali  
*1 or 2 times*
- c. 3 hingga 9 kali  
*3 or 9 times*
- d. 10 hingga 19 kali  
*10 to 19 times*
- e. 20 kali atau lebih  
*20 or more times*

55. Dalam tempoh 30 hari yang lepas, berapa kali anda menggunakan dadah?

*During the past 30 days, how many times have you used drugs?*

- a. 0 kali  
*0 times*
- b. 1 atau 2 kali  
*1 or 2 times*
- c. 3 hingga 9 kali  
*3 or 9 times*
- d. 10 hingga 19 kali  
*10 to 19 times*
- e. 20 kali atau lebih  
*20 or more times*

56. Dalam tempoh 30 hari yang lepas, bagaimana biasanya anda mendapatkan dadah yang anda gunakan? SILA PILIH SATU JAWAPAN SAHAJA

*During the past 30 days, how did you usually get the drugs used? SELECT ONLY ONE RESPONSE*

- a. Saya tidak menggunakan dadah dalam 30 hari yang lepas  
*I did not use drugs during the past 30 days*
- b. Saya beli dari orang lain  
*I bought them from someone*
- c. Saya beri duit kepada orang lain untuk membeli  
*I gave someone else money to buy it for me*
- d. Saya mencuri atau mengambil tanpa kebenaran  
*I stole it or got it without permission*
- e. Saya mendapatkannya daripada kawan saya  
*I got it from my friend*
- f. Saya mendapatkannya daripada keluarga saya  
*I got it from my family*
- g. Saya memperolehi dari cara lain  
*I got it some other ways*

57. Sepanjang hidup anda, berapa kali anda telah menggunakan ganja?

*During your life, how many times have you used marijuana?*

- a. 0 kali  
*0 times*
- b. 1 atau 2 kali  
*1 or 2 times*
- c. 3 hingga 9 kali  
*3 or 9 times*
- d. 10 hingga 19 kali  
*10 to 19 times*
- e. 20 kali atau lebih  
*20 or more times*

58. Dalam tempoh 30 hari yang lepas, berapa kali anda menggunakan ganja?

*During the past 30 days, how many times have you used marijuana?*

- a. 0 kali  
*0 times*
- b. 1 atau 2 kali  
*1 or 2 times*
- c. 3 hingga 9 kali  
*3 or 9 times*
- d. 10 hingga 19 kali  
*10 to 19 times*
- e. 20 kali atau lebih  
*20 or more times*

59. Sepanjang hidup anda, berapa kali anda telah menggunakan amfetamin atau metamfetamin (meth, syabu, ice, chase the dragon)?

*During your life, how many times have you used amphetamines or metamphetamines (meth, syabu, ice, chase the dragon)?*

- a. 0 kali  
*0 times*
- b. 1 atau 2 kali  
*1 or 2 times*
- c. 3 hingga 9 kali  
*3 or 9 times*
- d. 10 hingga 19 kali  
*10 to 19 times*
- e. 20 kali atau lebih  
*20 or more times*

**BAHAGIAN 9**  
**PART 9**

**SILA BACA PERNYATAAN DI BAWAH:**

5 soalan berikutnya adalah berkenaan hubungan seksual. Hubungan seksual adalah perlakuan seks yang melibatkan memasukkan zakar ke dalam faraj atau dubur.

**PLEASE READ THE STATEMENT BELOW:**

*The next 5 questions ask about sexual intercourse. Sexual intercourse is defined as sexual acts of penetration of penis into vagina or anus.*

60. Pernahkah anda melakukan hubungan seksual/persetubuhan dalam 30 hari yang lepas ?

*Have you ever had sexual intercourse in the past 30 days?*

- a. Ya  
Yes
- b. No  
Tidak

61. Berapa umur anda ketika kali pertama melakukan hubungan seksual/persetubuhan?

*How old were you when you had sexual intercourse for the first time?*

- a. Saya tidak pernah melakukan hubungan seksual/persetubuhan  
*I have never had sexual intercourse*
- b. 11 tahun atau ke bawah  
*11 years old or younger*
- c. 12 tahun  
*12 years old*
- d. 13 tahun  
*13 years old*
- e. 14 tahun  
*14 years old*
- f. 15 tahun  
*15 years old*
- g. 16 tahun atau ke atas  
*16 years old or older*

