THE REALITY OF ADOLESCENT VIOLENCE IN MALAYSIA:

INSIGHTS FROM THE ADOLESCENT HEALTH SURVEY 2022

Mohd Hazrin Hasim[1], Hamizatul Akmal Abd Hamid[1], LeeAnn Tan[1], Nur Faraeein Zainal Abidin[1], Shubash Shander Ganapathy[1], Noor Raihan Khamal[2], Nor Rahidah Abd Rahim[2], Noor Suraya Muhamad[3]

[1] Institute for Public Health, Malaysia, [2] Disease Control Division, Ministry of Health Malaysia, [3] Counseling Psychology Unit, Hospital Tuanku Jaafar, Seremban, Malaysia

INTRODUCTION

Violence (both physical fights and attacks) is a global public health concern that has a serious impact on adolescent growth and development, as well as cost implications for health care, social welfare, criminal justice services, and costs related to productivity losses. Violence is defined as the intentional use of threatened or actual physical force or power against oneself, another person, or a group or community, which results in or has a high likelihood of resulting in injury, death, psychological harm, poor development, or deprivation. [1]

In Malaysia, like in many countries, understanding the prevalence and patterns of physical fights and physical attacks among adolescents is of paramount importance. According to the Adolescent Health Survey (AHS) 2017, 25.3% (95% CI: 24.13, 26.54) of adolescents reported experiencing physical attacks, while 24.9% (95% CI: 23.50, 26.21) claimed to have been involved in physical fights.[2] These statistics underscore the significance of addressing violence among adolescents in the Malaysian context.

The objective of this study is to delve deeper into the prevalence, determinants, and consequences of physical fights and physically attacked among adolescents in Malaysia. By examining the factors associated with these behaviours and their impact on the well-being of young individuals, this research aims to inform evidence-based interventions and policies that can enhance the safety and overall health of adolescents in the country.

METHODOLOGY

2.1 Participants

For this study, the data was extracted from the National Health and Morbidity Survey (NHMS) 2022: Adolescents Health Survey. This survey a cross-sectional study targeted was conducted among 33,128 at school-going adolescents in Malaysia aged 13 to 17. (Table 1) A two-stage stratified cluster sampling was applied to ensure the representativeness of the samples. The first stage involves selecting schools with stratification by state, and the second stage consists of the selection of the classes at the schools chosen. All students within the selected classes were recruited as respondents. The selection of schools within the state was performed using systematic probability sampling proportionate to school enrolment size, while the selection of the classes was by systematic random sampling.

2.2 Measures

Data on violence was collected using a validated self-administered bilingual questionnaire adopted from the Malaysian Adolescent Health Survey (AHS) 2022. The optical answer sheets were used, and the answer sheets were anonymous to ensure student confidentiality.

2.3 Data Analysis

The self-administered data from Optical Mark Recognition (OMR) form was captured by the scanner in Excel form and exported to SPSS statistical software version 22 for analysis. Data on substance use and selected variables were extracted from the NHMS's data.

2.4 Ethical Considerations

This study obtained ethical approval from the Medical Research and Ethics Committee (MREC), Ministry of Health Malaysia, and approval from the Education Planning and Research Division, Ministry of Education Malaysia.

Table 1: Socio-demographic Characteristics (N=33,128)

Socio-demographic characteristic	n	Percentage (%)
Male	15493	46.2
Female	18030	53.8
Age		
13 years old	7131	21.3
14 years old	6902	20.6
15 years old	6502	19.4
16 years old	6738	20.1
17 years old	6250	18.6

RESULTS

Overall, the study found that among the 33,128 participants, the prevalence of violence was 16.0% (95% CI: 15.28, 16.81). Gender disparities were evident, with 18.9% (95% CI: 17.83, 19.95) of males and 13.2% (95% CI: 12.46, 14.01) of females reporting involvement in violent incidents. (Table 2)

The results indicated that males had a higher odds ratio (Crude OR: 1.527, p<0.001; Adjusted OR: 1.516, p<0.001) for violence compared to females. Age was also a significant factor, with adolescents aged 13, 14, and 15 years old having higher odds of violence compared to 17-year-olds. (Table 3)

