

NATIONAL HEALTH AND MORBIDITY SURVEY 2017

ADOLESCENT HEALTH SURVEY 2017

PAHANG



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SURVEY 2017**

(NMRR-16-698-30042)

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Contributors

The following persons had contributed in the interpretation of findings, discussions on implications, conclusions and/or drawing recommendations for this report.

(In alphabetical order)

Abdul Aiman Abd Ghani, Amal Shamsudin, Azli Baharudin @Shaharuddin, Azriman Rosman, Chan Ying Ying, Chandrika A/p Jeevananthan, Cheong Siew Man, Faizah Paiwai, Fazila Haryati Ahmad, Fazly Azry Abdul Aziz, Halizah Mat Rifin, Hamizatul Akmal Abd Hamid, Hasimah Ismail, Jane Ling Miaw Yn, Lim Kuang Kuay, Maisarah Omar, Mohamad Aznuddin Abd Razak, Mohamad Fuad Mohamad Anuar, Mohamad Hasnan Ahmad, Mohd Azahadi Omar, Mohd Hatta Mutalip, Mohd Hazrin Hasim@Hashim, Muhammad Fadhli Mohd Yusoff, Muhammad Suhaimi Mohamad Idrus, Muslimah Yusof, Natifah Che Salleh, Nazirah Alias, Nik Rubiah Nik Abdul Rashid, Nizam Baharom, Noor Aliza Lodz, Noor Ani Ahmad, Noraida Mohamad Kasim, Noraryana Hassan, Norazizah Ibrahim Wong, Norharlina Bahar, Norli Abdul Jabbar, Norlida Zulkafly, Normala Ibrahim, Norzawati Yoep, Nur Azna Mahmud, Nur Hazwani Mohd Hasri, Nur Liana Abdul Majid, Nurashikin Ibrahim, Nurrul Ashikin Abdullah, Rajini Sooryanarayana, Rashidah Ambak, Rasidah Jamaluddin, Rimah Melati Abd. Ghani, Rozanim Kamaruddin, Ruhaya Salleh, Rushidi Ramly, Rusidah Selamat, S Maria Awaluddin, Saidatul Norbaya Buang, Sayan a/l Pan, Shahibul Bariah Mat Ghani, Shubash Shander Ganapathy, Siti Noafika Anwar, Syafinaz Mohd Sallehuddin, Tania Gayle Robert, Tan Lee Ann, Tee Guat Hiong, Thamil Arasu Saminathan, Ting Teck Pei, Wan Salwina Wan Ismail, Wan Shakira Rodzlan Hasani, Yaw Siew Lian.

Editorial Reviewers

Chan Ying Ying, Jane Ling Miaw Yn, Norzawati Yoep, Noor Aliza Lodz, Rajini Sooryanarayana
Tania Gayle A/P Robert, Tan Lee Ann

Editors

S Maria Awaluddin, Muhammad Fadhli Mohd Yusoff, Tahir Aris

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National Health and Morbidity Survey 2017: Adolescent Health Survey 2017

Institute for Public Health

National Institutes of Health

Ministry of Health Malaysia

Jalan Bangsar, 50590 Kuala Lumpur

Federal Territories of Kuala Lumpur, Malaysia

Tel: +603-2297-9400

Fax: +603-2282-3114

Any enquiries or comments on this report should be directed to:

Principal Investigator

National Health and Morbidity Survey 2017: Adolescent Health Survey 2017

Institute for Public Health

National Institutes of Health

Ministry of Health Malaysia

Jalan Bangsar, 50590 Kuala Lumpur

Federal Territories of Kuala Lumpur, Malaysia

Tel: +603-2297-9400

Fax: +603-2282-3114

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LIST OF ABBREVIATIONS

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

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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 26th March and 3rd 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 Pahang of which 1,784 students completed the survey out of 1,948 eligible respondents with response rate of 91.6%.

Pahang Key Findings

The study observed that the prevalence of current cigarette smokers in Pahang school-going adolescents was 16.9% . Among those who ever smoked cigarettes, 70.7% had tried cigarettes before the of age 14 years and 70.1% had attempted to quit smoking in the past 12 months. The prevalence of current e-cigarette/vape use in Pahang school-going adolescents was 12.4%. Among those who ever smoked e-cigarette/vape, 41.1% had first tried e-cigarette/vape before age 14 years and 59.1% had tried to stop using e-cigarette/vape in the past 12 months. Overall, 17.2% of students reported having parents or guardians who used e-cigarette/vape, 47.2% of students reported having parents or guardians who used any form of tobacco products and 45.9% 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 Pahang was 9.9%. Among students who had ever consumed alcohol (15.0%), 43.4% reported ever drunkenness in their lifetime. With regards to drug use, 6.7% of students in Pahang reported had ever used drugs and the prevalence of current drug users was 5.6%. Prevalence of ever using marijuana in their lifetime was 4.4% and current use of marijuana was 4.3%, while 3.9% 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 Pahang was 9.5% and the prevalence of having had sex in the past 30 days was 7.0%. Of those who ever had sex, 36.8% of them had their first sexual experience before age 14 years, and 16.8% had at least two sexual partners. It was found that 17.6% of students reported they, or their partners had used condoms whilst 10.4% used other birth control methods. A total of 34.1% students had been seriously injured in the past 12 months. Among the respondents, 28.5% claimed to have been physically attacked in the past 12 months, while 27.9% of adolescents claimed to have been involved in physical fights. With regards to bullying, 22.0% reported to have ever been bullied in the past 30 days. Physical abuse at home was reported by 13.8% of students while 43.5% of reported verbal abuse at home in the past 30 days.

The overall prevalence of internet use among school-going adolescents in Pahang was 88.0% and the prevalence of internet addiction was 30.7%. Smartphones were the most prevalent device used. A total of 10.0% school-going adolescents in Pahang reported feeling lonely and 5.2% reported that they had no close friend. A total of 6.3% 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 9.1%, 7.5%, and 8.9% respectively. Prevalence of truancy amongst students in the past 30 days was 30.9% while only 41.1% 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 13.6%, 34.2%, 41.0% and 73.2% respectively.

Overall, 89.4% of students reported having cleaned or brushed their teeth at least twice daily while 1.5% of students reported that they had never cleaned or brushed their teeth in the past 30 days. A total of 60.7% students reported use of fluoridated toothpaste, while only 19.5% used dental floss. In the past 30 days, 12.2% never or rarely used soap when washing their hands, 7.7% never or rarely washed their hands before eating and 5.8% reported that they had never or rarely washed their hands after using the toilet. In relation to dietary behaviours, 3.7% 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 50.5% and consumption of vegetables at least thrice daily was 34.5% in the past 30 days. Only 24.1% 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 35.9% and 11.3% 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 34.2% while 59.6% 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 21.3% whereas 48.7% 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.¹ Adolescence sub-categories used in Malaysia consists of early adolescence (10-14 years), middle adolescence (15-17 years) and late adolescence (18-19 years).² Total population of adolescents in Malaysia is around 18% out of 31 million population.³ 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.⁴ 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.⁵ 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.⁶ 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.⁵ 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.⁷ 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.³ 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.⁸ Following that, the Global Youth Tobacco Surveys were conducted in 2003 and 2009 to identify tobacco consumption among youth.^{9,10} 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 4.¹¹ 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.¹²

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).¹³

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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.**

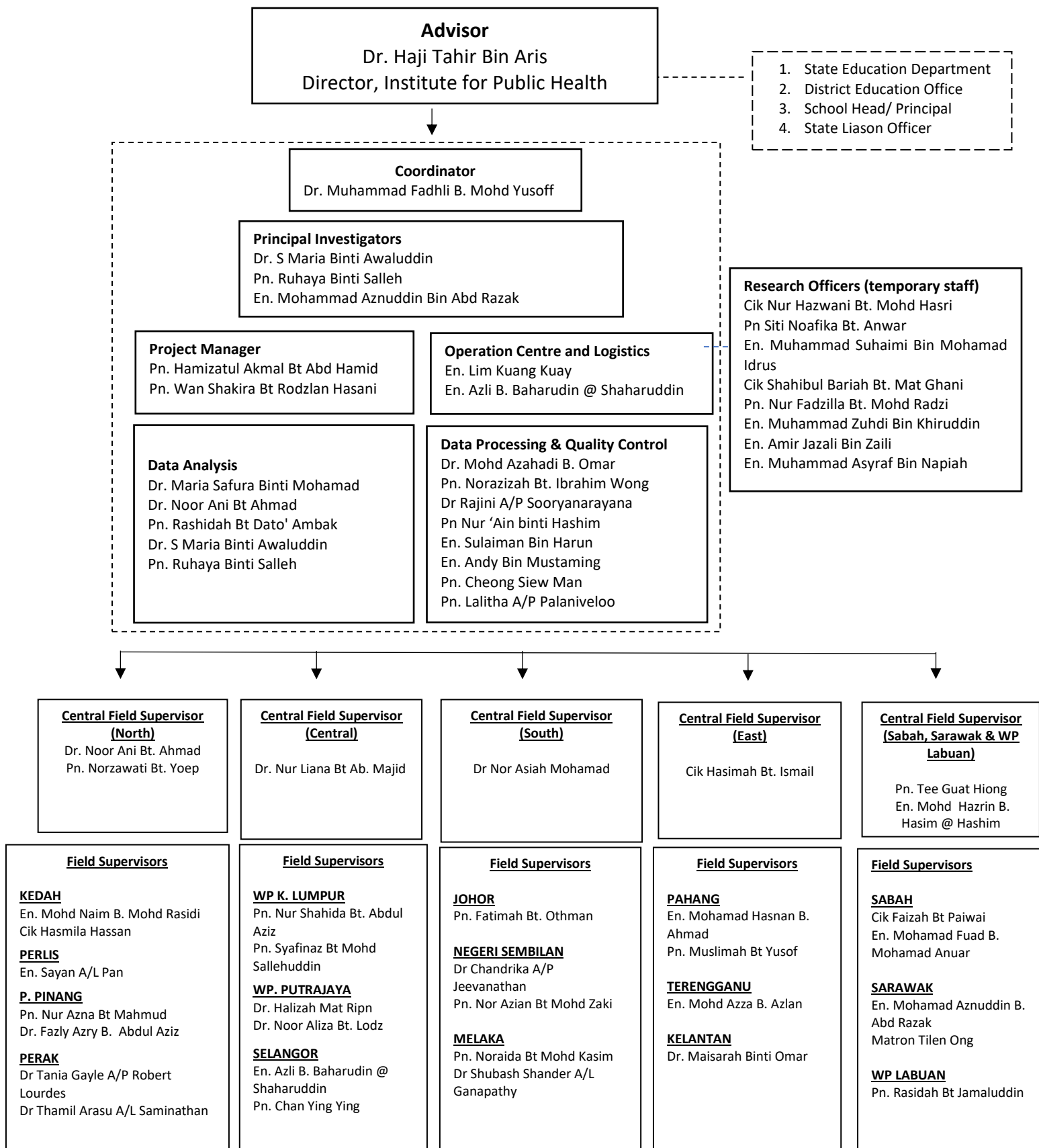


Figure 1: Organisation chart for data collection teams NHMS 2017

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
Total		2,738	212	30,496

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

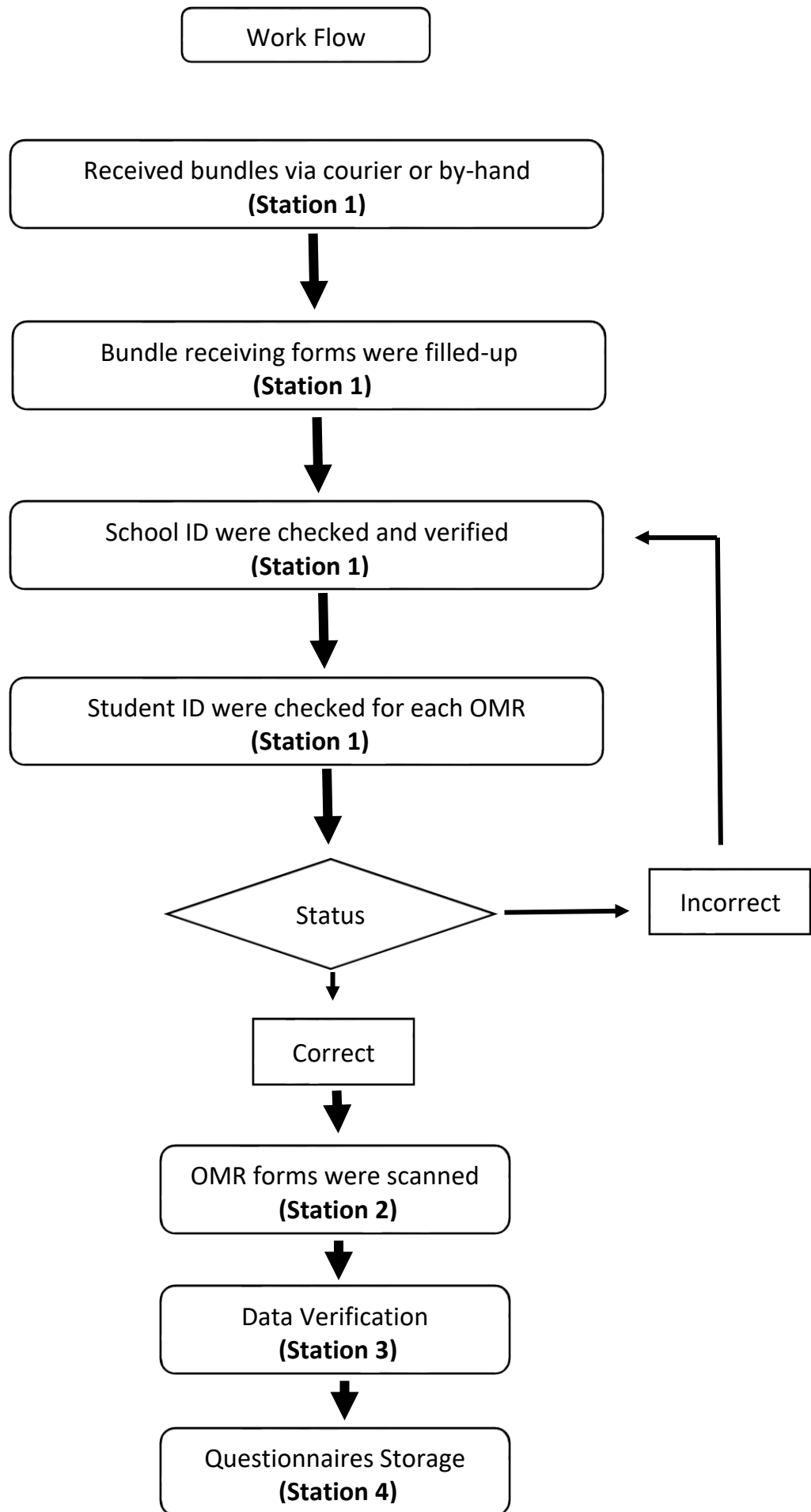


Figure 2 : Work Flow of NHMS 2017

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
Total	212	30,823	27,497	89.2

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 47.4% (846) males and 52.6% (938) females in Pahang . In terms of school locality; 44.0% (785) and 56.0% (999) 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 (%)
Malaysia	27,497	2,146,447	100.0	2,146,509	100.0
State					
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
Sex					
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
Form					
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