62. Sepanjang hidup anda, berapa ramai orang yang telah anda lakukan hubungan seksual/persetubuhan?

*During your life, with how many people have you had sexual intercourse?*

- a. Saya tidak pernah melakukan hubungan seksual/persetubuhan  
*I have never had sexual intercourse*
- b. 1 orang  
*1 person*
- c. 2 orang  
*2 people*
- d. 3 orang  
*3 people*
- e. 4 orang  
*4 people*
- f. 5 orang  
*5 people*
- g. 6 orang atau lebih  
*6 or more people*

63. Kali terakhir anda melakukan hubungan seksual/persetubuhan; adakah anda atau pasangan anda menggunakan kondom?

*The last time you had sexual intercourse; did you or your partner use a condom?*

- a. Saya tidak pernah melakukan hubungan seksual/persetubuhan  
*I have never had sexual intercourse*
- b. Ya  
Yes
- c. Tidak  
No



64. Kali terakhir anda melakukan hubungan seksual/persetubuhan, adakah anda atau pasangan anda menggunakan kaedah pencegahan kehamilan lain seperti teknik pancutan luar, masa selamat, pil pencegah kehamilan, ataupun kaedah lain?

*The last time you had sexual intercourse, did you or your partner use any other method of birth control, such as withdrawal, safe time, birth control pills, or any other method to prevent pregnancy?*

- a. Saya tidak pernah melakukan hubungan seksual/persetubuhan  
*I have never had sexual intercourse*
- b. Ya  
*Yes*
- c. Tidak  
*No*
- d. Tidak tahu  
*I do not know*

**BAHAGIAN 10**  
**PART 10**

**SILA BACA PERNYATAAN DI BAWAH:**

3 soalan seterusnya adalah berkenaan aktiviti fizikal. Aktiviti fizikal adalah apa-apa aktiviti yang meningkatkan kadar denyutan jantung dan menyebabkan kita bernafas dengan kuat. Aktiviti fizikal boleh dilakukan dalam sukan, bermain dengan kawan, atau berjalan ke sekolah. Contoh aktiviti fizikal termasuklah berlari, berjalan pantas, berbasikal, menari, dan bola sepak.

**PLEASE READ THE STATEMENT BELOW:**

*The next 3 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you breathe hard. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, biking, dancing, and football.*

65. Dalam tempoh 7 hari yang lepas, berapa hari anda melakukan aktiviti fizikal untuk sekurang-kurangnya 60 minit setiap hari? **JUMLAHKAN MASA ANDA MELAKUKAN APA-APA AKTIVITI FIZIKAL SETIAP HARI**

*During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? **ADD UP ALL THE TIME YOU SPENT IN ANY KIND OF PHYSICAL ACTIVITY EACH DAY***

- a. 0 hari  
0 days
- b. 1 hari  
1 day
- c. 2 hari  
2 days
- d. 3 hari  
3 days
- e. 4 hari  
4 days
- f. 5 hari  
5 days
- g. 6 hari  
6 days
- h. 7 hari  
7 days

66. Dalam tempoh 7 hari yang lepas, berapa hari anda berjalan kaki atau berbasikal ke sekolah atau balik ke rumah?

*During the past 7 days, on how many days did you walk or ride a bicycle to or from school?*

- a. 0 hari  
0 days
- b. 1 hari  
1 day
- c. 2 hari  
2 days
- d. 3 hari  
3 days
- e. 4 hari  
4 days
- f. 5 hari  
5 days
- g. 6 hari  
6 days
- h. 7 hari  
7 days

**SILA BACA PERNYATAAN DIBAWAH:**

Soalan berikutnya adalah berkenaan masa yang anda habiskan dengan duduk semasa tidak di sekolah atau semasa membuat kerja rumah.

**PLEASE READ THE STATEMENT BELOW:**

*The next question asks about the time you spend mostly sitting when you are not in school or doing homework.*

67. Biasanya berapa masa yang anda habiskan untuk duduk sama ada untuk menonton televisyen, bermain permainan komputer, berbual dengan kawan atau apa-apa aktiviti yang memerlukan anda duduk?

