



KEMENTERIAN KESIHATAN MALAYSIA



KEMENTERIAN PENDIDIKAN MALAYSIA

NATIONAL HEALTH & MORBIDITY SURVEY 2022

ADOLESCENT HEALTH SURVEY 2022



KEDAH

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LIST OF ABBREVIATIONS

AHS	Adolescent Health Survey
BOD	Burden of Disease
CDC	Centers for Disease Control and Prevention
GSHS	Global School-based Student Health survey
IPH	Institute for Public Health
NMRR	National Medical Research Register
UNICEF	United Nations Children’s Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNODC	United Nation Office on Drug and Crime
WHO	World Health Organization

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EXECUTIVE SUMMARY

The Adolescent Health Survey (AHS) 2022 was conducted from June to July 2022 with the aim of determining the prevalence of health risk behaviours and protective factors among adolescents in Malaysia. This nationwide cross-sectional survey used a two-stage stratified sampling design and a validated self-administered questionnaire. Out of 2798 secondary schools under the Ministry of Education (MOE) and the Ministry of Rural and Regional Development (MARA), 240 schools were randomly selected and a total of 37,479 students were eligible to participate in the survey. The findings showed that a total of 239 schools with 33,523 adolescents were involved in this study, resulting in an overall response rate of 89.0%. In Kedah, 16 secondary schools were randomly selected, and out of 2312 eligible students, 2172 students completed the survey, yielding a response rate of 93.9%.

Kedah Key Findings

The study revealed that the prevalence of current use of any tobacco products, current tobacco smokers, current cigarette smokers and current e-cig/vape users among adolescents in Kedah was 17.5%, 8.7%, 5.4% and 12.6% respectively. The prevalence of current alcohol drinkers among adolescents was 2.8%. While the prevalence of ever-alcohol drinkers among adolescents in Kedah was 8.2%, 72.1% of them had their first alcoholic beverage before the age of 14 years. The prevalence of ever having sex and had sex in the past 30 days among adolescents was 8.3% and 6.1%, respectively. Of those who ever had sex, 41.5% had their first sexual experience before age 14, and 14.6% had at least two sexual partners. Only 13.1% of respondents or their partners had used condoms, while 16.3% used other birth control methods. A total of 19.7% of adolescents had been seriously injured in the past 12 months, with the two most common causes of injury being falls and motor vehicle accidents. Among respondents, 12.9% claimed to have been physically attacked in the past 12 months, while 14.5% of adolescents claimed to have been involved in physical fights. With regards to bullying, 7.3% reported having been bullied in the past 30 days. A total of 13.1% of adolescents in Kedah reported feeling lonely, and 9.9% 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 8.5%, 7.2%, and 6.9%, respectively. Overall, 22.9% of adolescents reported being depressed. The prevalence of truancy among adolescents in the past 30 days was 27.2%, and only 43.2% claimed to have peer support. Adolescents who reported having parental or guardian supervision, parental or guardian connectedness and parental or guardian bonding were 11.2%, 25.8% and 35.6%, respectively. Overall, 82.9% of adolescents reported brushing their teeth twice a day in

the past 30 days. A total of 38.1% of adolescents reported not knowing whether their toothpaste contained fluoride while only 21.4% used dental floss. In the past 30 days, 71.1% always used soap when washing their hands, 88.8% always washed their hands before eating, and 83.6% reported that they always washed their hands after using the toilet. In relation to dietary behaviours, 2.4% 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 42.3% and vegetables at least thrice daily was 24.4% in the past 30 days. Consumption of carbonated drinks at least once daily in the past 30 days was reported at 27.8%, while 11.2% consumed food from fast food restaurants for at least three days in the past seven days. The prevalence of stunting and thinness among adolescents was 7.5% and 8.3%, respectively, while the prevalence of overweight was 17.3% and obesity was 15.2%. Prevalence of being physically active was 19.2% and 24.5% of adolescents reported active transportation to school. In addition, 60.9% of adolescents had spent at least three hours on a typical or usual day in sitting activities. Overall, 5.2% reported had ever used drug.