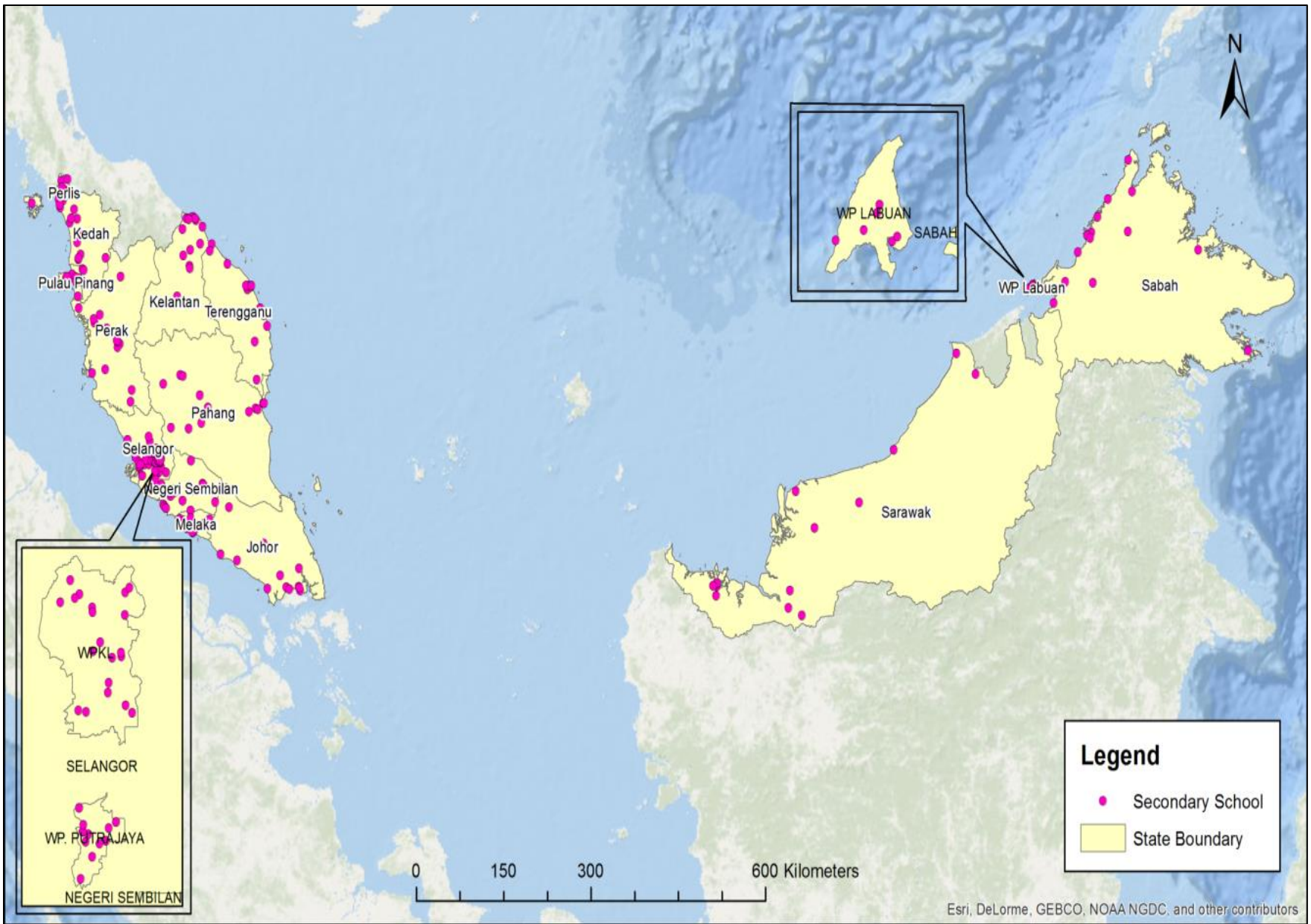


Figure 3: GIS mapping of the selected secondary schools

3.2 Alcohol Consumption

Contributors: Tania Gayle Robert, Hamizatul Akmal Abd Hamid, Halizah Mat Rifin, Mohd Hatta Mutalip, Norli Abdul Jabbar, Rozanim Kamaruddin, Muhammad Fadhli Mohd Yusoff, Thamil Arasu Saminathan, Jane Ling Miaw Yn, Wan Shakira Rodzlan Hasani, Hasimah Ismail, Nur Liana Abdul Majid

3.2.1 Introduction

Globally, there are about 3.3 million deaths attributable to harmful use of alcohol annually.¹ The South East Asian region contributed to 4.6% of alcohol-attributable deaths and 4.0% burden of disease and injury.¹ People consuming alcohol are prone to more than 200 diseases and injuries as well as social consequences due to its harmful effects.¹ 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.² Alarmingly, about 33% of teens (by age 15) have had at least 1 drink of an alcoholic beverage.³ Evidently, individuals who started drinking before the age of 15 are five times more likely to have alcohol-related problems later in life.⁴ The consequence of early alcohol drinking could lead to memory impairment, thus causing low educational achievement and high absenteeism rates.^{5,6}

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 Pahang was 15.0% (95% CI: 8.21, 25.93). (**Table 3.2.1**) while the prevalence of current alcohol drinkers was 9.9% (95% CI: 5.29, 17.90) (**Table 3.2.2**). However, there was no significant difference in the prevalence of ever and current drinkers across school locality, sex and form of the students. Among ever alcohol drinkers, the prevalence of drunkenness was 43.4% (95% CI: 27.85, 60.43). There was no significant difference across school locality, sex and form of the students (**Table 3.2.3**). About a quarter [25.6% (95% CI: 13.04, 44.24)] of ever drinkers, had their first alcoholic beverage at 12 or 13 years of age (**Table 3.2.4**).

Among current alcohol drinkers, most of the students obtained their alcoholic beverages by buying them from stores (39.0%, 95% CI: 30.97, 47.61); obtained them from their family (21.3% CI: 11.87, 35.21); gave someone money to buy (18.5% CI: 10.20, 31.27); or from friends (14.5% (95% CI: 9.75, 20.89) (**Table 3.2.5**). Overall, 5.8% (95% CI: 3.18, 10.32) of students got into trouble with their family and friends, missed school or got into fights one or more times as a result of drinking alcohol. However, there was no significant difference across school locality and sex of the students (**Table 3.2.6**).

3.2.5 Discussion/ Conclusion

The prevalence of current alcohol drinkers among students from Form 1 to Form 5 in Pahang was 9.9% (95% CI: 5.29, 17.90), whereas the national prevalence was 10.2% (95% CI: 9.00, 11.60). Among current alcohol drinkers, most of the students obtained their alcoholic beverages by buying from stores [39.0% (95% CI: 30.97, 47.61)], from their families [21.3% (95% CI: 11.87, 35.21)] or gave someone money to buy those beverages [18.5% (95% CI: 10.20, 31.27)]. This finding was different from the national data, where, most of the students obtained their alcoholic beverages from their families. The common age of initiation of alcohol drinking was similar between findings in Pahang and national AHS which was at 12 or 13 years.

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.

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

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	246	15,579	15.0	8.21	25.93
Locality of school					
Urban	133	7,684	17.3	6.18	40.06
Rural	113	7,895	13.3	6.79	24.45
Sex					
Male	152	10,193	19.8	11.15	32.60
Female	94	5,386	10.3	4.96	20.31
Form					
Form 1	54	4,229	19.7	12.38	29.88
Form 2	47	3,210	15.3	6.12	33.36
Form 3	75	4,378	21.0	11.62	34.97
Form 4	42	2,380	12.0	3.86	31.84
Form 5	28	1,382	6.7	2.84	15.03

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

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	158	10,302	9.9	5.29	17.90
Locality of school					
Urban	69	3,998	9.0	3.17	23.11
Rural	89	6,304	10.6	4.80	21.90
Sex					
Male	102	7,062	13.7	7.21	24.48
Female	56	3,240	6.2	2.90	12.84
Form					
Form 1	39	3,095	14.4	7.86	24.95
Form 2	34	2,440	11.6	4.86	25.29
Form 3	42	2,524	12.1	6.61	21.15
Form 4	25	1,379	7.0	2.59	17.47
Form 5	18	864	4.2	1.26	13.10

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

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	100	6,728	43.4	27.85	60.43
Locality of school					
Urban	42	2,479	32.3	26.81	38.25
Rural	58	4,248	54.4	31.22	75.86
Sex					
Male	69	4,846	48.0	28.14	68.44
Female	31	1,882	34.9	25.08	46.29
Form					
Form 1	24	1,901	45.9	27.55	65.46
Form 2	23	1,685	52.5	22.19	81.05
Form 3	23	1,508	34.5	16.77	57.83
Form 4	16	937	39.4	27.01	53.26
Form 5	14	696	50.4	36.60	64.16

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

	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
7 years old or younger	29	2,034	13.1	6.63	24.11
8 or 9 years old	17	1,167	7.5	5.18	10.72
10 or 11 years old	31	1,944	12.5	7.06	21.12
12 or 13 years old	63	3,995	25.6	13.04	44.24
14 or 15 years old	47	2,517	16.2	10.64	23.77
16 years old or older	-	-	-	-	-
Unknown	59	3,921	25.2	15.78	37.65

Table 3.2.5: Source of getting alcohol among current drinker among Form 1 to Form 5 students in Pahang, 2017

	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
I bought in a store	47	3,023	39.0	30.97	47.61
I gave someone money to buy	20	1,437	18.5	10.20	31.27
I got it from my friends	18	1,121	14.5	9.75	20.89
I got it from my family	27	1,652	21.3	11.87	35.21
I stole it	2	114	1.5	0.38	5.55
I got it some other way	6	411	5.3	2.80	9.80

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 Pahang, 2017

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	89	5,998	5.8	3.18	10.32
Locality of school					
Urban	29	1,648	3.7	1.37	9.70
Rural	60	4,350	7.3	3.69	14.05
Sex					
Male	63	4,466	8.7	4.29	16.70
Female	26	1,533	2.9	1.33	6.38

3.3. Dietary Behaviours

Contributors: Rashidah Ambak, Syafinaz Mohd Sallehuddin, Norlida Zulkafly, Ruhaya Salleh, Cheong Siew Man, Mohamad Hasnan Ahmad, S. Maria Awaluddin, Rusidah Selamat

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 3.7% (95% CI: 2.98, 4.62) with an estimated projection to 3,848 school-going adolescents. There was no significant difference reported by sex, school location and forms of the students (**Table 3.3.1**).

Fruits intake

The overall prevalence of consuming fruits at least twice daily in the past 30 days was 50.5% (95% CI: 45.58, 55.36) with an estimated projection to 52,225 school-going adolescents. Urban school-going adolescents reported prevalence of fruits intake at 48.6% (95% CI: 40.82, 56.49) while students in rural areas at 51.9% (95% CI: 45.88, 57.78). There were 46.3% (95% CI: 42.04, 50.65) male students and 54.6% (95% CI: 47.94, 61.07) female students who reported consuming fruits at least twice daily. There was no significant difference in consuming vegetables at least twice daily amongst the forms (**Table 3.3.2**).

Vegetables intake

The overall prevalence of consuming vegetable at least three times daily in the past 30 days was 34.5% (95%CI: 31.07, 38.04) with an estimated projection to 35,592 school-going adolescents. Urban school-going adolescents reported prevalence of vegetables intake at 31.7 % (95% CI: 26.57, 37.34) while students in the rural area at 36.5 % (95% CI: 32.67, 40.59). There were 33.1% (95% CI: 29.12, 37.43) male students and 35.8% (95% CI: 31.24, 40.59) female students who reported consuming vegetables at least twice daily. There was no significant difference in consuming vegetables at least twice daily amongst the 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 24.1% (95%CI: 21.79, 26.48) with an estimated projection to 24,879 school-going adolescents. Urban school-going adolescents reported prevalence of fruits and vegetables intake at least five time daily at 22.4% (95%CI: 18.71, 26.47) while students in rural areas at 25.3% (95% CI: 22.80, 28.04). There were 22.4% (95% CI: 19.22, 25.94) male students and 25.7% (95% CI: 21.92, 29.88) female students who reported consuming fruits and vegetables intake at least five time daily (**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 35.9% (95%CI: 29.99, 42.22) with an estimated projection to 37,044 school-going adolescents. In terms of school locality, the rural school-going adolescents reported carbonated drink consumption at least once daily at 41.1% (95% CI: 34.01, 48.60) as compared to the students in urban areas at 28.9% (95% CI: 24.18, 34.12). Male students reported prevalence of carbonated drinks consumption at 42.0% (95% CI: 35.27, 49.09) as compared to the females at 29.8% (95% CI: 23.57, 36.90). Form 3 students [41.1% (95% CI: 29.96, 53.24)] reported the highest prevalence of carbonated drinks consumption as compared to 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 59.6% (95%CI: 53.28, 65.61) with an estimated projection to 61,537 school-going adolescents. In terms of school locality, the urban school-going adolescents reported drinking plain water five times or more daily at the prevalence of 66.3% (95% CI: 58.16, 73.58) as compared to the students in the rural areas 54.6% (95% CI: 48.28, 60.71). Male students significantly reported a lower prevalence of drinking plain water [52.7 % (95% CI: 45.91, 59.44)] as compared to the females [66.4% (95% CI: 59.58, 72.58)]. There was no significant difference in drinking plain water five times or more daily by forms **(Table 3.3.6)**.

Milk and milk products intake

The overall prevalence of milk or milk products intake at least two times daily in the past 30 days was 34.2% (95%CI: 30.91, 37.58) with an estimated projection to 35,406 school-going adolescents. There was no significant difference in milk and milk products intake by sex, school location and 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 34.2% (95%CI: 30.91, 37.58) with an estimated projection to 11,707 school-going adolescents. Urban school-going adolescents reported prevalence of consuming food from fast food restaurants of 8.6% (95% CI: 5.11, 14.07) as compared to the students in the rural areas at 13.4% (95% CI: 9.54, 18.41) **(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 Pahang 2017 [3.7% (95% CI: 2.98, 4.62)] was comparable to the national prevalence 2017 [3.9% (95% CI: 3.53, 4.24)], and lower from the previous Pahang GSHS 2012¹ [5.2% (95% CI: 4.20, 6.38)]. The prevalence of consuming fruits at least twice daily in Pahang in 2017 [50.5% (95% CI: 45.58, 55.36)] was higher compared to the national prevalence in 2017 [46.8% (95% CI: 45.09, 48.53)], and also higher compared to Pahang GSHS 2012¹ [43.2% (95% CI: 39.06, 47.45)]. The prevalence of vegetables consumption in Pahang in 2017 [34.5% (95%CI: 31.07, 38.04)] was

lower compared to the national prevalence in 2017 [36.0% (95% CI: 34.45, 37.52)], but significantly higher compared to Pahang GSHS 2012¹ [26.5% (95% CI: 22.76, 30.63)]. The prevalence for fruits and vegetables intake at least five times per day in Pahang in 2017 [24.1% (95%CI: 21.79, 26.48)] was comparable to the national prevalence in 2017 [23.5% (95% CI: 22.20, 24.94)], and lower compared to Pahang GSHS 2012¹ [27.1% (95% CI: 24.77, 29.58)]. The prevalence for carbonated drink consumption once daily in Pahang in 2017 [35.9% (95%CI: 29.99, 42.22)] was comparable to the national prevalence in 2017 [36.9% (95% CI: 35.04, 38.79)], and higher than the Pahang GSHS 2012¹ [29.9% (95% CI: 25.51, 34.71)]. The prevalence for plain water drinking five times or more daily in the past 30 days in Pahang in 2017 [59.6% (95%CI: 53.28, 65.61)] was comparable to the national prevalence in 2017 [60.4% (95% CI: 59.07, 61.78)], but significantly higher than the Pahang GSHS 2012¹ [47.5% (95% CI: 43.27, 51.83)]. The prevalence for fast food consumption from fast food restaurants of at least three days in the past seven days in Pahang in 2017 [11.3% (95%CI: 8.28, 15.30)] was comparable to the national prevalence in 2017 [11.1% (95% CI: 10.24, 12.01)], and significantly higher compared to the Pahang GSHS 2012¹ [6.6% (95% CI: 5.45, 7.86)].