*How much time do you spend during a typical or usual day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities?*

- a. Kurang dari 1 jam sehari  
*Less than 1 hour per day*
- b. 1 hingga 2 jam sehari  
*1 to 2 hours per day*
- c. 3 hingga 4 jam sehari  
*3 to 4 hours per day*
- d. 5 hingga 6 jam sehari  
*5 to 6 hours per day*
- e. 7 hingga 8 jam sehari  
*7 to 8 hours per day*
- f. Lebih dari 8 jam sehari  
*More than 8 hours per day*

**BAHAGIAN 11**  
**PART 11**

**6 soalan seterusnya adalah berkenaan pengalaman anda di sekolah dan di rumah.**  
*The next 6 questions ask about your experiences at school and at home.*

68. Dalam tempoh 30 hari yang lepas, berapa hari anda tidak hadir ke kelas atau sekolah tanpa kebenaran?

*During the past 30 days, on how many days did you miss classes or school without permission?*

- a. 0 hari  
*0 days*
- b. 1 atau 2 hari  
*1 or 2 days*
- c. 3 hingga 5 hari  
*3 to 5 days*
- d. 6 hingga 9 hari  
*6 to 9 days*
- e. 10 hari atau lebih  
*10 or more days*

69. Dalam tempoh 30 hari yang lepas, berapa kerap rakan sekolah anda bersikap baik hati dan suka membantu?

*During the past 30 days, how often were most of the students in your school kind and helpful?*

- a. Tidak pernah  
*Never*
- b. Jarang-jarang  
*Rarely*
- c. Kadang-kadang  
*Sometimes*
- d. Kebanyakan masa  
*Most of the time*
- e. Sentiasa  
*Always*

70. Dalam tempoh 30 hari yang lepas, berapa kerap ibu bapa atau penjaga anda menyemak kerja sekolah anda?

*During the past 30 days, how often did your parents or guardians check to see if your homework was done?*

- a. Tidak pernah  
*Never*
- b. Jarang-jarang  
*Rarely*
- c. Kadang-kadang  
*Sometimes*
- d. Kebanyakan masa  
*Most of the time*
- e. Sentiasa  
*Always*

71. Dalam tempoh 30 hari yang lepas, berapa kerap ibu bapa atau penjaga anda cuba memahami masalah dan kebimbangan anda?

*During the past 30 days, how often did your parents or guardians try to understand your problems and worries?*

- a. Tidak pernah  
*Never*
- b. Jarang-jarang  
*Rarely*
- c. Kadang-kadang  
*Sometimes*
- d. Kebanyakan masa  
*Most of the time*
- e. Sentiasa  
*Always*

72. Dalam tempoh 30 hari yang lepas, berapa kerap ibu bapa atau penjaga anda benar-benar tahu apa yang anda lakukan pada masa lapang?

*During the past 30 days how often did your parents or guardians really know what you were doing with your free time?*

- a. Tidak pernah  
*Never*
- b. Jarang-jarang  
*Rarely*
- c. Kadang-kadang  
*Sometimes*
- d. Kebanyakan masa  
*Most of the time*
- e. Sentiasa  
*Always*

73. Dalam tempoh 30 hari yang lepas, berapa kerap ibu bapa atau penjaga anda memeriksa barangan anda tanpa kebenaran?

*During the past 30 days, how often did your parents or guardians go through your things without your approval?*

- a. Tidak pernah  
*Never*
- b. Jarang-jarang  
*Rarely*
- c. Kadang-kadang  
*Sometimes*
- d. Kebanyakan masa  
*Most of the time*
- e. Sentiasa  
*Always*

**BAHAGIAN 12**  
**PART 12**

**Penggunaan internet di kalangan remaja.**  
***The use of internet among adolescents.***

74. Adakah anda melayari internet dalam 30 hari yang lepas?  
*Did you surf the internet in the past 30 days?*

- a. Ya  
 Yes
- b. Tidak (**Terus ke BAHAGIAN 13, soalan No. 78**)  
*No (Go to PART 13, question No. 78)*

**75. Apakah alat yang anda gunakan bagi melayari internet?**

*Which devices that you use for surfing internet?*

75.1 Telefon pintar/ *smartphone*

- a. Ya/Yes
- b. Tidak/No

75.2 Komputer, Komputer Riba/  
*Computer, Laptop, Notebook*

- a. Ya/Yes
- b. Tidak/No

75.3 Papan Elektronik Mudah Alih/  
*Tablet, Ipad*

- a. Ya/Yes
- b. Tidak/No

76. Pernahkah anda belajar menggunakan internet dengan bijak dari.....?

*Have you ever learned how to use the internet wisely from.....?*

76.1 Ibubapa/penjaga/ *parents/guardian*

- a. Ya/Yes
- b. Tidak/No

76.2 Guru/ *teacher*

- a. Ya/Yes
- b. Tidak/No

76.3 Kawan/ *friend*

- a. Ya/Yes
- b. Tidak/No

76.4 Lain-lain sumber (cth: melalui pembelajaran sendiri, kempen/iklan)  
*Other sources (eg: through self-learning, campaign/advertisement)*