Malaysia Key Findings

The study revealed that the prevalence of current use of any tobacco products, current tobacco smokers, current cigarette smokers and current e-cig/vape users among adolescents in Malaysia was 18.5%, 9.0%, 6.2% and 14.9% respectively. Among those who smoked cigarettes and among those who used e-cig/vape, 65.7% had initiated cigarette smoking, and 48.5% had initiated e-cig/vape use, respectively, before the age of 14 years. The prevalence of current alcohol drinkers among adolescents was 7.4%. While the prevalence of ever-alcohol drinkers among adolescents in Malaysia was 18.6%, 64.6% of them had their first alcoholic beverage before the age of 14 years.

The prevalence of ever having sex and had sex in the past 30 days among adolescents was 7.6% and 5.7%, respectively. Of those who ever had sex, 32.8% had their first sexual experience before age 14, and 10.7% had at least two sexual partners. Only 11.8% of respondents or their partners had used condoms, while 11.9% used other birth control methods. A total of 20.4% of adolescents had been seriously injured in the past 12 months, with the two most common causes of injury being falls and motor vehicle accidents. Among respondents, 14.8% claimed to have been physically attacked in the past 12 months, while 16.0% of adolescents claimed to have been involved in physical fights. With regards to bullying, 8.6% reported having been bullied in the past 30 days.

A total of 16.2% of adolescents in Malaysia reported feeling lonely, and 4.2% said that they had no close friends. A total of 12.9% 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 13.1%, 10.0%, and 9.5%, respectively. Overall, 26.9% of adolescents reported being depressed. The prevalence of truancy among adolescents in the past 30 days was 25.6%, and only 46.0% claimed to have peer support. Adolescents who reported having parental or guardian supervision, parental or guardian connectedness and parental or guardian bonding were 9.9%, 24.2% and 33.4%, respectively. Overall, 82.2% of adolescents reported brushing their teeth twice a day in the past 30 days. A total of 43.3% of adolescents reported not knowing whether their toothpaste contained fluoride while only 21.4% used dental floss. In the past 30 days, 69.3% always used soap when washing their hands, 84.5% always washed their hands before eating, and 86.5% reported that they always washed their hands after using the toilet.

In relation to dietary behaviours, 2.5% 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 37.3% and vegetables at least thrice daily was 27.1% in the past 30 days. Consumption of carbonated drinks at least once daily in the past 30 days was reported at 32.4%, while 10.6% consumed food from fast food restaurants for at least three days in the past seven days. The prevalence of stunting and thinness among adolescents was 6.8% and 8.3%, respectively, while the prevalence of overweight was 16.2% and obesity was 14.3%. 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 21.4% and 27.0% of adolescents reported active transportation to school. In addition, 66.7% of adolescents had spent at least three hours on a typical or usual day in sitting activities.

Recommendations:

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

- Strengthening the multi-approach school-based nutrition and physical activity intervention to motivate behaviour modification for improving healthy eating and lifestyle amongst adolescents.
- Improving the national school curriculum that teaches life skills such as effective coping strategies as part of “Program Minda Sihat”.
- A more comprehensive sexual and reproductive health education programmes should be planned and executed among adolescents.
- Strengthening the current law and taking legal action in controlling the accessibility of tobacco products.

1.0 INTRODUCTION

Adolescence is a life phase in which the opportunities for health are great and future patterns of adult health are established; it is a critical stage in life with significant physical, emotional, cognitive, and social development and other disruptions in their communities.¹ As much as one-third of the global Burden of Disease (BOD) is attributable to adolescent behavioural choices and events.² In order to improve adolescent health globally, the World Health Organization (WHO) has initiated the development of the health risk behaviours measurement tools known as the Global School-based Student Health Survey (GSHS).³ More than 140 countries have used the GSHS to periodically monitor the prevalence of important health risk behaviours and protective factors among adolescents.⁴ In Malaysia, adolescents comprise approximately 15.6% of the total Malaysian population, and the national data on health risks and behaviours are fundamental in developing policies and programmes for adolescents. Thus, the Ministry of Health, Malaysia took a step forward in collaborating with the WHO to conduct the first GSHS Malaysia in 2012 among adolescents aged 13 to 17 years, which aimed to determine the baseline of the health status of adolescents in Malaysia.⁵ In 2017, the second adolescent health study (AHS) using the GSHS methods and questionnaire was conducted in the country.⁶ These surveys revealed an increasing trend of health risk behaviours among adolescents in Malaysia.^{5,6} With the increasing trend of non-communicable disease risk factors and other behaviour-related risks, it is timely for the survey to be repeated in 2022 to further monitor the health status of adolescents in the country. The Ministry of Health conducted this third national survey on adolescents with the co-operation from the Ministry of Education to determine the prevalence of health risk behaviours and protective factors among adolescents in Malaysia.