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: Malaysia 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 in his/her home, in the past 30 days, among Form 1 to Form 5 students in Pahang, 2017

Socio-demographic characteristics	*Most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	62	3,848	3.7	2.98	4.62
Locality of school					
Urban	30	1,794	4.0	2.83	5.76
Rural	32	2,054	3.5	2.69	4.45
Sex					
Male	30	1,941	3.8	2.80	5.04
Female	32	1,907	3.7	2.48	5.38
School level					
Lower secondary	35	2,262	3.6	2.65	4.81
Upper secondary	27	1,586	3.9	2.35	6.50
Form					
Form 1	11	755	3.5	2.15	5.69
Form 2	14	932	4.4	2.09	9.18
Form 3	10	576	2.8	1.75	4.35
Form 4	10	683	3.5	1.18	9.71
Form 5	17	903	4.4	2.42	7.82

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 Pahang, 2017

Socio-demographic characteristics	Yes (at least twice daily)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	904	52,225	50.5	45.58	55.36
Locality of school					
Urban	385	21,519	48.6	40.82	56.49
Rural	519	30,706	51.9	45.88	57.78
Sex					
Male	393	23,825	46.3	42.04	50.65
Female	511	28,400	54.6	47.94	61.07
School level					
Lower secondary	521	31,822	50.4	44.59	56.20
Upper secondary	383	20,403	50.6	44.75	56.39
Form					
Form 1	162	11,545	53.8	44.71	62.61
Form 2	163	9,896	47.2	39.79	54.67
Form 3	196	10,381	50.2	39.97	60.38
Form 4	180	10,328	52.3	46.21	58.28
Form 5	203	10,075	48.9	42.62	55.31

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 Pahang, 2017

Socio-demographic characteristics	Yes (at least three times daily)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	608	35,592	34.5	31.07	38.04
Locality of school					
Urban	248	14,032	31.7	26.57	37.34
Rural	360	21,560	36.5	32.67	40.59
Sex					
Male	280	17,022	33.1	29.12	37.43
Female	328	18,570	35.8	31.24	40.59
School level					
Lower secondary	338	21,112	33.5	29.87	37.25
Upper secondary	270	14,481	36.1	30.77	41.71
Form					
Form 1	115	8,109	38.0	28.82	48.18
Form 2	95	5,880	28.1	23.44	33.29
Form 3	128	7,122	34.2	29.75	38.89
Form 4	120	6,949	35.3	28.34	42.90
Form 5	150	7,532	36.8	31.26	42.71

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 Pahang, 2017

Socio-demographic characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	425	24,879	24.1	21.79	26.48
Locality of school					
Urban	174	9,893	22.4	18.71	26.47
Rural	251	14,985	25.3	22.80	28.04
Sex					
Male	187	11,509	22.4	19.22	25.94
Female	238	13,370	25.7	21.92	29.88
School level					
Lower secondary	236	14,695	23.3	20.20	26.67
Upper secondary	189	10,183	25.3	22.15	28.70
Form					
Form 1	82	5,859	27.3	21.74	33.65
Form 2	63	3,859	18.4	14.55	22.98
Form 3	91	4,978	24.1	19.31	29.57
Form 4	84	4,964	25.2	20.50	30.56
Form 5	105	5,220	25.4	21.65	29.47

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

Socio-demographic characteristics	Yes (at least once a day)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI Lower Upper	
PAHANG	616	37,044	35.9	29.99	42.22
Locality of school					
Urban	226	12,804	28.9	24.18	34.12
Rural	390	24,240	41.1	34.01	48.60
Sex					
Male	347	21,533	42.0	35.27	49.09
Female	269	15,511	29.8	23.57	36.90
School level					
Lower secondary	371	23,541	37.4	31.49	43.73
Upper secondary	245	13,503	33.5	25.98	41.91
Form					
Form 1	110	7,900	37.1	27.18	48.17
Form 2	108	7,122	34.1	25.78	43.51
Form 3	153	8,518	41.1	29.96	53.24
Form 4	128	7,355	37.2	26.02	50.00
Form 5	117	6,149	29.9	22.14	38.95

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 Pahang, 2017

Socio-demographic characteristics	Yes (at least 5 times daily)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI Lower Upper	
PAHANG	1,077	61,537	59.6	53.28	65.61
Locality of school					
Urban	518	29,346	66.3	58.16	73.58
Rural	559	32,191	54.6	48.28	60.71
Sex					
Male	446	27,042	52.7	45.91	59.44
Female	631	34,495	66.4	59.58	72.58
School level					
Lower secondary	604	36,303	57.6	50.09	64.81
Upper secondary	473	25,234	62.7	55.03	69.79
Form					
Form 1	181	12,458	58.3	49.41	66.62
Form 2	192	11,585	55.7	46.53	64.57
Form 3	231	12,260	58.8	45.85	70.68
Form 4	208	12,059	61.2	51.54	70.04
Form 5	265	13,175	64.2	55.52	71.95

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 Pahang, 2017

Socio-demographic characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	605	35,406	34.2	30.91	37.58
Locality of school					
Urban	250	14,214	32.1	26.77	37.90
Rural	355	21,193	35.7	32.21	39.40
Sex					
Male	275	16,820	32.6	28.57	36.96
Female	330	18,587	35.7	32.69	38.81
School level					
Lower secondary	364	22,694	35.9	31.91	40.00
Upper secondary	241	12,712	31.5	27.70	35.60
Form					
Form 1	127	8,885	41.4	35.52	47.52
Form 2	108	6,864	32.7	26.85	39.17
Form 3	129	6,946	33.3	27.23	40.03
Form 4	111	6,286	31.8	26.01	38.26
Form 5	130	6,426	31.2	26.69	36.13

Table 3.3.8: Prevalence of consuming food from a fast food restaurant of at least three days in the past 7 days, among Form 1 to Form 5 students in Pahang, 2017

Socio-demographic characteristics	Yes (at least three days)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	194	11,707	11.3	8.28	15.30
Locality of school					
Urban	70	3,796	8.6	5.11	14.07
Rural	124	7,911	13.4	9.54	18.41
Sex					
Male	91	5,837	11.4	7.41	17.01
Female	103	5,869	11.3	8.34	15.10
School level					
Lower secondary	121	7,776	12.3	8.17	18.15
Upper secondary	73	3,931	9.8	7.73	12.26
Form					
Form 1	42	3,225	15.0	7.66	27.35
Form 2	31	1,923	9.2	6.14	13.56
Form 3	48	2,628	12.7	7.97	19.51
Form 4	37	2,107	10.7	7.54	14.99
Form 5	36	1,824	8.9	6.77	11.52

3.4 Drug Use

Contributors: Muhammad Fadhli Mohd Yusoff, Rushidi Ramly, Wan Shakira Rodzlan Hasani, Hasimah Ismail, Hamizatul Akmal Abd Hamid, Norli Abdul Jabbar, Jane Ling Miaw Yn, Halizah Mat Rifin, Tania Gayle Robert, Thamil Arasu Saminathan, Nur Liana Ab. Majid.

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.¹ 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.² 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 Pahang was 6.7% (95% CI: 3.40, 12.74) with an estimated population of 6,930 students. The prevalence of ever drug use was higher among those who were studying in rural areas [8.9%(95% CI: 4.05,18.36)], male students [10.5%(95% CI:5.25 ,19.88)] and among Form 1 students [10.3%(95% CI: 3.57,26.41)] (**Table 3.4.1**). The prevalence of current drug use in the past 30 days among Form 1 to Form 5 students in Pahang was 5.6% (95%CI:2.65, 11.53). The prevalence of current drug users was also higher among those who were from rural schools [7.8% (95% CI: 3.40, 17.03)], males [9.1% (95% CI: 4.17, 18.77)] and Form 1 students [9.3% (95% CI: 3.21, 23.93)] (**Table 3.4.2**).

The prevalence of ever used marijuana in lifetime was 4.4% (95% CI: 2.02, 9.33) among Form 1 to Form 5 students in Pahang (**Table 3.4.3**) and 4.3% (95% CI: 1.87, 9.39) were current marijuana users in the past 30 days (**Table 3.4.4**). About 3.9% (95% CI: 1.87, 8.01) of 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 stealing or got it without permission [21.2% (95% CI: 15.00, 29.01)]. Other than that, they also obtained them by buying from someone [18.7% (95%CI: 12.90, 26.26)] and gave someone else money to buy it [17.7% CI: 11.11, 27.07] (**Table 3.4.6**). Among ever drug users, about 1.4% (95% CI: 0.66, 2.96)] had initiated drug use at the age of seven years old or younger with percentage of rural areas was 1.5% (95% CI: 0.52, 4.10) and urban areas was 1.3% (95% CI: 0.45, 3.72) (**Table 3.4.7**).

3.4.5 Discussion/ Conclusion

The prevalence of ever drug use and current drug use in Pahang did not differ with the national prevalence and Pahang 2012. As for ever marijuana use, current marijuana use and ever used of amphetamines or methamphetamine, there were no significant differences of the prevalence between national figure and Pahang. Among those who ever used drug, majority

of students admitted that they had been using drugs at the age of seven years old or younger. Most of those who were current drug users obtained the drugs from their friends.

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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Table 3.4.1 : Prevalence of ever used drugs in a life time among Form 1 to Form 5 students in Pahang, 2017

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	101	6,930	6.7	3.40	12.74
Locality of school					
Urban	28	1,662	3.8	1.48	9.20
Rural	73	5,268	8.9	4.05	18.36
Sex					
Male	77	5,412	10.5	5.25	19.88
Female	24	1,518	2.9	1.38	6.04
Form					
Form 1	28	2,218	10.3	3.57	26.41
Form 2	22	1,707	8.1	3.00	20.23
Form 3	27	1,675	8.0	3.92	15.77
Form 4	16	925	4.7	1.34	15.09
Form 5	8	406	2.0	0.97	3.98

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

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	82	5,830	5.6	2.65	11.53
Locality of school					
Urban	19	1,184	2.7	0.92	7.53
Rural	63	4,646	7.8	3.40	17.03
Sex					
Male	65	4,697	9.1	4.17	18.77
Female	17	1,133	2.2	1.05	4.44
Form					
Form 1	25	1,989	9.3	3.21	23.93
Form 2	20	1,555	7.4	2.66	18.98
Form 3	22	1,406	6.7	3.02	14.38
Form 4	12	708	3.6	0.87	13.59
Form 5	3	172	0.8	0.25	2.74

Table 3.4.3 : Prevalence of ever used marijuana in a life time among students Form 1 to Form 5, Pahang 2017

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	64	4557	4.4	2.02	9.33
Locality of the school					
Urban	15	930	2.1	0.70	6.09
Rural	49	3627	6.1	2.55	13.93
Sex					
Male	50	3597	7.0	3.23	14.44
Female	14	959	1.8	0.86	3.92
Form					
Form 1	19	1532	7.2	2.46	19.04
Form 2	14	1122	5.3	1.59	16.52
Form 3	17	1102	5.3	2.22	12.05
Form 4	12	708	3.6	0.87	13.59
Form 5	2	93	0.4	0.07	2.73

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

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	61	4,412	4.3	1.87	9.39
Locality of school					
Urban	13	842	1.9	0.60	5.89
Rural	48	3,571	6.0	2.42	14.18
Sex					
Male	49	3,560	6.9	3.03	14.99
Female	12	853	1.6	0.71	3.74
Form					
Form 1	20	1,649	7.7	2.38	22.23
Form 2	13	1,019	4.9	1.69	13.15
Form 3	17	1,098	5.3	2.18	12.17
Form 4	11	646	3.3	0.85	11.80
Form 5	-	-	-	-	-

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

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	58	4,053	3.9	1.87	8.01
Locality of school					
Urban	15	938	2.1	0.68	6.45
Rural	43	3,115	5.3	2.26	11.76
Sex					
Male	42	3,013	5.8	2.66	12.34
Female	16	1,040	2.0	0.96	4.13
Form					
Form 1	17	1,354	6.3	2.25	16.51
Form 2	13	1,020	4.9	1.35	16.02
Form 3	15	918	4.4	1.91	9.81
Form 4	10	610	3.1	0.71	12.46
Form 5	3	151	0.7	0.15	3.55

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

	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
I bought them from someone	15	1,072	18.7	12.90	26.26
I gave someone else money to buy it for me	13	1,018	17.7	11.11	27.07
I stole it or got it without permission	17	1,215	21.2	15.00	29.01
I got it from my friend	5	306	5.3	2.90	9.60
I got it from my family	3	222	3.9	1.62	8.92
I got it some other ways	5	352	6.1	3.79	9.78

Table 3.4.7 : Age of initiation of first use of drugs amongst ever drug user among Form 1 to Form 5 students in Pahang, 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	21	1,456	1.4	0.66	2.96	9	580	1.3	0.45	3.72
8 or 9 years old	12	869	0.8	0.31	2.24	2	105	0.2	0.03	1.83
10 or 11 years old	12	899	0.9	0.30	2.46	1	44	0.1	0.01	0.77
12 or 13 years old	7	472	0.5	0.20	1.03	1	62	0.1	0.02	1.07
14 or 15 years old	5	321	0.3	0.11	0.84	3	177	0.4	0.10	1.64
16 years old or older	10	695	0.7	0.30	1.52	3	177	0.4	0.15	1.07

Table 3.4.7 : Age of initiation of first use of drugs amongst ever drug user among students Form 1 to Form 5, Pahang 2017 (Cont.)

	Rural				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
7 years old or younger	12	877	1.5	0.52	4.10
8 or 9 years old	10	764	1.3	0.48	3.41
10 or 11 years old	11	855	1.4	0.54	3.76
12 or 13 years old	6	410	0.7	0.31	1.51
14 or 15 years old	2	144	0.2	0.06	0.93
16 years old or older	7	518	0.9	0.32	2.36

3.5 Hygiene (Including Oral Health)

Contributors: Yaw Siew Lian, Natifah Che Salleh, Nurrul Ashikin Abdullah, Ting Teck Pei, Mohamad Fuad Mohamad Anuar, Sayan a/l Pan, Norazizah Ibrahim Wong.

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.¹ 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.^{2,3}

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, only 1.5% (95%CI: 0.67, 3.28) of students reported they had never cleaned or brushed their teeth during the past 30 days and 3.0% (95%CI: 1.61, 5.53) reported they had cleaned or brushed their teeth less than once daily. About 6.1% (95%CI: 4.81, 7.83) had cleaned or brushed their teeth once daily during the past 30 days and 89.4% (95%CI: 85.42, 92.32) of students reported they had cleaned or brushed their teeth at least twice daily (**Table 3.5.1**).