- a. Ya/Yes
- b. Tidak/No

77. Ujian saringan penggunaan internet.  
*Internet usage screening test.*

Arahan: Sila nilaikan setiap soalan dengan menggunakan pilihan “a” sehingga “e” daripada skala dibawah untuk menilai ketepatan fakta tersebut bagi diri anda dalam tempoh **30 HARI YANG LALU**. Sila bulatkan jawapan anda untuk semua soalan.

		Tidak pernah	Kadang-kadang	Agak Kerap	Sederhana Kerap	Sangat Kerap
77.1	Berapa kerapkah anda mendapati yang anda melayari internet lebih lama dari masa yang dirancang? <i>How often do you find that you stay on-line longer than you intended?</i>	a	b	c	d	e
77.2	Berapa kerapkah anda mengabaikan tugas pelajaran/ kerja rumah anda untuk menghabiskan lebih banyak masa melayari internet? <i>How often do you neglect household chores to spend more time on-line?</i>	a	b	c	d	e
77.3	Berapa kerapkah anda memilih keseronokan internet berbanding hubungan rapat yang terjalin dengan kawan/pasangan anda? <i>How often do you prefer the excitement of the Internet to intimacy with your partner?</i>	a	b	c	d	e
77.4	Berapa kerapkah anda memulakan hubungan baru dengan pengguna internet yang lain? <i>How often do you form new relationships with fellow on-line users?</i>	a	b	c	d	e
77.5	Berapa kerapkah orang-orang didalam hidup anda mengadu kepada anda mengenai jumlah masa yang anda gunakan untuk melayari internet? <i>How often do others in your life complain to you about the amount of time you spend on-line?</i>	a	b	c	d	e
77.6	Berapa kerapkah pelajaran kamu terjejas (cth. ponteng kelas, menangguhkan kerja, tidak menyiapkan tugas tepat pada masa, dll) disebabkan oleh masa yang anda habiskan untuk melayari internet? <i>How often do your grades or school work suffers because of the amount of time you spend on-line?</i>	a	b	c	d	e
77.7	Berapa kerapkah anda memeriksa email anda sebelum anda melakukan perkara lain? <i>How often do you check your email before something else that you need to do?</i>	a	b	c	d	e
77.8	Berapa kerapkah pencapaian akademik atau produktiviti anda terjejas disebabkan oleh penggunaan internet? <i>How often does your job performance or productivity suffer because of the Internet?</i>	a	b	c	d	e
77.9	Berapa kerapkah anda cuba mempertahankan diri atau berahsia apabila seseorang bertanya mengenai aktiviti anda (apa yang anda lakukan) di internet?	a	b	c	d	e

	<i>How often do you become defensive or secretive when anyone asks you what you do on-line?</i>					
77.10	Berapa kerapkah anda cuba melupakan pemikiran yang mengganggu mengenai kehidupan anda dengan pemikiran yang boleh menenangkan di internet? <i>How often do you block out disturbing thoughts about your life with soothing thoughts of the Internet?</i>	a	b	c	d	e
77.11	Berapa kerapkah anda mendapati diri anda tertunggu-tunggu atau mengharapkan untuk segera menggunakan internet lagi apabila anda tidak menggunakannya? <i>How often do you find yourself anticipating when you will go on-line again?</i>	a	b	c	d	e
77.12	Berapa kerapkah anda merasa bimbang apabila memikirkan kehidupan tanpa internet akan menjadi bosan, kosong dan tidak menyeronokkan? <i>How often do you fear that life without the Internet would be boring, empty, and joyless?</i>	a	b	c	d	e
77.13	Berapa kerapkah anda marah, menjerit atau menunjukkan reaksi tidak gembira kepada seseorang yang mengganggu anda ketika anda melayari internet? <i>How often do you snap, yell, or act annoyed if someone bothers you while you are on-line?</i>	a	b	c	d	e
77.14	Berapa kerapkah anda kurang tidur disebabkan melayari internet hingga lewat malam? <i>How often do you lose sleep due to late-night log-ins?</i>	a	b	c	d	e
77.15	Berapa kerapkah anda asyik terfikir tentang internet atau berkhayal melayarinya walaupun anda tidak menggunakan internet pada masa itu? <i>How often do you feel preoccupied with the Internet when off-line, or fantasize about being on-line?</i>	a	b	c	d	e
77.16	Berapa kerapkah anda berkata kepada diri sendiri "sekejap lagi/ beberapa minit lagi" apabila anda melayari internet? <i>How often do you find yourself saying "just a few more minutes" when on-line?</i>	a	b	c	d	e
77.17	Berapa kerapkah anda cuba untuk mengurangkan masa anda melayari internet tetapi tidak berjaya? <i>How often do you try to cut down the amount of time you spend on-line and fail?</i>	a	b	c	d	e
77.18	Berapa kerapkah anda cuba menyorokkan daripada orang lain mengenai jumlah masa yang anda gunakan untuk melayari internet? <i>How often do you try to hide how long you've been on-line?</i>	a	b	c	d	e
77.19	Berapa kerapkah anda memilih untuk menghabiskan lebih banyak masa melayari internet berbanding keluar bersosial dengan rakan-rakan anda?	a	b	c	d	e