1.1 Objectives

1.1.1 General Objectives

To determine the prevalence of health risk behaviours and protective factors among adolescents in Malaysia.

1.1.2 Specific Objectives

To determine the prevalence of:

- i. Alcohol use
- ii. Dietary behaviours
- iii. Drug use
- iv. Hygiene (including oral health)
- v. Mental health problems
- vi. Physical activity
- vii. Protective factors
- viii. Sexual behaviours
- ix. Tobacco use
- x. Violence and unintentional injury
- xi. Adolescents' perspectives on the impact of the COVID-19 pandemic on their families

2.0 METHODOLOGY

2.1 Study Design

The National School-Based Student Health Survey 2022 was a nationwide cross-sectional study of secondary school adolescents in Malaysia.

2.2 Sampling Frame and Target Population

The sampling frame comprised national secondary schools registered in 2021, which include government schools and private schools under the purview of the Ministry of Education (MOE) and the Ministry of Rural and Regional Development (MARA). According to the frame, there were 2798 secondary schools in Malaysia (**Table 2.1**). An equal proportion was sampled from 13 States and three Federal Territories to represent adolescents in each State / Federal Territories. The target population was secondary school adolescents aged between 13 to 17 years studying in form 1 until form 5 based on the local school categorization.

2.3 Sample Size Calculation

The sample size was calculated based on the objectives of each module using the sample size calculation formula for a single proportion. The sample size calculation was based on a few criteria, as stated below:

$$n_0 = \frac{z_{\alpha/2} p(1-p)}{e^2}$$

Where:

- Variance of proportion of the variable of interest (Based on AHS 2017 survey)
- Margin of error (e) (Between 0.01 to 0.05)
- Confidence interval of 95%

To ensure optimum sample size to estimate the prevalence of the health conditions specified in the survey with acceptable precision, a few adjustments were made to the sample size calculation as follows:

- design effect (deff) of 2,
- nonresponse rates of 20%, and
- The sample size was then adjusted according to the need of the analysis, whether the estimates were going to be done at the national or the state level.

Thus, the final sample sizes for adolescents at national and state levels were 36,000 and 2250, respectively (**Table 2.1**)

Table 2.1: Distribution of secondary schools sampled, by state

No.	State / Federal Territories	Total Number of Schools	Number of Schools Sampled	Number of adolescents sampled
1	Johor	328	16	2250
2	Kedah	219	16	2250
3	Kelantan	189	16	2250
4	Melaka	88	16	2250
5	N. Sembilan	142	16	2250
6	Pahang	211	16	2250
7	Pulau Pinang	148	16	2250
8	Perak	276	16	2250
9	Perlis	33	16	2250
10	Selangor	380	16	2250
11	Terengganu	166	16	2250
12	Sabah	245	16	2250
13	Sarawak	214	16	2250
14	WP Kuala Lumpur	135	16	2250
15	WP Labuan	12	8	2250
16	WP Putrajaya	12	8	2250
Total		2798	240	36000

2.4 Sampling Design

The country was stratified according to the 16 states, including federal territories, for the sampling. A multistage stratified cluster sampling method was used, and it involved two stages. The first stage was the selection of secondary schools from all eligible schools in Malaysia. Subsequently, the 240 schools were selected randomly with probability proportional to enrolment (PPS) in forms 1, 2, 3, 4, and 5. In each state, 16 secondary schools were selected, except for 2 smaller federal territories (Labuan, Putrajaya - 8 schools each) (**Table 2.1**). The second stage involved the selection of classes (secondary sampling units). All classes in forms 1, 2, 3, 4, and 5 were included in the sampling frame. Systematic probability sampling with a random start was used to select classes from each selected school. All adolescents in the selected classes were invited to involve in the survey.