Use of fluoridated toothpaste

Overall, only 60.7% (95%CI: 52.92, 67.89) of students reported use of fluoridated toothpaste and 9.7% (95%CI: 6.51, 14.11) claimed that they were not using fluoridated toothpaste. About 29.7% (95%CI: 24.81, 35.08)] of students reported did not know whether their toothpaste contained fluoride (**Table 3.5.2**).

Use of dental floss for cleaning teeth

Overall, only 19.5% (95%CI: 16.49, 22.81) of students reported that they use dental floss for cleaning their teeth and 80.5% (95%CI: 77.19, 83.51) claimed that they did not use dental floss to clean their teeth (**Table 3.5.3**).

Last dental visit

Overall, only 45.6% (95%CI: 38.70, 52.71) 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 10.9% (95%CI: 8.92, 13.30) while those with last dental visit more than 24 months was 5.0% (95%CI:

3.35, 7.50). About 8.2% (95%CI: 5.93, 11.28) of students had never ever had a dental visit and a substantial proportion [30.2% (95%CI: 25.11, 35.85)] did not know when was their last dental visit. By school grade, the prevalence of students who had their last dental visit in the past 12 months was significantly higher in Form 5 [56.8% (95%CI: 47.82, 65.41)] and Form 4 [56.4% (95%CI: 46.89, 65.51)] compared to Form 1 [34.0% (95%CI: 26.49, 42.32)], (**Table 3.5.4**).

Missing class or school due to toothache

Overall, 9.8% (95% CI: 6.83, 13.97) 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, 19.8% (95% CI: 16.21, 23.94) of students reported that they had avoided smiling or laughing due to the appearance of their teeth in the past 12 months (**Table 3.5.6**).

Use of soap when washing hands during the past 30 days

Overall in the past 30 days, about 12.2% (95%CI: 9.30, 15.74) of students reported they had never or rarely used soap when washing their hands, 27.0% (95%CI: 24.02, 30.13) reported they had only used soap sometimes when washing their hands while a fairly high proportion of 60.9% (95%CI: 55.43, 66.06) had always used soap when washing their hands. By gender, the prevalence of students who had never or rarely used soap when washing their hands was significantly higher in males [17.2% (95%CI: 13.24, 22.14)] than females [7.1% (95%CI: 5.27, 9.58)] (**Table 3.5.7**).

Washing hand before eating during the past 30 days

Overall in the past 30 days, about 7.7% (95%CI: 4.69, 12.26) of students reported they had never or rarely washed their hands before eating, 8.5% (95%CI: 5.95, 12.07) reported they had sometimes washed their hands before eating while a fairly high proportion of students [83.8% (95%CI: 76.49, 89.18) 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 5.8% (95%CI: 4.06, 8.13) of students reported that they had never or rarely washed their hands after using the toilet, 8.3% (95%CI: 6.91, 9.87) reported they had only washed their hands sometimes after using the toilet while 86.0% (95%CI: 82.29, 88.97) of students claimed that they had always or most of the times 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 practices of students in the age group of 13-17 years in Pahang. Overall, the prevalence of students who had cleaned/brushed their teeth less than one time per day during the past 30 days was higher (3.0%) compared to the findings for Pahang in GSHS 2012 (1.8%)⁴ and the national prevalence (2.4%). The prevalence of students who reported that they had used fluoridated toothpaste was higher (60.7%) compared to the findings for Pahang in GSHS 2012 (55.3%)⁴ and the national prevalence (58.3%). The prevalence of students who did not know whether their toothpaste contained fluoride (29.7%) was lower than the national prevalence (31.8%) and the findings for Pahang in GSHS 2012 (31.0%)⁴.

Our findings on the proportion of students who had never or rarely used soap when washing their hands during the past 30 days (12.2%) was lower than the findings for Pahang in GSHS 2012 (17.1%)⁴ and higher compared to the national prevalence (11.6%). This study also found that the prevalence of students who had never or rarely washed their hands before eating (7.7%) was higher compared to the findings for Pahang in GSHS 2012 (5.0%)⁴ and the national prevalence (6.1%). The prevalence of students who had never or rarely washed their hands after going to the toilet in this study (5.8%) was higher compared to the findings for Pahang in GSHS 2012 (5.5%)⁴ and the national prevalence (4.8%).

Overall, the findings in relation to hand hygiene and oral hygiene practises of students in the age group of 13-17 years showed that there is still room for further improvement. In terms of oral hygiene, there is still a very small proportion of students (3 in 100) who reported not brushing their teeth every day during the past 30 days before the survey, and about 3 in 10

students reported not knowing whether their toothpaste contained fluoride. In terms of hand hygiene, it was found that about 1 in 10 students had never or rarely used soap when washing their hands during the past 30 days, there is an increase proportion of students reported they had never or rarely washed their hands before eating (8 in 100) and who never or rarely washed their hands after going to the toilet (6 in 100) in this survey compared to the previous study.

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 brushing teeth in the past 30 days among Form 1 to Form 5 students in Pahang, 2017 (cont.)

Socio-demographic characteristics	Never clean or brush the teeth					Less than 1 day				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
PAHANG	22	1,545	1.5	0.67	3.28	46	3,114	3.0	1.61	5.53
Locality of school										
Urban	7	404	0.9	0.28	2.96	9	527	1.2	0.66	2.15
Rural	15	1,141	1.9	4.36	6.45	37	2,587	0.7	2.28	4.91
Sex										
Male	16	1,164	2.3	1.07	4.69	35	2,448	4.7	2.60	8.51
Female	6	382	0.7	1.28	2.89	11	666	0.2	0.58	1.69
Form										
Form 1	4	298	1.4	0.63	3.04	11	912	4.2	1.57	10.99
Form 2	9	718	3.4	1.09	10.27	11	751	3.6	1.71	7.34
Form 3	3	195	0.9	0.32	2.66	13	781	3.7	2.48	5.62
Form 4	5	290	1.5	0.40	5.25	6	375	1.9	0.58	6.04
Form 5	1	45	0.2	0.03	1.68	5	296	1.4	0.61	3.35

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

Socio-demographic characteristics	Once per day					2 times or more per day (at least twice daily)				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
PAHANG	110	6,373	6.1	4.81	7.83	1,606	92,598	89.4	85.42	92.32
Locality of school										
Urban	49	2,549	5.8	3.68	8.89	720	40,827	92.1	89.25	94.31
Rural	61	3,824	4.9	8.19	8.43	886	51,771	87.3	81.27	91.55
Sex										
Male	81	4,870	9.4	7.44	11.93	714	43,072	83.5	78.79	87.41
Female	29	1,503	2.3	2.81	4.89	892	49,526	95.1	91.55	97.21
Form										
Form 1	13	946	4.4	2.60	7.38	275	19,310	90.0	82.62	94.41
Form 2	19	1,316	6.3	4.64	8.42	296	18,196	86.7	79.19	91.82
Form 3	29	1,712	8.2	5.13	12.89	335	18,156	87.1	81.15	91.39
Form 4	21	1,066	5.4	2.98	9.59	317	18,024	91.2	85.95	94.66
Form 5	28	1,333	6.5	4.18	9.90	383	18,911	91.9	88.70	94.21

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

Socio-demographic characteristics	Yes					No				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
PAHANG	1,108	62,723	60.7	52.92	67.89	155	9,987	9.7	6.51	14.11
Locality of school										
Urban	478	26,533	59.9	49.08	69.91	50	2,948	6.7	3.17	13.46
Rural	630	36,190	61.2	50.29	71.08	105	7,039	11.9	7.89	17.57
Sex										
Male	504	29,640	57.6	50.33	64.52	90	6,193	12.0	7.95	17.81
Female	604	33,083	63.7	54.25	72.21	65	3,794	7.3	4.77	11.03
Form										
Form 1	174	12,099	56.5	45.07	67.24	33	2,539	11.9	8.15	16.92
Form 2	169	10,424	49.9	38.37	61.38	49	3,198	15.3	8.98	24.84
Form 3	242	12,835	61.6	50.92	71.23	34	2,012	9.7	5.97	15.24
Form 4	230	12,825	65.1	53.96	74.83	24	1,452	7.4	3.22	16.00
Form 5	293	14,540	70.8	62.22	78.09	15	786	3.8	2.27	6.37

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

Socio-demographic characteristics	Don't Know				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	517	30,697	29.7	24.81	35.08
Locality of school					
Urban	256	14,783	33.4	27.06	40.39
Rural	261	15,914	26.9	20.62	34.28
Sex					
Male	251	15,645	30.4	25.90	35.29
Female	266	15,052	29.0	22.55	36.39
Form					
Form 1	95	6,783	31.7	23.09	41.70
Form 2	116	7,283	34.8	27.97	42.40
Form 3	104	5,996	28.8	20.04	39.42
Form 4	94	5,419	27.5	20.45	35.93
Form 5	108	5,215	25.4	18.40	33.93

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

Socio-demographic characteristics	Yes					No				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
PAHANG	328	20,023	19.5	16.49	22.81	1,445	82,888	80.5	77.19	83.51
Locality of school										
Urban	156	8,998	20.4	15.07	26.90	627	35,212	79.6	73.10	84.93
Rural	172	11,024	18.8	15.78	22.20	818	47,676	81.2	77.80	84.22
Sex										
Male	159	10,221	20.0	16.05	24.69	680	40,827	80.0	75.31	83.95
Female	169	9,801	18.9	15.04	23.47	765	42,061	81.1	76.53	84.96
Form										
Form 1	63	4,487	21.2	16.84	26.29	236	16,699	78.8	73.71	83.16
Form 2	62	4,171	20.0	14.41	26.98	272	16,722	80.0	73.02	85.59
Form 3	70	4,027	19.5	14.96	24.97	307	16,640	80.5	75.03	85.04
Form 4	71	4,229	21.5	15.77	28.68	276	15,412	78.5	71.32	84.23
Form 5	62	3,108	15.1	11.34	19.94	354	17,416	84.9	80.06	88.66

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

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
PAHANG	839	47,235	45.6	38.70	52.71	195	11,305	10.9	8.92	13.30
Locality of school										
Urban	400	22,444	50.7	39.87	61.48	99	5,505	12.4	9.70	15.82
Rural	439	24,791	41.8	34.17	49.88	96	5,800	9.8	7.36	12.90
Sex										
Male	375	22,228	43.2	37.35	49.15	97	5,937	11.5	9.01	14.63
Female	464	25,007	48.1	39.29	56.95	98	5,368	10.3	7.88	13.40
Form										
Form 1	107	7,275	34.0	26.49	42.32	45	3,216	15.0	10.59	20.85
Form 2	137	8,712	41.5	32.36	51.31	37	2,309	11.0	7.12	16.63
Form 3	154	8,429	40.4	31.91	49.58	38	1,987	9.5	6.79	13.23
Form 4	197	11,147	56.4	46.89	65.51	36	1,889	9.6	5.88	15.17
Form 5	244	11,672	56.8	47.82	65.41	39	1,904	9.3	5.32	15.65

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

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
PAHANG	84	5,214	5.0	3.35	7.50	138	8,507	8.2	5.93	11.28
Locality of school										
Urban	31	1,761	3.98	3.02	5.23	60	3,480	7.9	3.86	15.35
Rural	53	3,453	5.83	3.27	10.16	78	5,027	8.5	6.58	10.87
Sex										
Male	53	3,466	6.73	4.08	10.90	84	5,367	10.4	8.34	12.94
Female	31	1,748	3.36	2.05	5.46	54	3,140	6.0	3.20	11.11
Form										
Form 1	18	1,340	6.25	3.21	11.85	36	2,594	12.1	7.61	18.74
Form 2	19	1,317	6.28	3.34	11.50	28	1,841	8.8	5.79	13.09
Form 3	20	1,145	5.49	3.43	8.67	30	1,663	8.0	4.96	12.58
Form 4	12	689	3.49	1.61	7.37	21	1,203	6.1	3.44	10.54
Form 5	15	724	3.52	2.05	5.98	23	1,206	5.9	3.90	8.76

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

Socio-demographic characteristics	Don't know				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	526	31,278	30.2	25.11	35.85
Locality of school					
Urban	194	11,070	25.0	18.18	33.37
Rural	332	20,208	34.1	28.46	40.21
Sex					
Male	236	14,510	28.2	24.33	32.36
Female	290	16,768	32.2	24.52	41.03
Form					
Form 1	96	6,997	32.7	26.41	39.60
Form 2	114	6,802	32.4	23.01	43.49
Form 3	138	7,620	36.6	29.33	44.44
Form 4	83	4,828	24.4	19.27	30.47
Form 5	95	5,032	24.5	16.48	34.81

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

Socio-demographic characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	1,034	58,540	56.5	48.40	64.30
Locality of school					
Urban	499	27,949	63.1	49.20	75.20
Rural	535	30,591	51.6	43.80	59.40
Sex					
Male	472	28,165	54.7	48.70	60.50
Female	562	30,375	58.4	47.30	68.60
Form					
Form 1	152	10,491	49.0	38.30	58.70
Form 2	174	11,021	52.5	40.90	63.90
Form 3	192	10,416	50.0	41.00	59.00
Form 4	233	13,036	66.0	56.20	74.60
Form 5	283	13,576	66.1	54.80	75.80

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 Pahang, 2017.

Socio-demographic characteristics	Yes					No				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
PAHANG	162	10,186	9.8	6.83	13.97	1,621	93,385	90.2	86.03	93.17
Locality of school										
Urban	48	2,740	6.2	3.42	10.93	737	41,567	93.8	89.07	96.58
Rural	114	7,446	12.6	8.65	17.91	884	51,818	87.4	82.09	91.35
Sex										
Male	82	5,419	10.5	6.53	16.50	764	46,134	89.5	83.50	93.47
Female	80	4,766	9.2	6.63	12.54	857	47,251	90.8	87.46	93.37
Form										
Form 1	39	2,911	13.6	8.17	21.66	264	18,555	86.4	78.34	91.83
Form 2	28	1,860	8.9	5.86	13.20	307	19,121	91.1	86.80	94.14
Form 3	36	2,163	10.4	5.23	19.55	344	18,680	89.6	80.45	94.77
Form 4	31	1,829	9.3	5.18	16.10	317	17,867	90.7	83.90	94.82
Form 5	28	1,422	6.9	4.62	10.22	389	19,161	93.1	89.78	95.38

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 Pahang, 2017.