Table 2: Prevalence of Violence By Socio-demographic

Socio-demographic characteristic	Count (n)	Estimated Population	Prevalence (%)	95% Confidence Interval	
				Lower	Upper
Overall	**5225**	**329107**	**16.0**	**15.28**	**16.81**
Sex					
Male	2867	192964	18.9	17.83	19.95
Female	2358	136143	13.2	12.46	14.01
Age					
13 years old	1411	85379	19.7	18.11	21.3
14 years old	1266	80931	18.9	17.56	20.37
15 years old	973	64939	15.5	14.06	17.06
16 years old	859	51276	13.2	11.59	15.08
17 years old	716	46582	12.1	10.82	13.51
Hunger					
Most of the times or always	277	16650	32.3	28.28	36.5
Never, rarely, sometimes	4947	312389	15.6	14.87	16.38
Loneliness					
Yes	1370	87956	26.3	24.8	27.77
No	3855	241151	14	13.28	14.84
Have any close friend					
No	320	20924	24.6	21.68	27.7
Yes	4904	308074	15.7	14.89	16.46
Tobacco use					
Yes	704	44100	34.6	31.65	37.76
No	4515	284680	14.8	14.07	15.56
Alcohol consumption					
Yes	550	41429	27.2	24.86	29.71
No	4675	287678	15.1	14.38	15.93
Drug use					
Yes	438	27561	46.2	41.91	50.57
No	4743	299147	15.1	14.38	15.84
Truancy					
Yes	1887	120312	23	21.54	24.44
No	3312	207338	13.6	12.95	14.3
Parental or guardian connectedness					
Does not have sufficient parental or guardian connectedness	4128	258828	16.7	15.92	17.49
Has sufficient parental or guardian connectedness	1065	68452	13.8	12.67	15.1
Being bullied in the past 30 days					
Yes	1285	80391	45.8	43.36	48.24
No	3936	248367	13.2	12.61	13.9

Table 3: Factor Associated with Violence Among School-going Adolescents in Malaysia

Socio-demographic characteristic	Crude OR				Adjusted OR			
	Exp(B)	95% Confidence Interval		p-value	Exp(B)	95% Confidence Interval		p-value
		Lower	Upper			Lower	Upper	
Sex								
Male	1.527	1.406	1.659	0.000	1.516	1.383	1.661	0.000
Female	1				1.000			
Age								
13 years old	1.777	1.525	2.071	0.000	1.980	1.675	2.341	0.000
14 years old	1.696	1.453	1.979	0.000	1.816	1.546	2.134	0.000
15 years old	1.333	1.131	1.571	0.001	1.437	1.219	1.694	0.000
16 years old	1.108	0.931	1.320	0.248	1.187	0.999	1.411	0.051
17 years old	1.000				1.000			
Hunger								
Most of the times or always	2.574	2.134	3.104	0.000	1.572	1.279	1.931	0.000
Never, rarely, sometimes	1.000				1.000			
Loneliness								
Yes	2.180	2.002	2.373	0.000	1.984	1.801	2.186	0.000
No	1.000				1.000			
Have any close friend								
No	1.754	1.476	2.084	0.000	1.168	0.958	1.424	0.124
Yes	1.000				1.000			
Tobacco use								
Yes	3.052	2.618	3.557	0.000	2.013	1.686	2.404	0.000
No	1.000				1.000			
Alcohol consumption								
Yes	2.097	1.853	2.373	0.000	1.684	1.487	1.908	0.000
No	1.000				1.000			
Drug use								
Yes	4.832	4.043	5.774	0.000	2.237	1.861	2.690	0.000
No	1.000				1.000			
Truancy								
Yes	1.891	1.742	2.053	0.000	1.647	1.493	1.817	0.000
No	1				1.000			
Parental or guardian connectedness								
Does not have sufficient parental or guardian connectedness	1.247	1.136	1.370	0.000	1.115	1.010	1.231	0.031
Has sufficient parental or guardian connectedness	1				1.000			
Being bullied in the past 30 days								
Yes	5.535	4.999	6.127	0.000	3.886	3.526	4.283	0.000
No	1				1.000			

DISCUSSION

The decline in the prevalence of adolescent violence from the AHS 2017 (24.9%) to AHS 2022 (16%) may indeed be attributed to various factors, and the implementation of Movement Control Order in 2021 in Malaysia could have played a significant role in contributing to this downward trend. Here are some ways in which MCO measures may have influenced the reduction in adolescent violence.

To gain a broader perspective on adolescent violence, it is valuable to compare Malaysia's prevalence rates with those of neighbouring countries. For instance, the Philippines reported a prevalence rate of 22.3% in 2017, while Vietnam reported a prevalence rate of 28.3% in 2020. These international comparisons highlight that Malaysia's prevalence rate is relatively lower, underscoring the potential success of the country's strategies for violence prevention among adolescents.

CONCLUSION

Adolescent Health Survey 2022 for violence offers valuable data for policymakers, healthcare professionals, educators, and community leaders to inform evidence-based interventions and policies aimed at further reducing adolescent violence in Malaysia. By addressing the identified risk factors and promoting a culture of respect, understanding, and support, we can continue to make progress in enhancing the well-being and safety of our nation's adolescents.

REFERENCES

[1] World Health Organisation, "Youth Violence." Accessed: Oct. 05, 2023. [Online]. Available: https://www.who.int/news-room/fact-sheets/detail/youth-violence

[2] Institute for Public Health, "Adolescent Health Survey 2017," 2017. Accessed: Oct. 05, 2023. [Online]. Available: https://iku.moh.gov.my/images/IKU/Document/REPORT/NHMS2017/AHSReportNHMS2017.pdf

[3] Z. S. Bidarra, G. Lessard, and A. Dumont, "Co-occurrence of intimate partner violence and child sexual abuse: Prevalence, risk factors and related issues," Child Abuse Negl, vol. 55, pp. 10–21, May 2016, doi: 10.1016/j.chiabu.2016.03.007.