2.5 Ethical Approval and Consent Forms

Ethical approval was obtained from the Medical and Research Ethics Committee (MREC), Ministry of Health, Malaysian (NMRR-21-157-58261). The permission to conduct the study was obtained from the Ministry of Education at the national, state and school levels. Only consented adolescents with consented parents were included in the study. Their participation in the study was voluntary.

2.6 Study Instrument

A validated self-administered questionnaire was used for data collection in NHMS 2022. The questionnaires were translated into the Malay, Chinese and Tamil languages and back-translated to English to ensure the quality of the translation. The questionnaires were then field-tested, revised, finalised, and approved by the NHMS 2022 Questionnaire Review Committee. The questionnaire consisted of 10 core modules and 1 additional module, which included the following topics:

- Alcohol use
- Dietary behaviours
- Drug use
- Hygiene (including oral health)
- Mental health problems
- Physical activity
- Protective factors
- Sexual behaviours
- Tobacco use
- Violence and unintentional injury
- Adolescents' perspectives on the impact of the COVID-19 pandemic on their families

2.7 Data Collection

This cross-sectional survey was conducted from June to July 2022 among adolescents in forms 1, 2, 3, 4, and 5 across Malaysia by 34 data collection teams: two teams for each state in Peninsular Malaysia, including Labuan and three teams for Sabah and Sarawak. Each state was assigned a field supervisor to oversee survey activities. A one-week training workshop was conducted for the field supervisor and 133 temporary data collectors before data collection. After completing the training, the assigned field supervisor and data collection teams travelled to their respective sites to conduct the survey at the selected schools. The adolescents answered the questionnaires on the optical mark recognition (OMR) answer sheet. The team leader verified the OMR sheets before posting them to Institute for Public Health (IPH).

2.8 Quality Control

Quality control of the whole survey was done at various stages. During the planning stage, quality was ensured through a robust survey design, validated questionnaires and tools, manuals, and standardised training. In the field, the team leader and field supervisor checked the quality of the data collected. At the same time, members of the Central Coordinating Team (CCT) at IPH monitored data collection progress and conducted data quality control on a weekly basis. Figure 1 detailed the organization chart at Institute for Public Health level.

2.9 Data Processing and Quality Centre

All data processing and quality activities were centralised at IPH, starting from receiving the OMR bundles from the field until the handover of the dataset to the data analysis team. Four stations were set up at this Centre to ensure the activity ran smoothly (Figure 2).

2.10 Data Analysis

SPSS version 26.0 was used for data analysis. The data was examined for quality control and cleaned for any inconsistencies. Analysis was done according to objectives, working definition and dummy tables prepared by each research team. A complex sample analysis procedure was performed with a 95% confidence interval. Prevalence and percentages were used to illustrate the findings of each scope.