Socio-demographic characteristics	Yes					No				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
PAHANG	348	20,492	19.8	16.21	23.94	1,435	83,062	80.2	76.06	83.79
Locality of school										
Urban	152	8,532	19.3	13.88	26.09	633	35,775	80.7	73.91	86.12
Rural	196	11,960	20.2	15.69	25.58	802	47,287	79.8	74.42	84.31
Sex										
Male	157	9,963	19.4	14.63	25.15	688	41,514	80.6	74.85	85.37
Female	191	10,529	20.2	15.92	25.32	747	41,548	79.8	74.68	84.08
Form										
Form 1	72	5,027	23.4	19.21	28.23	231	16,440	76.6	71.77	80.79
Form 2	65	4,047	19.4	13.77	26.51	269	16,858	80.6	73.49	86.23
Form 3	68	3,790	18.2	12.90	25.01	312	17,053	81.8	74.99	87.10
Form 4	67	3,919	19.8	13.64	27.94	282	15,836	80.2	72.06	86.36
Form 5	76	3,710	18.0	14.57	22.07	341	16,874	82.0	77.93	85.43

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

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
PAHANG	200	12,584	12.2	9.30	15.74	474	27,907	27.0	24.02	30.13
Locality of school										
Urban	78	4,378	9.9	7.31	13.22	193	10,895	24.6	20.91	28.68
Rural	122	8,207	13.9	9.79	19.27	281	17,012	28.7	25.04	32.76
Sex										
Male	137	8,874	17.2	13.24	22.14	246	15,159	29.5	26.41	32.69
Female	63	3,710	7.1	5.27	9.58	228	12,748	24.5	20.74	28.71
Form										
Form 1	37	2,787	13.0	8.65	19.03	68	5,074	23.6	16.57	32.54
Form 2	42	2,999	14.4	9.45	21.21	98	6,208	29.7	25.90	33.84
Form 3	47	2,702	13.0	9.38	17.73	108	5,999	28.9	23.58	34.78
Form 4	36	2,058	10.4	7.68	13.98	88	4,889	24.7	21.66	28.12
Form 5	38	2,039	9.9	6.42	14.97	112	5,738	27.9	22.78	33.61

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

Socio-demographic characteristics	Most of the times or Always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	1,108	62,993	60.9	55.43	66.06
Locality of school					
Urban	514	29,034	65.5	59.81	70.83
Rural	594	33,958	57.4	50.16	64.31
Sex					
Male	462	27,432	53.3	48.34	58.20
Female	646	35,561	68.4	62.22	73.92
Form					
Form 1	198	13,606	63.4	56.03	70.16
Form 2	194	11,686	55.9	48.29	63.30
Form 3	224	12,085	58.1	50.22	65.67
Form 4	225	12,809	64.8	59.66	69.69
Form 5	267	12,807	62.2	54.35	69.50

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

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
PAHANG	125	7,931	7.7	4.69	12.26	144	8,828	8.5	5.95	12.07
Locality of school										
Urban	49	2,733	6.2	2.83	12.97	60	3,472	7.8	3.80	15.52
Rural	76	5,198	8.8	4.75	15.59	84	5,357	9.0	6.30	12.77
Sex										
Male	83	5,400	10.5	6.14	17.34	81	5,115	9.9	7.46	13.11
Female	42	2,532	4.9	2.97	7.86	63	3,713	7.1	4.35	11.48
Form										
Form 1	23	1,702	7.9	4.61	13.32	30	2,276	10.6	7.09	15.56
Form 2	38	2,588	12.3	6.20	23.04	29	1,965	9.4	6.23	13.86
Form 3	29	1,757	8.4	4.46	15.36	30	1,699	8.2	4.52	14.26
Form 4	19	1,084	5.5	2.78	10.63	22	1,191	6.0	3.22	11.08
Form 5	16	800	3.9	2.52	5.95	33	1,697	8.2	4.93	13.46

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

Socio-demographic characteristics	Most of the times or Always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	1,514	86,808	83.8	76.49	89.18
Locality of school					
Urban	675	38,039	86.0	73.28	93.20
Rural	839	48,769	82.2	72.68	88.92
Sex					
Male	681	40,977	79.6	70.83	86.21
Female	833	45,832	88.0	82.23	92.09
Form					
Form 1	250	17,488	81.5	74.05	87.13
Form 2	268	16,428	78.3	64.52	87.74
Form 3	321	17,387	83.4	74.41	89.70
Form 4	307	17,418	88.4	79.84	93.67
Form 5	368	18,087	87.9	81.26	92.37

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

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
PAHANG	95	5,976	5.8	4.06	8.13	142	8,572	8.3	6.91	9.87
Locality of school										
Urban	32	1,840	4.2	2.22	7.64	51	2,880	6.5	4.80	8.74
Rural	63	4,137	7.0	4.80	10.03	91	5,692	9.6	8.17	11.23
Sex										
Male	53	3,472	6.7	4.34	10.30	78	4,942	9.6	7.62	11.99
Female	42	2,505	4.8	3.23	7.09	64	3,630	7.0	5.96	8.14
Form										
Form 1	26	1,964	9.1	6.10	13.51	28	2,104	9.8	6.89	13.75
Form 2	20	1,325	6.3	2.91	13.17	37	2,351	11.2	6.59	18.41
Form 3	22	1,300	6.2	3.26	11.63	30	1,626	7.8	4.08	14.41
Form 4	12	685	3.5	1.65	7.14	27	1,503	7.6	5.61	10.25
Form 5	15	702	3.4	2.47	4.70	20	988	4.8	3.41	6.72

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

Socio-demographic characteristics	Most of the times or Always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	1,547	89,082	86.0	82.29	88.97
Locality of school					
Urban	702	39,587	89.3	84.18	92.97
Rural	845	49,495	83.4	79.18	86.96
Sex					
Male	715	43,140	83.7	78.67	87.70
Female	832	45,942	88.2	85.32	90.61
Form					
Form 1	249	17,399	81.1	74.81	86.04
Form 2	278	17,306	82.5	71.35	89.90
Form 3	328	17,917	86.0	77.89	91.41
Form 4	310	17,567	88.9	84.82	92.02
Form 5	382	18,893	91.8	89.49	93.62

3.6 Internet Use and Addiction

Contributors: S. Maria Awaluddin, Normala Ibrahim, Chan Ying Ying, Rimah Melati Abd. Ghani, Amal Shamsudin, Wan Salwina Wan Ismail, Norharlina Bahar, Saidatul Norbaya Buang, Nik Rubiah Nik Abd. Rashid.

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.¹ 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.²

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.³ 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).⁴ 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 1,784 secondary school students in Pahang who responded to this module, of which 188 students were did not surf the internet for the past 30 days and 1552 students completed the MVIAT. The overall prevalence of internet use was 88.0% (95% CI: 81.98, 92.20) with an estimated projection to 91,197 school-going adolescents. In terms of school locality, there was no significant difference in internet usage between students studying in urban areas (93.7%; 95% CI: 85.70, 97.34) and students from rural areas (83.8%; 95% CI: 76.98, 88.85). There were 86.0% (95% CI: 78.32, 91.28) male students and 90.0% (95% CI: 85.16, 93.34) female students used internet in the past 30 days in Pahang. 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 Pahang was 30.7% (95% CI: 26.65, 35.07). In terms of school locality, there was no significant difference in internet addiction between students who were studying in urban areas (33.7%; 95% CI: 27.85, 40.05) and students from rural areas (28.5%; 95% CI: 23.58, 33.93). There were 30.5% (95% CI: 24.75, 36.89) male students and 30.9% (95% CI: 26.95, 35.18) female students with positive MVIAT. Students in higher forms were observed as having a higher prevalence of internet addiction in Pahang (**Table 3.6.2**). 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 Pahang did not differ significantly compared to the national prevalence. Students in higher forms were observed as having a higher prevalence of internet usage and internet addiction. 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.

3.6.7 References

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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 Pahang, 2017

Socio-demographic characteristics	Internet User				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	1,596	91,197	88.0	81.98	92.20
Locality of school					
Urban	741	41,503	93.7	85.70	97.34
Rural	855	49,694	83.8	76.98	88.85
Sex					
Male	743	44,343	86.0	78.32	91.28
Female	853	46,854	90.0	85.16	93.34
Form					
Form 1	240	16,827	78.4	70.21	84.81
Form 2	288	17,763	84.7	77.95	89.60
Form 3	336	18,282	87.7	76.89	93.87
Form 4	327	18,421	93.2	86.62	96.72
Form 5	405	19,904	96.7	88.70	99.09

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

Socio-demographic characteristics	Positive MVIAT				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	564	31,813	30.7	26.65	35.07
Locality of school					
Urban	270	14,922	33.7	27.85	40.05
Rural	294	16,891	28.5	23.58	33.93
Sex					
Male	268	15,714	30.5	24.75	36.89
Female	296	16,099	30.9	26.95	35.18
Form					
Form 1	64	4,546	21.2	14.76	29.42
Form 2	86	5,353	25.5	21.00	30.63
Form 3	121	6,515	31.3	24.68	38.68
Form 4	137	7,673	38.8	30.77	47.58
Form 5	156	7,726	37.5	30.98	44.58

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

Type of Devices	Unweighted Count	Percentage (%)	95% CI	
			Lower	Upper
Smartphone	1,490	92.6	88.18	95.49
Computer, Laptop, Notebook	907	55.9	47.23	64.19
Tablet, Ipad use	361	23.1	18.65	28.34

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

Type of Devices	Unweighted Count	Percentage (%)	95% CI	
			Lower	Upper
Smartphone	531	92.6	83.94	96.78
Computer, Laptop, Notebook	352	61.2	50.44	70.91
Tablet, Ipad use	155	27.7	22.37	33.72

3.7 Mental Health Problems

Contributors: Noor Ani Ahmad, Muslimah Yusof, Mohamad Aznuddin Abd Razak, Noraida Mohamad Kasim, Fazly Azry Abdul Aziz, Rasidah Jamaluddin, Nurashikin Ibrahim.

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 14.¹ 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%.² In particular, WHO reported that suicide is the second leading cause of death among those youth.³ In 2011, NHMS observed that 2.4% of youth 16-24 years reported suicidal ideation.⁴

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, 10.0% (95%CI: 8.21, 12.21) of secondary school students in Pahang reported that they felt lonely “most of the time or always” (**Table 3.7.1**). A total of 6.3% (95% CI: 4.78, 8.16) students 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 9.1% (95% CI: 6.50, 12.50), 7.5% (95% CI: 5.32, 10.56), and 8.9% (95% CI: 5.36, 14.39) students, respectively. **Table 3.7.6** showed that 5.2% (95% CI: 4.08, 6.70) of the students had no close friend. There were no significant differences in the prevalence by school locality, sex or form for all these conditions.

3.7.5 Discussion/ Conclusion

The prevalence of lonely and “has no close friend” among secondary school students in Pahang increased from 8.5% and 3.2% in Pahang GSHS 2012⁵ to 10.0% and 5.2% in this current survey. Almost similar prevalence of “inability to sleep due to worry” was noted in both surveys; 6.4% in Pahang GSHS 2012⁵ and 6.3% in Pahang AHS 2017. Suicidal ideation and attempts increased from 8.8% and 8.5% to 9.1% and 8.9%, respectively, while suicidal plan reduced from 9.1% to 7.5%. The prevalence of suicidal behaviours in Pahang AHS 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 Pahang, 2017

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	176	10,390	10.0	8.21	12.21
Locality of school					
Urban	74	4,191	9.5	6.74	13.12
Rural	102	6,199	10.5	8.21	13.24
Sex					
Male	71	4,476	8.7	6.55	11.42
Female	105	5,914	11.4	9.37	13.73
Form					
Form 1	25	1,784	8.3	5.55	12.27
Form 2	34	2,094	10.0	7.19	13.69
Form 3	33	1,865	8.9	6.11	12.92
Form 4	43	2,571	13.0	8.27	19.90
Form 5	41	2,076	10.1	7.08	14.24

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 Pahang, 2017

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	112	6,488	6.3	4.78	8.16
Locality of school					
Urban	54	3,123	7.1	4.77	10.32
Rural	58	3,365	5.7	3.97	8.04
Sex					
Male	49	2,912	5.7	3.82	8.28
Female	63	3,576	6.9	5.17	9.07
Form/ Class					
Form 1	22	1,577	7.3	4.72	11.26
Form 2	19	1,037	4.9	2.51	9.50
Form 3	27	1,514	7.3	4.88	10.67
Form 4	22	1,254	6.4	3.81	10.43
Form 5	22	1,107	5.4	3.89	7.40

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

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	150	9,346	9.1	6.50	12.50
Locality of school					
Urban	57	3,326	7.5	5.30	10.61
Rural	93	6,020	10.2	6.47	15.74
Sex					
Male	65	4,358	8.5	5.25	13.47
Female	85	4,988	9.6	7.08	12.94
Form					
Form 1	28	2,087	9.7	6.58	14.14
Form 2	36	2,368	11.4	5.73	21.24
Form 3	34	1,963	9.5	6.30	13.97
Form 4	22	1,402	7.1	3.96	12.55
Form 5	30	1,526	7.5	4.95	11.12

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

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	124	7,796	7.5	5.32	10.56
Locality of school					
Urban	55	3,195	7.2	4.10	12.38
Rural	69	4,601	7.8	5.00	11.88
Sex					
Male	57	3,850	7.5	4.52	12.10
Female	67	3,946	7.6	5.66	10.11
Form					
Form 1	23	1,691	7.9	5.75	10.77
Form 2	32	2,282	10.9	4.51	23.97
Form 3	27	1,488	7.1	4.53	11.07
Form 4	22	1,311	6.6	3.05	13.84
Form 5	20	1,025	5.0	2.86	8.54

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

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	138	9,202	8.9	5.36	14.39
Locality of school					
Urban	53	3,310	7.5	3.00	17.42
Rural	85	5,892	10.0	5.51	17.32
Sex					
Male	83	5,820	11.3	6.23	19.68
Female	55	3,382	6.5	4.26	9.79
Form					
Form 1	35	2,647	12.3	8.86	16.90
Form 2	45	3,130	14.9	7.08	28.75
Form 3	27	1,609	7.7	4.51	12.99
Form 4	21	1,325	6.7	3.07	14.02
Form 5	10	491	2.4	1.07	5.26

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

Socio-demographic characteristics	unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	89	5,410	5.2	4.08	6.70
Locality of school					
Urban	29	1,667	3.8	2.25	6.25
Rural	60	3,743	6.3	5.31	7.53
Sex					
Male	61	3,855	7.5	5.64	9.96
Female	28	1,555	3.0	2.22	4.00
Form					
Form 1	13	959	4.5	2.33	8.40
Form 2	17	1,129	5.4	2.81	10.13
Form 3	17	1,056	5.1	2.87	8.88
Form 4	25	1,379	7.0	3.59	13.15
Form 5	17	888	4.3	2.42	7.63

3.8 Physical Activity

Contributors: Lim Kuang Kuay, Mohd Azahadi Omar, Chan Ying Ying, Chandrika A/p Jeevananthan, Azli Baharudin @Shaharuddin, Nazirah Alias

3.8.1 Introduction

Physical inactivity is a public health problem worldwide and is the fourth leading cause of death worldwide.¹ It is an important contributor to major non-communicable diseases.^{2,3} Sufficient physical activity has substantial health benefits for children and adolescents in terms of improving cardiovascular health⁴, mental health⁵ and academic performance⁶. 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 1,776 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 21.3% (95% CI: 19.44, 23.25), with an estimated projection to 21,949 school-

going adolescents. In terms of school locality, it was higher in urban areas [23.7% (95% CI: 20.89, 26.82)] compared to rural areas [19.4% (95% CI: 17.08, 22.05)]. By sex, the prevalence was significantly higher in males [26.5% (95% CI: 23.58, 29.56)] than in females [16.2% (95% CI: 13.92, 18.68)]. Form 2 had the highest prevalence of being physically active [27.3% (95% CI: 22.74, 32.44)], followed by Form 5 [23.8% (95% CI: 19.92, 28.08)] and Form 4 [22.2% (95% CI: 18.21, 26.88)] (**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 48.7% (95% CI: 46.37, 50.98). In terms of school locality, it was significantly higher in urban areas [59.0% (95% CI: 55.49, 62.46)] compared to rural areas [40.95% (95% CI: 37.92, 44.04)]. By sex, male students [45.9% (95% CI: 42.51, 49.25)] had a lower prevalence than female students [51.5% (95% CI: 48.29, 54.60)]. By form, Form 4 had the highest prevalence in sitting activities [58.1% (95% CI: 52.79, 63.27)], followed by Form 5 [57.1% (95% CI: 52.21, 61.78)] and Form 3 [50.2% (95% CI: 45.32, 55.14)] (**Table 3.7.2**).