**TINJAUAN KESIHATAN REMAJA | NHMS 2017**  
**ADOLESCENT HEALTH SURVEY**

	<i>How often do you choose to spend more time on-line over going out with others?</i>					
77.20	<p>Berapa kerapkah anda merasa sedih, berperasaan tidak menentu dan gementar apabila tidak melayari internet, di mana semua perasaan ini akan hilang sebaik saja anda menggunakan internet semula?</p> <p><i>How often do you feel depressed, moody or nervous when you are off-line, which goes away once you are back on-line?</i></p>	a	b	c	d	e

**BAHAGIAN 13**  
**PART 13**

78. Saringan Minda Sihat  
*Healthy Mind Screening*

Sila baca setiap kenyataan di bawah dan **HITAMKAN** jawapan anda pada KERTAS JAWAPAN berdasarkan jawapan **a, b, c,** atau **d** bagi menggambarkan keadaan anda sepanjang minggu yang lalu. Tiada jawapan betul atau salah. Jangan mengambil masa yang terlalu lama untuk menjawab mana-mana kenyataan.

*Please read each statement and **SHADE** numbers **a, b, c,** or **d** which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.*

Skala pemarkahan adalah seperti berikut:  
*The rating scale is as follow:*

- a. **Tidak langsung** menggambarkan keadaan saya  
*Did not apply to me at all*
- b. **Sedikit atau jarang-jarang** menggambarkan keadaan saya  
*Applied to me to some **degree** or **some of the time***
- c. **Banyak atau kerap kali** menggambarkan keadaan saya  
*Applied to me to a **considerable degree** or a **good part of time***
- d. **Sangat banyak atau sangat kerap** menggambarkan keadaan saya  
*Applied to me **very much,** or **most of the time***

78.1	Saya dapati diri saya sukar ditenteramkan <i>I found it hard to wind down</i>	a	b	c	d
78.2	Saya sedar mulut saya terasa kering <i>I was aware of dryness of my mouth</i>	a	b	c	d
78.3	Saya tidak dapat mengalami perasaan positif sama sekali <i>I couldn't seem to experience any positive feeling at all</i>	a	b	c	d
78.4	Saya mengalami kesukaran bernafas (contohnya pernafasan yang laju, tercungap-cungap walaupun tidak melakukan senaman fizikal) <i>I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)</i>	a	b	c	d
78.5	Saya sukar untuk mendapatkan semangat bagi melakukan sesuatu perkara <i>I found it difficult to work up the initiative to do things</i>	a	b	c	d