2.11 References

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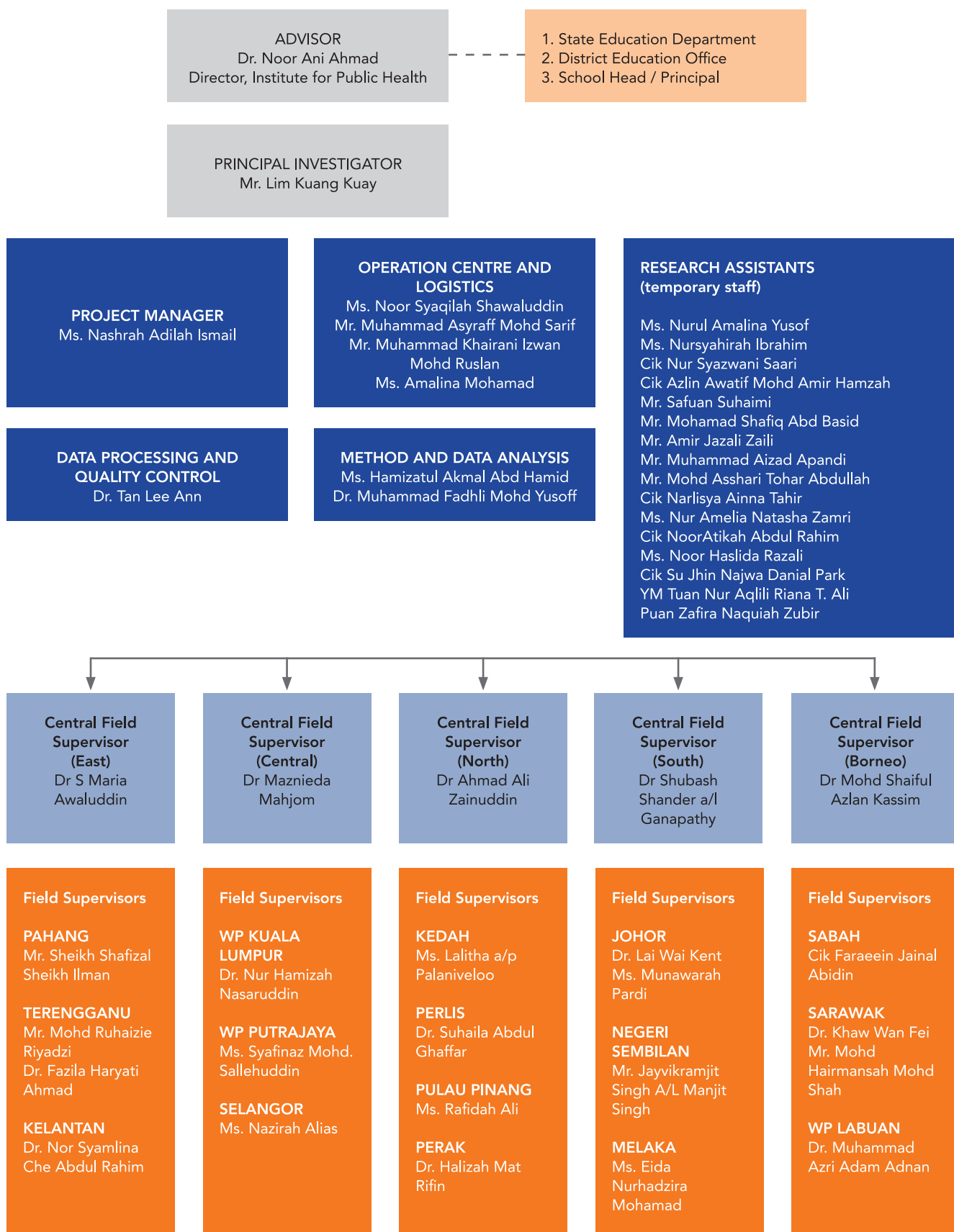