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 Pahang [21.3% (95% CI: 19.44, 23.25)] was higher than the national prevalence [19.8% (95% CI: 19.21, 20.40)] but lower than the previous Pahang GSHS 2012⁷ [23.8% (95% CI: 20.28, 27.74)]. Male students and students studied 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 [48.7% (95% CI: 46.37, 50.98)] was lower than the national prevalence [50.1% (95% CI: 49.38, 50.85)] and comparable to the previous Pahang GSHS 2012⁷ [48.7% (95% CI: 43.29, 54.16)]. It was significantly higher in urban areas. However, there were no significant differences in terms sex and form of the students.

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 Pahang, 2017

Socio-demographic characteristics	Physically Active for at least 5 days or more				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	384	21,949	21.3	19.44	23.25
Locality of school					
Urban	186	10,490	23.7	20.89	26.82
Rural	198	11,460	19.4	17.08	22.05
Sex					
Male	232	13,561	26.5	23.58	29.56
Female	152	8,388	16.2	13.92	18.68
Form					
Form 1	49	3,361	15.8	12.05	20.34
Form 2	88	5,693	27.3	22.74	32.44
Form 3	66	3,643	17.5	14.02	21.69
Form 4	81	4,385	22.2	18.21	26.88
Form 5	100	4,867	23.8	19.92	28.08

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

Socio-demographic characteristics	spending at least 3 hours on sedentary activities				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	898	50,335	48.7	46.37	50.98
Locality of school					
Urban	463	26,095	59.0	55.49	62.46
Rural	435	24,240	40.9	37.92	44.04
Sex					
Male	407	23,571	45.9	42.51	49.25
Female	491	26,764	51.5	48.29	54.60
Form					
Form 1	116	8,128	37.9	32.58	43.45
Form 2	143	8,624	41.1	35.91	46.51
Form 3	195	10,406	50.2	45.31	55.14
Form 4	203	11,457	58.1	52.79	63.27
Form 5	241	11,719	57.1	52.21	61.78

3.9. Protective Factors

Contributors: Faizah Paiwai, S Maria Awaluddin, Nur Azna Mahmud, Noor Aliza Lodz, Norzawati Yoep

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.¹ 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.² Protective factor could help avoid unhealthy behaviours such as violence, sexual risk behaviours, tobacco use and drug abuse.³ 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.⁴

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 Pahang, the overall prevalence of truancy among students in the past 30 days was 30.9% (95% CI: 23.83, 39.02) of which 34.8% (95% CI: 27.79, 42.46) were in males and 27.1% (95% CI: 19.70, 36.00) were in females. Prevalence of truancy according to forms were 24.8% (95% CI: 16.21, 35.88), 29.6% (95% CI: 20.94, 40.05), 31.3% (95% CI: 22.96, 41.01), 31.3% (95% CI: 22.96, 41.01) and 36.6% (95% CI: 25.82, 48.96) from Form 1 to Form 5 respectively. In terms of school locality, prevalence of truancy in rural areas was 35.5% (95% CI: 26.16, 46.00) and urban areas was 24.8% (95% CI: 17.26, 34.31) (**Table 3.9.1**).

Overall, prevalence of peer support among students in Pahang was 41.1% (95% CI: 33.00, 49.63); 34.4% (95% CI: 28.52, 40.72) in males, 47.6% (95% CI: 36.92, 58.59) in females (**Table 3.9.2**). Total prevalence of having parental or guardian supervision was 13.6% (95% CI: 11.24, 16.45) which was 15.2% (95% CI: 12.47, 18.45) in males, 12.1% (95% CI: 8.93, 16.09) in females (**Table 3.9.3**). The overall prevalence of having parental or guardian connectedness was 34.2% (95% CI: 27.74, 41.34) of which 32.1% (95% CI: 26.57, 38.24) in males and 36.3% (95% CI: 28.19, 45.23) in females. In term of school locality, having parental or guardian connectedness was 34.0% (95% CI: 25.25, 43.93) in urban areas and 34.4% (95% CI: 25.47, 44.58) in rural areas (**Table 3.9.4**). Overall prevalence of having parental or guardian bonding was 41.0% (95% CI: 34.53, 47.72) which was 38.9% (95% CI: 32.45, 45.73) in males, and 43.0% (95% CI: 35.46, 50.91) in females (**Table 3.9.5**). A total 73.2% (95% CI: 69.64, 76.49) of students reported having parental respect for privacy, 70.6% (95% CI: 66.49, 74.44) in males, 75.7% (95% CI: 71.29, 79.71) in females (**Table 3.9.6**)

3.9.5 Discussions/ Conclusion

Prevalence of truancy and protective factors (peer support, parental or guardian supervision, parental or guardian connectedness, parental or guardian bonding and parental or guardian respect for privacy) among student in Pahang within the past 30 days shows no significant difference from the national prevalence. There were also no significant difference in the prevalence of truancy and protective factors reported between the national AHS 2017 and Pahang GSHS 2012.⁵

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 *(one or more days) in the past 30 days among Form 1 to Form 5 students in Pahang, 2017

Socio-demographic Characteristics	Truancy				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	529	32,011	30.9	23.83	39.02
Locality of school					
Urban	196	10,978	24.8	17.26	34.31
Rural	333	21,034	35.5	26.16	46.00
Sex					
Male	285	17,924	34.8	27.79	42.46
Female	244	14,088	27.1	19.70	36.00
Form					
Form 1	70	5,314	24.8	16.21	35.88
Form 2	93	6,213	29.6	20.94	40.05
Form 3	115	6,519	31.3	22.96	41.01
Form 4	109	6,503	31.3	22.96	41.01
Form 5	142	7,463	36.3	25.99	47.95

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

Socio-demographic Characteristics	*Most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	768	42,431	41.1	33.00	49.63
Locality of school					
Urban	365	20,266	45.8	33.26	58.92
Rural	403	22,165	37.5	28.41	47.56
Sex					
Male	300	17,620	34.4	28.52	40.72
Female	468	24,811	47.6	36.92	58.59
Form					
Form 1	104	7,029	33.1	26.84	40.00
Form 2	142	8,537	40.7	30.15	52.17
Form 3	166	8,786	42.2	34.97	49.68
Form 4	143	7,954	40.4	27.14	55.18
Form 5	213	10,125	49.2	38.15	60.30

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

Socio-demographic Characteristics	*Most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	229	14,125	13.6	11.24	16.45
Locality of school					
Urban	76	4,481	10.1	8.69	11.76
Rural	153	9,644	16.3	13.47	19.49
Sex					
Male	117	7,849	15.2	12.47	18.45
Female	112	6,276	12.1	8.93	16.09
Form					
Form 1	57	4,133	19.3	14.37	25.31
Form 2	63	4,084	19.5	14.46	25.68
Form 3	53	2,964	14.2	11.04	18.20
Form 4	27	1,532	7.8	5.37	11.08
Form 5	29	1,411	6.9	4.57	10.17

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

Socio-demographic Characteristics	*Most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	630	35,365	34.2	27.74	41.34
Locality of school					
Urban	263	15,018	34.0	25.25	43.93
Rural	367	20,346	34.4	25.47	44.58
Sex					
Male	275	16,508	32.1	26.57	38.24
Female	355	18,857	36.3	28.19	45.23
Form					
Form 1	110	7,377	34.5	25.60	44.55
Form 2	117	7,195	34.3	27.56	41.72
Form 3	138	7,423	35.7	27.84	44.39
Form 4	114	6,261	32.0	22.50	43.19
Form 5	151	7,109	34.5	26.29	43.83

Table 3.9.5 : Prevalence of parental or guardian bonding in the past 30 days among Form 1 to Form 5 students in Pahang, 2017 (cont.)

Socio-demographic Characteristics	*Most of the time or always				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	742	42,312	41.0	34.53	47.72
Locality of school					
Urban	363	20,621	46.6	36.05	57.55
Rural	379	21,692	36.7	30.90	42.93
Sex					
Male	327	19,956	38.9	32.45	45.73
Female	415	22,356	43.0	35.46	50.91
Form					
Form 1	112	7,805	36.5	25.97	48.46
Form 2	143	8,949	42.7	30.71	55.51
Form 3	163	8,909	42.9	31.91	54.60
Form 4	139	7,635	38.9	30.35	48.26
Form 5	185	9,015	43.9	39.59	48.31

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 Pahang, 2017

Socio-demographic Characteristics	Never or rarely				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	1,318	75,412	73.2	69.64	76.49
Locality of school					
Urban	594	33,217	75.4	72.85	77.86
Rural	724	42,195	71.5	65.89	76.57
Sex					
Male	602	36,136	70.6	66.49	74.44
Female	716	39,276	75.7	71.29	79.71
Form					
Form 1	205	14,474	68.1	61.03	74.42
Form 2	230	14,158	68.3	62.72	73.34
Form 3	284	15,547	74.8	69.68	79.34
Form 4	261	14,786	75.0	69.50	79.86
Form 5	338	16,447	80.1	74.10	84.97

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

Contributors: Maisarah Omar, Noor Aliza Lodz, Noraida Mohamad Kasim, S Maria Awaluddin, Noor Ani Ahmad, Nik Rubiah Nik Abdul Rashid

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.¹ It was also reported that the highest rate of Sexual Transmitted Illness (STI) worldwide are among young people aged 15 to 24 years.² 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.^{2,3}

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 Pahang was 9.5% (95% CI: 7.30, 12.24). Prevalence of ever-had sex among male students were 13.2% (95% CI: 9.20,18.57) while female students were at 5.8% (95% CI: 4.11, 8.22). Form 1 students showed the highest prevalence of 13.5% (95% CI: 6.29, 26.74) (**Table 3.10.1**). The prevalence of Form 1 to Form 5 students that were currently having sexual intercourse in Pahang was 7.0% (95% CI: 5.13, 9.42). Form 1 students showed the highest prevalence of 9.2% (95% CI:3.42, 22.31) compared to other forms (**Table 3.10.2**).

Of those who ever-had sex, 36.8% (95% CI: 25.80, 49.29) of them had sex before the age of 14 years. Form 2 students showed the highest percentage at 49.8% (95% CI:25.74, 74.01) (**Table 3.10.3**). It was noted that 16.8% (95% CI: 11.03, 24.74) of those who were ever-had sex, had at least two sexual partners in which, male students were 22.4% (95% CI: 14.17, 33.46) and females were 4.4% (95% CI: 1.00, 17.11) (**Table 3.10.4**). Only 17.6% (95% CI: 10.31, 28.35) of those who ever-had sex used a condom during their last sexual intercourse while 10.4% (95% CI: 5.70, 18.25) 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 Pahang AHS 2017 (9.5%) was higher as compared to the national prevalence in 2017 (7.3%), however the prevalence was lower than the previous Pahang GSHS in 2012 (11.5%)⁴.

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

1. The Lancet's Maternal Survival and Women Deliver Series 2006/2007: 2005 World Health Report
2. Satterwhite CL, Torrone E, Meites E, Dunne EF, Mahajan R, Ocfemia MC, et al. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *Sex Transm Dis.* 2013;40(3):187-93.
3. Family Health Development Division, Ministry of Health Malaysia, 2016.
4. Institute for Public Health(IPH) 2012.The National Health and Morbidity Survey: Malaysia Global School Based Student Health Survey 2012.Kuala Lumpur: Ministry of Health Malaysia

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

Socio-demographic characteristics	ever had sexual intercourse				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	157	9,771	9.5	7.30	12.24
Locality of school					
Urban	59	3,393	7.7	5.54	10.53
Rural	98	6,378	10.9	7.47	15.53
Sex					
Male	104	6,745	13.2	9.20	18.57
Female	53	3,026	5.8	4.11	8.22
Form					
Form 1	39	2,840	13.5	6.29	26.74
Form 2	27	1,865	8.9	4.79	16.00
Form 3	37	2,129	10.2	7.02	14.72
Form 4	28	1,661	8.4	4.18	16.26
Form 5	26	1,276	6.2	4.33	8.81

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

Socio-demographic characteristics	current sexual intercourse				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	119	7,214	7.0	5.13	9.42
Locality of school					
Urban	49	2,810	6.3	4.70	8.50
Rural	70	4,404	7.4	4.45	12.20
Sex					
Male	77	4,887	9.5	6.42	13.85
Female	42	2,328	4.5	2.92	6.79
Form					
Form 1	28	1,960	9.2	3.42	22.31
Form 2	21	1,419	6.8	3.35	13.18
Form 3	29	1,603	7.7	4.97	11.79
Form 4	21	1,269	6.4	2.99	13.27
Form 5	20	963	4.7	2.76	7.82

Table 3.10.3 : Percentage of first sex before the age of 14 years among those who ever had sex among Form 1 to Form 5 students in Pahang, 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	
PAHANG	53	3,592	36.8	25.80	49.29	
Locality of school						
Urban	16	956	28.2	14.30	47.96	
Rural	37	2,636	41.3	25.75	58.88	
Sex						
Male	38	2,609	38.7	26.50	52.45	
Female	15	984	32.5	15.13	56.55	
Form						
Form 1	14	1,087	38.3	22.06	57.60	
Form 2	12	929	49.8	25.74	74.01	
Form 3	8	497	23.3	7.81	52.22	
Form 4	13	783	47.1	25.87	69.47	
Form 5	6	296	23.2	9.62	46.27	

Table 3.10.4 : Percentage of having at least two sexual partners among who ever had sex Form 1 to Form 5 students in Pahang, 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	
PAHANG	25	1,641	16.8	11.03	24.74	
Locality of school						
Urban	6	545	16.1	5.79	37.35	
Rural	16	1,096	17.2	10.54	26.75	
Sex						
Male	23	1,509	22.4	14.17	33.46	
Female	2	132	4.4	1.00	17.11	
Form						
Form 1	3	252	8.9	3.42	21.08	
Form 2	4	308	16.5	7.70	31.97	
Form 3	9	571	26.8	13.52	46.25	
Form 4	5	313	18.8	7.49	39.89	
Form 5	4	197	15.5	5.31	37.31	

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

Socio-demographic characteristics	condom use				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	25	1,718	17.6	10.31	28.35
Locality of school					
Urban	8	444	13.1	6.63	24.17
Rural	17	1,274	20.0	9.49	37.28
Sex					
Male	22	1,538	22.8	11.81	39.43
Female	3	180	6.0	1.79	17.99
Form					
Form 1	6	461	16.2	4.45	44.59
Form 2	6	479	25.7	11.48	47.90
Form 3	8	519	24.4	12.24	42.66
Form 4	2	124	7.5	1.44	30.94
Form 5	3	135	10.6	3.58	27.50

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

Socio-demographic characteristics	other birth control methods				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	15	1,002	10.4	5.70	18.25
Locality of school					
Urban	5	280	8.2	2.82	21.77
Rural	10	722	11.6	5.15	24.04
Sex					
Male	12	801	12.1	6.74	20.87
Female	3	201	6.6	1.96	20.18
Form					
Form 1	5	354	12.5	7.34	20.35
Form 2	3	239	13.5	2.99	43.90
Form 3	3	178	8.6	1.59	35.54
Form 4	2	117	7.0	2.26	19.89
Form 5	2	113	8.9	2.04	31.39

3.11 Tobacco Use

Contributors: Muhammad Fadhli Bin Mohd Yusoff, Jane Ling Miaw Yn, Tee Guat Hiong, Noraryana Binti Hassan, Nizam Bin Baharom, Wan Shakira Rodzlan Hasani, Tania Gayle Robert, Halizah Mat Rifin, Hamizatul Akmal Abd Hamid, Abdul Aiman Abd Ghani, Hasimah Ismail, Thamil Arasu Saminathan, Nur Liana Ab. Majid.