78.6	Saya cenderung untuk bertindak keterlaluan dalam sesuatu keadaan <i>I tended to over-react to situations</i>	a	b	c	d
78.7	Saya rasa mengeletar (contohnya pada tangan) <i>I experience trembling (e.g. in the hands)</i>	a	b	c	d
78.8	Saya rasa saya menggunakan banyak tenaga dalam keadaan cemas <i>I felt that I was using a lot of nervous energy</i>	a	b	c	d
78.9	Saya bimbang keadaan di mana saya mungkin menjadi panik dan melakukan perkara yang membodohkan diri sendiri <i>I was worried about situation in which I might panic and make a fool of myself</i>	a	b	c	d
78.10	Saya rasa saya tidak mempunyai apa-apa untuk diharapkan <i>I felt that I had nothing to look forward to</i>	a	b	c	d
78.11	Saya mendapati diri saya semakin gelisah <i>I found myself getting agitated</i>	a	b	c	d
78.12	Saya rasa sukar untuk relaks <i>I found it difficult to relax</i>	a	b	c	d
78.13	Saya rasa sedih dan murung <i>I felt down-hearted and blue</i>	a	b	c	d
78.14	Saya tidakdapat menahan sabar dengan perkara yang menghalang saya meneruskan apa yang saya lakukan <i>I was intolerant of anything that kept me from getting on with what I was doing</i>	a	b	c	d
78.15	Saya rasa hampir-hampir menjadi panik/cemas <i>I felt I was close to panic</i>	a	b	c	d
78.16	Saya tidak bersemangat dengan apa jua yang saya lakukan <i>I was unable to become enthusiastic about anything</i>	a	b	c	d
78.17	Saya tidak begitu berharga sebagai seorang individu <i>I felt I wasn't worth much as a person</i>	a	b	c	d

78.18	Saya rasa yang saya mudah tersentuh <i>I felt that I was rather touchy</i>	a	b	c	d
78.19	Saya sedar tindakbalas jantung saya walaupun tidak melakukan aktiviti fizikal (contohnya kadar denyutan jantung bertambah, atau denyutan jantung berkurangan) <i>I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)</i>	a	b	c	d
78.20	Saya berasa takut tanpa sebab yang munasabah <i>I felt scared without any good reason</i>	a	b	c	d
78.21	Saya rasa hidup ini tidak bermakna <i>I felt that life was meaningless</i>	a	b	c	d



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TINJAUAN KEBANGSAAN KESIHATAN DAN MORBIDITI 2017  
KERTAS JAWAPAN TINJAUAN KESIHATAN REMAJA

ID PELAJAR

NEGERI	STRATA	KATEGORI SEKOLAH	KOD SEKOLAH	KELAS	PELAJAR
0 1 2 3 4 5 6 7 8 9	1 2	1 2	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

1	A B C D E F G H
2	A B
3	A B C D E F
4	A B C D E F
5	A B C D E F
6	A B C D E
7	A B C D E F G
8	A B C D E F G
9	A B C D E F G
10	A B C D E F G
11	A B C D E F G
12	A B C D E F G H
13	A B C D E F
14	A B C
15	A B
16	A B C D E
17	A B
18	A B
19	A B C D E
20	A B C D E
21	A B C D E
22	A B C D E F G H
23	A B C D E F G H
24	A B C D E F G H
25	A B C D E F G
26	A B C D E F G H
27	A B C D E F G
28	A B C D E F G H
29	A B C D E F G H
30	A B C D E F G H
31	A B C D E
32	A B C D E
33	A B
34	A B
35	A B C D E
36	A B C D
37	A B
38	A B C D E F G
39.1	A B
39.2	A B
39.3	A B
39.4	A B
39.5	A B
39.6	A B
39.7	A B
39.8	A B
40	A B C D
41	A B C D E
42	A B C D E
43	A B
44	A B C D E F G
45	A B C D
46	A B C D E
47	A B C D E F G
48	A B C D E F G
49	A B C D E F G
50	A B C D E F G
51	A B C D
52	A B C D
53	A B C D E F G
54	A B C D E
55	A B C D E
56	A B C D E F G
57	A B C D E
58	A B C D E
59	A B C D E
60	A B
61	A B C D E F G
62	A B C D E F G
63	A B C
64	A B C D
65	A B C D E F G H
66	A B C D E F G H
67	A B C D E F
68	A B C D E
69	A B C D E
70	A B C D E
71	A B C D E
72	A B C D E
73	A B C D E
74	A B
75.1	A B
75.2	A B
75.3	A B
76.1	A B
76.2	A B
76.3	A B
76.4	A B
77.1	A B C D E
77.2	A B C D E
77.3	A B C D E
77.4	A B C D E
77.5	A B C D E
77.6	A B C D E
77.7	A B C D E
77.8	A B C D E
77.9	A B C D E
77.10	A B C D E
77.11	A B C D E
77.12	A B C D E
77.13	A B C D E
77.14	A B C D E
77.15	A B C D E
77.16	A B C D E
77.17	A B C D E
77.18	A B C D E
77.19	A B C D E
77.20	A B C D E





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