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 18.¹ 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 18.3% (95% CI: 12.56, 25.99) (**Table 3.11.1**). The prevalence was significantly higher among males (30.7%; 95% CI: 21.63, 41.63) as compared to females (6.1%; 95% CI 3.74, 9.74). Form 3 students had the highest prevalence of 20.8% (95% CI: 11.97, 33.77) with no significant difference across all forms.

The prevalence of current cigarettes smokers was 16.9% (95% CI: 11.47, 24.16) (**Table 3.11.2**). The prevalence was significantly higher in males (28.9%; 95% CI: 20.10, 39.68) than females (5.0%; 95% CI: 3.11, 7.90). Form 3 students reported the highest prevalence (19.7%; 95% CI 11.11, 32.51) but there was no significant difference compared to the other forms. Among those who ever smoked cigarettes, 70.7% (95%CI: 58.51, 80.50) had first tried a cigarette before the age of 14 years, with no significant difference by gender (**Table 3.11.6**).

Overall, 23.5% (95% CI: 16.26, 32.64) currently use any tobacco products (**Table 3.11.3**). Males (37.9%; 95% CI: 26.93, 50.36) had significantly higher prevalence compared to females (9.1%; 95% CI: 5.93, 13.83) (**Table 3.11.9**). Form 5 students reported the highest prevalence (27.6%; 95% CI 19.97, 36.79) compared to the other forms.

The prevalence of using shisha/hookah in the past 30 days was 7.5% (95% CI: 4.84, 11.58) (**Table 3.11.5**). Males (11.6%; 95% CI: 7.53, 17.45) had significantly higher prevalence compared to females (3.5%; 95% CI: 2.17, 5.69). The prevalence of traditional rolled cigarette use was 6.1% (95% CI: 3.97, 9.31) (**Table 3.11.5**). Males (9.9%; 95% CI: 6.37, 15.12) had significantly higher prevalence compared to females (2.4%; 95% CI: 1.50, 3.66). The prevalence of rolled your own was 4.8% (95% CI: 3.21, 7.23) (**Table 3.11.5**). Males (7.4%; 95% CI: 4.67, 11.58) had significantly higher prevalence compared to females (2.3%; 95% CI: 1.57, 3.34). 3.6% (95% CI: 2.43, 5.20) of the students used cigar (**Table 3.11.5**). Males (5.3%; 95% CI: 3.36, 8.17) had significantly higher prevalence compared to females (1.9%; 95% CI: 1.12, 3.14). The prevalence of using pipe was 4.3% (95% CI: 2.33, 7.62) with no significant difference across gender (**Table 3.11.5**).

Among those who smoked cigarettes in the past 12 months, 70.1% (95% CI: 58.56, 79.52) had tried to stop smoking (**Table 3.11.8**). Males (79.0%; 95% CI: 68.71, 86.52) had significantly higher prevalence compared to females (23.2%; 95% CI: 17.32, 30.40). Form 2 students had the highest prevalence (80.6%; 95% CI 69.76, 88.15) compared to the other forms.

A total of 45.9% (95% CI: 38.55, 53.38) reported having been exposed to people who smoked in their presence in the past seven days (**Table 3.11.10**). Males (55.1%; 95% CI: 46.79, 63.19) had significantly higher prevalence compared to females (36.7%; 95% CI: 28.22, 46.13). Form 5 students reported the highest prevalence (64.4%; 95% CI 54.95, 72.81) compared to other forms.

Overall, 47.2% (95% CI: 41.23, 53.31) 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 5 students had the highest prevalence (51.9%; 95% CI 42.15, 61.44) compared to other forms.

The prevalence of current E-cigarette use was 12.4% (95% CI: 7.81, 19.01) (**Table 3.11.4**). Males reported significantly higher prevalence 21.2% (95% CI: 14.24, 30.48) compared to females 3.6% (95% CI: 1.91, 6.60). Form 3 students had the highest prevalence (14.1%; 95% CI 8.36, 22.87) compared to the other forms. Among those who ever smoked e-cigarette/vape, 41.1% (95%CI: 26.83, 57.11) 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, 59.1% (95% CI: 48.75, 68.65) had tried to stop using e-cigarette/vape (**Table 3.11.9**). Males (66.6%; 95% CI: 55.42, 76.16) had significantly higher prevalence compared to females (33.3%; 95% CI: 23.78, 44.30). Form 2 students had the highest prevalence (70.7%; 95% CI 52.75, 83.85) compared to other forms.

Overall, 17.2% (95% CI: 13.27, 22.06) 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 (20.1%; 95% CI 13.60, 28.63) compared to other forms.

The prevalence of chewing tobacco was 3.3% (95% CI: 2.02, 5.31) with no significant difference across gender (**Table 3.11.5**). The prevalence of snuff use was 6.1% (95% CI: 3.83, 9.72) with no significant difference across gender (**Table 3.11.5**).

3.11.5 Discussion/Conclusion

The prevalence of cigarette smoking in Pahang 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 smoker among Form 1 to Form 5 students in Pahang, 2017

Socio-Demographic Characteristics	Current Smokers				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	308	19,009	18.3	12.56	25.99
Locality of the school					
Urban	104	5,576	12.6	8.24	18.76
Rural	204	13,433	22.6	14.58	33.42
Sex					
Male	256	15,842	30.7	21.63	41.63
Female	52	3,167	6.1	3.74	9.74
Form					
Form 1	44	3,367	15.7	8.42	27.33
Form 2	47	3,450	16.4	8.58	29.22
Form 3	71	4,344	20.8	11.97	33.77
Form 4	68	3,826	19.4	12.99	27.87
Form 5	78	4,022	19.5	14.26	26.19

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

Socio-Demographic Characteristics	Current Cigarette Smokers				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	281	17,503	16.9	11.47	24.16
Locality of the school					
Urban	92	4,973	11.2	7.59	16.29
Rural	189	12,531	21.1	13.53	31.43
Sex					
Male	238	14,908	28.9	20.10	39.68
Female	43	2,596	5.0	3.11	7.90
Form					
Form 1	42	3,241	15.1	7.85	27.07
Form 2	46	3,382	16.1	8.59	28.21
Form 3	67	4,107	19.7	11.11	32.51
Form 4	57	3,191	16.2	11.29	22.57
Form 5	69	3,581	17.4	12.85	23.13

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

Socio-Demographic Characteristics	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	399	24,322	23.5	16.26	32.64
Locality of the school					
Urban	141	7,490	16.9	10.20	26.70
Rural	258	16,832	28.4	18.58	40.74
Sex					
Male	319	19,563	37.9	26.93	50.36
Female	80	4,759	9.1	5.93	13.83
Form					
Form 1	54	4,152	19.3	9.85	34.49
Form 2	63	4,503	21.5	12.79	33.75
Form 3	89	5,378	25.8	15.52	39.69
Form 4	82	4,609	23.3	16.48	31.94
Form 5	111	5,680	27.6	19.97	36.79

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

Socio-Demographic Characteristics	Current e-Cigarette Users				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	206	12,800	12.4	7.81	19.01
Locality of the school					
Urban	78	4,094	9.3	4.74	17.28
Rural	128	8,706	14.7	8.41	24.36
Sex					
Male	176	10,940	21.2	14.24	30.48
Female	30	1,860	3.6	1.91	6.60
Form					
Form 1	33	2,602	12.2	5.06	26.42
Form 2	32	2,287	10.9	5.46	20.58
Form 3	48	2,943	14.1	8.36	22.87
Form 4	39	2,235	11.3	6.96	17.85
Form 5	54	2,734	13.3	7.15	23.35

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 Pahang, 2017

Socio-Demographic Characteristics	Total					Male				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
Shisha Use	129	7,786	7.5	4.84	11.58	100	5,956	11.6	7.53	17.45
Traditional Rolled Cigarette Use	100	6,305	6.1	3.97	9.31	79	5,085	9.9	6.37	15.12
Roll-Your-Own" With Cigarette Paper Use"	80	4,991	4.8	3.21	7.23	60	3,798	7.4	4.67	11.58
Cigar Use	60	3,684	3.6	2.43	5.20	43	2,705	5.3	3.36	8.17
Pipe Smoking Use	68	4,389	4.3	2.33	7.62	50	3,332	6.5	3.25	12.55
Chewing Tobacco Use	53	3,400	3.3	2.02	5.31	31	2,098	4.1	2.11	7.77
Snuff Use	104	6,336	6.1	3.83	9.72	69	4,300	8.4	4.82	14.27

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 Pahang, 2017 (cont.)

Socio-Demographic Characteristics	Female				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
Shisha Use	29	1,830	3.5	2.17	5.69
Traditional Rolled Cigarette Use	21	1,220	2.4	1.50	3.66
Roll-Your-Own" With Cigarette Paper Use"	20	1,192	2.3	1.57	3.34
Cigar Use	17	979	1.9	1.12	3.14
Pipe Smoking Use	18	1,057	2.0	1.12	3.67
Chewing Tobacco Use	22	1,302	2.5	1.64	3.81
Snuff Use	35	2,036	3.9	2.56	5.94

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 Pahang, 2017

	Total					Male				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
Yes	186	11,172	70.7	58.51	80.50	173	10,486	70.7	59.11	80.18
No	83	4,630	29.3	19.50	41.49	78	4,337	29.3	19.82	40.89

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 Pahang, 2017 (Cont.)

	Female				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
Yes	13	686	70.1	42.58	88.07
No	5	293	29.9	11.93	57.42

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 Pahang, 2017

	Total					Male				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI		Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper				Lower	Upper
Yes	90	5,949	41.1	26.83	57.11	82	5,419	41.5	26.74	57.86
No	161	8,515	58.9	42.89	73.17	145	7,654	58.5	42.14	73.26

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 Pahang, 2017 (Cont.)

	Female				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
Yes	8	531	38.1	18.49	62.64
No	16	861	61.9	37.36	81.51

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 Pahang, 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
PAHANG	195	11,807	70.1	58.56	79.52
Locality of the school					
Urban	66	3,560	61.3	35.05	82.34
Rural	129	8,247	74.7	67.61	80.64
Sex					
Male	185	11,183	79.0	68.71	86.52
Female	10	624	23.2	17.32	30.40
Form					
Form 1	22	1,696	58.1	41.17	73.32
Form 2	34	2,443	80.6	69.76	88.15
Form 3	33	2,071	70.7	50.75	85.01
Form 4	52	2,774	63.2	40.94	80.96
Form 5	54	2,824	78.9	57.32	91.21

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 Pahang, 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
PAHANG	141	8,572	59.1	48.75	68.65
Locality of the school					
Urban	48	2,655	55.2	39.01	70.41
Rural	93	5,917	61.0	48.37	72.27
Sex					
Male	123	7,484	66.6	55.42	76.16
Female	18	1,088	33.3	23.78	44.30
Form					
Form 1	17	1,323	51.2	33.20	68.84
Form 2	23	1,664	70.7	52.75	83.85
Form 3	34	2,047	63.9	46.24	78.42
Form 4	33	1,838	56.0	35.13	74.98
Form 5	34	1,700	55.1	36.54	72.37

Table 3.11.10: Prevalence of being expose to people smoking in their presence for at least one day in the past 7 days among Form 1 to Form 5 students in Pahang, 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
PAHANG	811	47,478	45.9	38.55	53.38
Locality of the school					
Urban	358	19,525	44.1	33.48	55.32
Rural	453	27,952	47.2	37.57	57.02
Sex					
Male	469	28,372	55.1	46.79	63.19
Female	342	19,106	36.7	28.22	46.13
Form					
Form 1	83	6,258	29.3	22.44	37.19
Form 2	140	9,219	44.0	36.88	51.45
Form 3	161	9,239	44.3	35.79	53.22
Form 4	167	9,511	48.1	38.89	57.53
Form 5	260	13,251	64.4	54.95	72.81

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 Pahang, 2017

Socio-Demographic Characteristics	Either Father Or Mother Or Guardian				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	777	44,992	47.2	41.23	53.31
Locality of the school					
Urban	292	16,199	38.9	33.51	44.63
Rural	485	28,794	53.7	47.91	59.34
Sex					
Male	355	21,601	46.1	39.87	52.49
Female	422	23,391	48.3	40.37	56.33
Form					
Form 1	121	8,628	45.1	36.34	54.18
Form 2	147	9,248	47.8	39.77	56.00
Form 3	154	8,266	43.1	32.67	54.12
Form 4	149	8,537	48.2	40.60	55.87
Form 5	206	10,314	51.9	42.15	61.44

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 Pahang, 2017

Socio-Demographic Characteristics	Either Father Or Mother Or Guardian				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	255	15,354	17.2	13.27	22.06
Locality of the school					
Urban	82	4,637	11.6	9.39	14.28
Rural	173	10,718	21.8	16.98	27.49
Sex					
Male	111	7,170	16.1	12.07	21.15
Female	144	8,184	18.4	13.08	25.13
Form					
Form 1	48	3,675	20.1	13.60	28.63
Form 2	50	3,194	17.5	10.62	27.50
Form 3	63	3,455	18.9	13.07	26.58
Form 4	40	2,351	14.0	9.82	19.63
Form 5	54	2,679	15.3	10.22	22.15

3.12 Violence and Unintentional Injury

Contributors: Rajini Sooryanarayana, Shubash Shander Ganapathy, Azriman Rosman, Mohd Hazrin Bin Hasim@Hashim, Fazila Haryati Ahmad, Mohamad Fuad Mohamad Anuar, Tan Lee Ann, Thamil Arasu a/l Saminathan, Muhammad Fadhli Mohd Yusoff, S Maria Awaluddin

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.¹ The prevalence of bullying varies between 9% to 25% in school-going adolescents in Western countries², and 10.8% to 17.6% locally³, 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 in this survey, 28.5% (95% CI: 22.21, 35.64) of them had been physically attacked, which was higher in males [33.4% (95% CI: 26.05, 41.74)] compared to females [23.5% (95% CI: 17.10, 31.45)]. There was no significant difference found between urban [22.4% (95% CI: 15.75, 30.91)] and rural [32.9% (95% CI: 24.92, 42.11)] localities. Adolescents from Form 1 had the highest prevalence of having been physically attacked; 38.0% (95% CI: 30.30, 46.31) while adolescents from Form 5 had the lowest prevalence at 19.8% (95% CI: 13.02, 28.87) **(Table 3.12.1)**.

Similarly, 27.9% (95% CI: 20.73, 36.48) of adolescents claimed to have been involved in physical fight(s), with more males [34.1% (95% CI: 26.73, 42.34)] than females [21.8% (95% CI: 15.17, 30.42)] involved. There was no significant difference between urban and rural localities, with a reported prevalence of 21.8% (95% CI: 13.98, 32.24) and 32.5% (95% CI: 23.12, 43.65) respectively. Adolescents from Form 1 had the highest prevalence at 34.5 % (95% CI: 26.89, 42.94) **(Table 3.12.1)**.

With regards to bullying, 22.0% (95% CI: 16.10, 29.24) of adolescents reported to have been bullied and this was higher among males [25.2% (95% CI: 17.07, 35.54)] compared to females [18.8% (95% CI: 14.56, 23.90)]. Urban [13.9% (95% CI: 9.33, 20.25)] localities had a significantly lower prevalence compared to rural [28.0% (95% CI: 20.90, 36.39)] localities. Adolescents from Form 2 reported the highest prevalence of having been bullied; 31.1% (95% CI: 21.64, 42.54) **(Table 3.12.2)**.

The two most common forms of bullying were 'being made fun of because of how body or face looks' [15.1% (95% CI: 9.23, 23.82)] and 'made fun of with sexual jokes, comments or gestures' [14.3% (95% CI: 11.00, 18.35)]. Bullying in the form of 'being made fun of because of religion' was the least common at 6.0% (95% CI: 2.88, 12.18) **(Table 3.12.3)**.

Physical abuse at home was reported by 13.8% (95% CI: 9.20, 20.24) of the adolescents. Urban localities reported a prevalence of 9.4% (95% CI: 5.40, 16.00) with rural at 17.1% (95% CI: 10.64, 26.30). There was no significant difference between males and females with a

prevalence of 16.9% (95% CI: 9.61, 28.10) and 10.7% (95% CI: 8.32, 13.76) respectively. Form 5 adolescents reported the lowest prevalence at 5.0% (95% CI: 2.91, 8.44) (**Table 3.12.4**).

It was reported that 43.5% (95% CI: 38.41, 48.81) of adolescents were abused verbally at home. The prevalence of verbal abuse was significantly higher among females [50.9% (95% CI: 44.66, 57.02)] compared to males [36.1% (95% CI: 29.99, 42.78)]. There was no significant difference found between urban [39.1% (95% CI: 34.22, 44.29)] and rural [46.8% (95% CI: 39.55, 54.26)] localities. Adolescents from Form 4 reported the highest prevalence of verbal abuse at home with a prevalence of 47.2% (95% CI: 39.81, 54.75) (**Table 3.12.4**).

It was found that 34.1% of adolescents in Pahang (95% CI: 28.39, 40.22) had been seriously injured in the past 12 months. There was no significant difference found between urban [30.7% (95% CI: 23.53, 39.05)] and rural [36.5% (95% CI: 29.10, 44.67)] localities. Prevalence of serious injury was higher among males [40.1% (95% CI: 34.16, 46.24)] as compared to females [28.1% (95% CI: 22.37, 34.70)]. Adolescents from Form 1 had the highest prevalence of serious injury at 40.6% (95% CI: 32.73, 48.90) while adolescents from Form 5 had the lowest prevalence at 25.5% (95% CI: 20.58, 31.21) (**Table 3.12.5**).

Among those who had been seriously injured, the two most common injuries were 'a cut or stab wound' [19.0% (95% CI: 14.62, 24.23)] and 'a broken bone/dislocated joint' [16.1% (95% CI: 12.89, 20.00)] (**Table 3.12.6**). The two most common causes of serious injury were falls [33.6% (95% CI: 30.42, 37.03)] and motor vehicle accidents [14.5% (95% CI: 11.02, 18.82)] (**Table 3.12.7**).

3.12.5 Discussion/ Conclusion

The prevalence of serious injury among school going adolescents in Pahang was higher than the national prevalence found in this study (34.1% vs. 29.9%) but lower than the 40.4% reported in Pahang GSHS 2012⁴. The prevalence of being physically attacked and involved in physical fights among adolescents in Pahang was higher than the national prevalence (28.5% vs 25.3% and 27.9% vs 24.9% respectively), but lower than the prevalence reported in Pahang GSHS 2012⁴ (31.7% and 30.8% respectively).

The prevalence of bullying among school going adolescents in Pahang was higher than the reported national prevalence (22.0% vs 16.2%), as well as the 20.4% reported in Pahang GSHS 2012⁴. The prevalence of physical abuse and verbal abuse at home among adolescents was higher in Pahang compared to the national prevalence (13.8% vs 11.8% and 43.5% vs 43.2% respectively). Physical abuse prevalence was lower at 12.2%, but verbal abuse prevalence in Pahang GSHS 2012⁴ was higher at 45.7%.

Studies have shown that violence related behaviour is associated with other negative factors such as smoking, drug abuse, truancy and physical and mental health problems⁵. 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

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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 Pahang, 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
PAHANG	473	29,433	28.5	22.21	35.64	462	28,872	27.9	20.73	36.48
Locality of school										
Urban	171	9,927	22.4	15.75	30.91	168	9,623	21.8	13.98	32.24
Rural	302	19,506	32.9	24.92	42.11	294	19,249	32.5	23.12	43.65
Sex										
Male	264	17,196	33.4	26.05	41.74	269	17,494	34.1	26.73	42.34
Female	209	12,237	23.5	17.10	31.45	193	11,378	21.8	15.17	30.42
Form										
Form 1	111	8,153	38.0	30.30	46.31	99	7,372	34.5	26.89	42.94
Form 2	99	6,592	31.6	23.41	41.18	103	6,898	33.0	21.84	46.44
Form 3	106	6,045	29.0	21.87	37.36	97	5,648	27.2	18.36	38.27
Form 4	80	4,573	23.2	16.03	32.30	90	5,182	26.3	16.26	39.54
Form 5	77	4,071	19.8	13.02	28.87	73	3,772	18.3	12.47	26.12

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

Socio-demographic Characteristics	Having Been Bullied At Least Once				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	368	22,733	22.0	16.10	29.24
Locality of school					
Urban	108	6,156	13.9	9.33	20.25
Rural	260	16,578	28.0	20.90	36.39
Sex					
Male	196	12,955	25.2	17.07	35.54
Female	172	9,778	18.8	14.56	23.90
Form					
Form 1	78	5,669	26.5	16.75	39.23
Form 2	101	6,533	31.1	21.64	42.54
Form 3	79	4,528	21.8	14.97	30.71
Form 4	55	3,296	16.7	10.08	26.34
Form 5	55	2,707	13.1	8.19	20.44

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

	Unweighted	Estimated	Prevalence	95% CI	
	Count	Population	(%)	Lower	Upper
Hit, kicked, pushed, shoved around or locked indoors	29		8.1	5.66	11.46
Made fun of because of race, nationality or colour	40		11.9	8.51	16.40
Made fun of because of religion	19		6.0	2.88	12.18
Made fun of with sexual jokes, comments or gestures	54		14.3	11.00	18.35
Left out of activities on purpose or completely ignored	31		8.0	4.95	12.62
Made fun of because of how body or face looks	60		15.1	9.23	23.82

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

Socio-demographic Characteristics	Physical Abuse At Home At Least Once					Verbal Abuse At Home At Least Once				
	Unweighted	Estimated	Prevalence	95% CI		Unweighted	Estimated	Prevalence	95% CI	
	Count	Population	(%)	Lower	Upper	Count	Population	(%)	Lower	Upper
PAHANG	220	14,296	13.8	9.20	20.24	769	45,031	43.5	38.41	48.81
Locality of school										
Urban	70	4,186	9.4	5.40	16.00	309	17,342	39.1	34.22	44.29
Rural	150	10,111	17.1	10.64	26.30	460	27,690	46.8	39.55	54.26
Sex										
Male	125	8,704	16.9	9.61	28.10	300	18,581	36.1	29.99	42.78
Female	95	5,592	10.7	8.32	13.76	469	26,450	50.9	44.66	57.02
Form										
Form 1	55	4,126	19.4	11.90	29.92	118	8,466	39.7	28.14	52.59
Form 2	61	4,124	19.7	12.36	29.80	154	9,551	45.5	37.85	53.41
Form 3	55	3,266	15.7	9.13	25.58	167	9,036	43.4	36.44	50.53
Form 4	29	1,752	8.9	4.40	17.08	159	9,305	47.2	39.81	54.75
Form 5	20	1,028	5.0	2.91	8.44	171	8,673	42.1	33.97	50.75

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 Pahang, 2017

Socio-demographic Characteristics	Having Had Serious Injury At Least Once				
	Unweighted Count	Estimated Population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	582	35,295	34.1	28.39	40.22
Locality of school					
Urban	240	13,624	30.7	23.53	39.05
Rural	342	21,671	36.5	29.10	44.67
Sex					
Male	325	20,648	40.1	34.16	46.24
Female	257	14,647	28.1	22.37	34.70
Form					
Form 1	119	8,707	40.6	32.73	48.90
Form 2	108	7,267	34.6	25.53	45.02
Form 3	135	7,414	35.6	27.22	44.91
Form 4	116	6,652	33.7	27.18	40.85
Form 5	104	5,255	25.5	20.58	31.21

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 Pahang, 2017

	Unweighted Count	Prevalence (%)	95% CI	
			Lower	Upper
Broken bone / dislocated Joint	97	16.1	12.89	20.00
A cut or stab wound	113	19.0	14.62	24.23
Concussion / head or neck injury, knocked out or could not breathe	35	6.3	3.80	10.38
Bad burn	13	2.7	1.22	5.68
Poisoned	12	2.5	1.07	5.59

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 Pahang, 2017

	Unweighted Count	Prevalence (%)	95% CI	
			Lower	Upper
In a motor vehicle accident or hit by a motor vehicle	83	14.5	11.02	18.82
Fell	194	33.6	30.42	37.03
Something fell or hit him/her	39	6.9	5.06	9.32
Attacked or abused or fighting with someone	25	4.9	2.65	8.88
In a fire or too near a flame or something hot	14	2.7	1.31	5.31
Inhaled or swallowed something bad	6	1.1	0.47	2.38

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	<p>Work closely with recruitment group for employment of RA</p> <p>Prepare Questionnaires manual, Data collection manual</p> <p>Meeting with Liason Officers</p> <p>Planning for data collection training</p> <p>Prepare security cards/name tags for research team</p> <p>Arrangement for advanced payment for team managers, nurses and drivers</p> <p>Process claims of MOH staff</p> <p>Prepare tickets for travelling</p> <p>Monitor the expenditure/budget</p>	<p>Dr. Muhammad Fadhli bin Mohd Yusoff</p> <p>Dr. S. Maria Binti Awaluddin</p> <p>Pn. Hamizatul Akmal binti Abd Hamid</p> <p>Pn. Wan Shakira binti Rodzlan Hasani</p> <p>Cik Nur Hazwani Binti Mohd Hasri</p>
2	Survey Research Centre	<p>Calculate the sample size</p> <p>Determine the sample distribution by state</p>	<p>Dr. Muhammad Fadhli bin Mohd Yusoff</p> <p>Pn. Norazizah binti Ibrahim Wong</p> <p>Pn. Wan Shakira binti Rodzlan Hasani</p>
3	ICT Unit	<p>Maintenance of the scanning machine</p> <p>Daily back up for databases</p>	<p>Pn. Siti Nor'ain Binti Hashim</p> <p>En. Sulaiman Bin Harun</p> <p>En. Yusmirol Bin Yusop</p> <p>En. Andy Bin Mustaming</p>
4	Central Field Supervisors	<p><u>Before Data Collection</u></p> <p>Central Field Supervisors are expected to prepare for the initiation of data collection. The preparation tasks include:</p>	<p>Dr Nor Asiah Binti Muhamad</p> <p>Dr Nur Liana Binti Ab Majid</p>

		<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"> • Human resources are available: Field Supervisors, Team leaders, Research Assistants and drivers. • Manage transport: Vehicles • Manage survey instruments and relevant form • Manage lodging for data collectors <p><u>During Data Collection</u></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>Specify data structure for data processing</p>	<p>Dr. Mohd Azahadi bin Omar</p> <p>Dr. Rajini a/p sooryanarayana</p>

		<p>and data output requirement</p> <p>Responsible for data entry and data cleaning</p> <p>Monitoring and evaluation of QC performance for data processing</p>	<p>Dr. Fazila Haryati Binti Ahmad</p> <p>Pn. Nazirah Binti Alias</p>
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/I 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

PAHANG

Liaison Officer

Suriati Binti Zakaria

Field Supervisor

1. Muslimah Binti Yusof
2. Mohamad Hasnan Bin Ahmad

Nutritionist

1. Nur Shazwani binti Ahmad Nazri
2. Shalina binti Ramli
3. Lai Wai Kent
4. Tiew Kee Fong
5. Fazrina binti Jamharee
6. Mohd Faez bin Bachok
7. Nurul Hidayah binti Whakiddin
8. Norafifah binti Ahmad Shabri
9. Nur Nadia binti Zambri

Drivers

1. Mr. Wan Mohd Aharulnizam Bin
Wan Abd Aziz
2. Mr. Muhammad Syamil Bin Abdul
Rahim
3. Mr. Hasmizan Bin Mukhtar
4. Mr. Muhammad Shairul Azizie Bin
Abdul Razak
5. Mr. Muhammad Yusof Bin Fadzil
6. Mr. Mohd Zorani Bin Siwok
7. Mr. Abdullah Bin Ishak

Research Assistants

1. Ms. Najihah Binti Mohd Shahril
2. Ms. Noraini Binti Abdullah@Ab Ghani
3. Ms. Nursahila Binti Abdul Hamid
4. Mr. Khairul Hazmi Bin Haslan
5. Ms. Maisarah Binti Norhizat
6. Ms. Nurul Nadia Binti Mohd Ghazali
7. Ms. Norhayati Binti Kamarudin
8. Mr. Muhamad Fateh Bin Mustafa
9. Mr. Ahmad Zamri Bin Idris

Appendix 7: Questionnaire & OMR

iku
INSTITUTE FOR PUBLIC HEALTH

**KEMENTERIAN
PENDIDIKAN
MALAYSIA**

**TINJAUAN KEBANGSAAN
KESIHATAN DAN MORBIDITI
NATIONAL HEALTH AND
MORBIDITY SURVEY**

**NHMS
2017**

**TINJAUAN KESIHATAN REMAJA
BORANG SOAL SELIDIK**

**SILA KEMBALIKAN
BORANG SOAL SELIDIK INI
SELEPAS MENJAWAB**

**JANGAN CONTENG
BORANG SOAL SELIDIK INI**

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. Berceraai
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?

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

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

- a. Ya
Yes
- b. 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?

- a. Ya
Yes
- b. 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?

- a. 0 kali
0 times
- b. 1 kali
1 time
- c. 2 atau 3 kali
2 or 3 times
- d. 4 hingga 5 kali
4 to 5 times
- e. 6 kali atau lebih
6 or more times

36. Berapa ramai kawan rapat yang anda ada?
How many close friends do you have?

- a. 0 kawan
0 friends
- b. 1 kawan
1 friend
- c. 2 kawan
2 friends
- d. 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, amfetamin, 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 terganggu 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

	<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



INSTITUT KESIHATAN UMUM
KEMENTERIAN KESIHATAN MALAYSIA
Jalan Bangsar
50590 Kuala Lumpur

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