Figure 1: Organisation chart for data collection team NHMS 2022

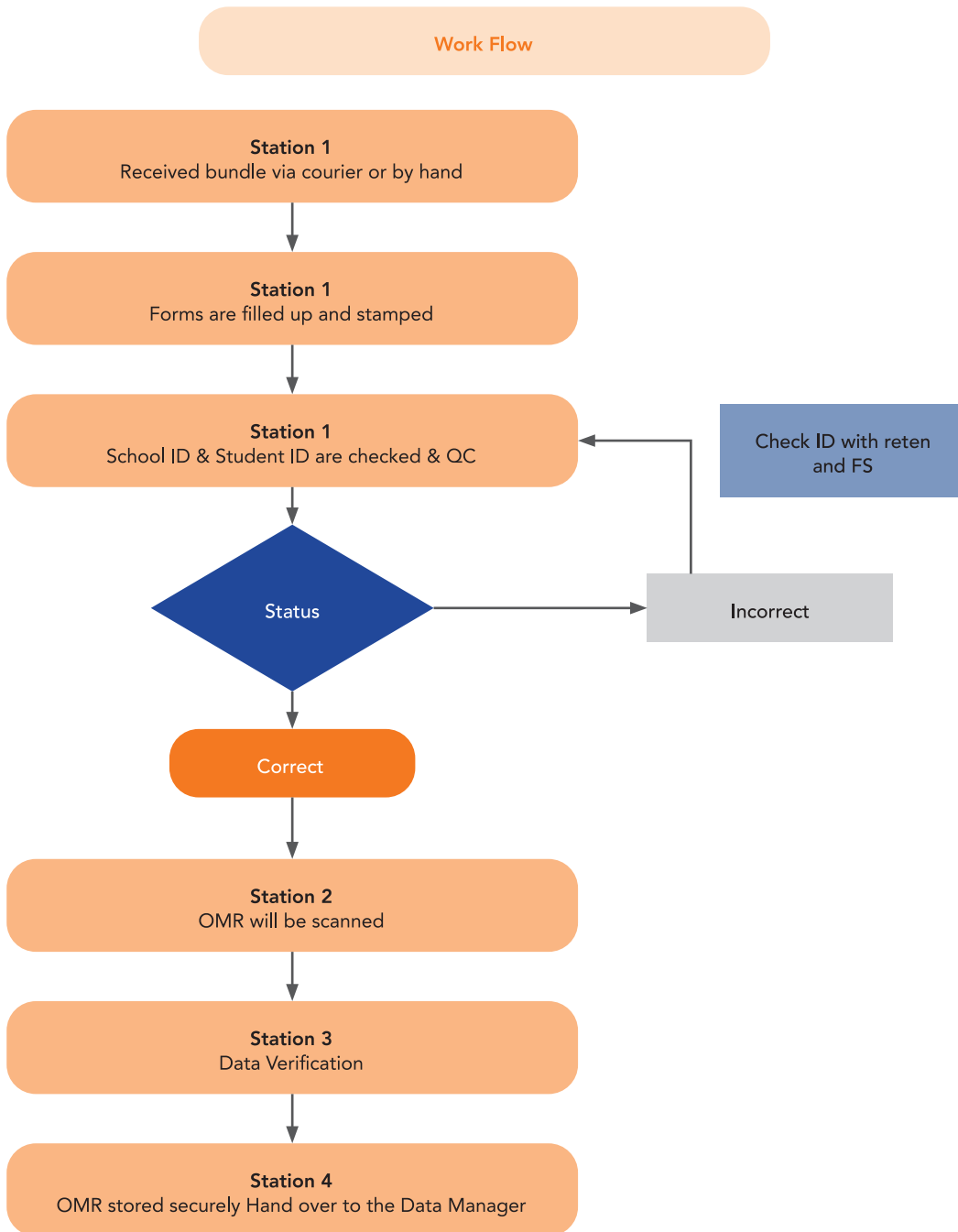


Figure 2: Workflow of Data Processing NHMS 2022

3.0 FINDINGS

3.1 General Findings

Overall, 239 out of 240 schools participated in the survey, resulting in a 99.6% school response rate. The response rate for classes was 100% and the student's response rate was 89.4% (n=33,523). Thus, the overall response rate was 89.0%. Based on the state, the highest number of adolescents who participated in the survey were from Terengganu (95.9%), and the lowest was WP Putrajaya (83.4%) (Table 3.1.1). The geographic information system (GIS) on the mapping of selected secondary schools is shown in Figure 3.

Table 3.1.1: Response rate at student level, by state, 2022

State	Selected Schools	Eligible Adolescents	Completed OMR forms	Response Rate (%)
Johor	16	2336	2005	85.83
Kedah	16	2312	2172	93.94
Kelantan	16	2368	2138	90.29
Melaka	16	2373	1986	83.69
N. Sembilan	16	2422	2210	91.25
Pahang	16	2382	2171	91.14
Pulau Pinang	16	2300	2044	88.87
Perak	16	2384	2126	89.18
Perlis	16	2160	2004	92.78
Selangor	16	2366	2048	86.56
Terengganu	16	2314	2219	95.89
Sabah	16	2342	2086	89.07
Sarawak	16	2442	2189	89.64
WP Kuala Lumpur	16	2338	2114	90.42
WP Labuan	8	2267	2033	89.68
WP Putrajaya	8	2373	1978	83.35
Total	240	37479	33523	89.44

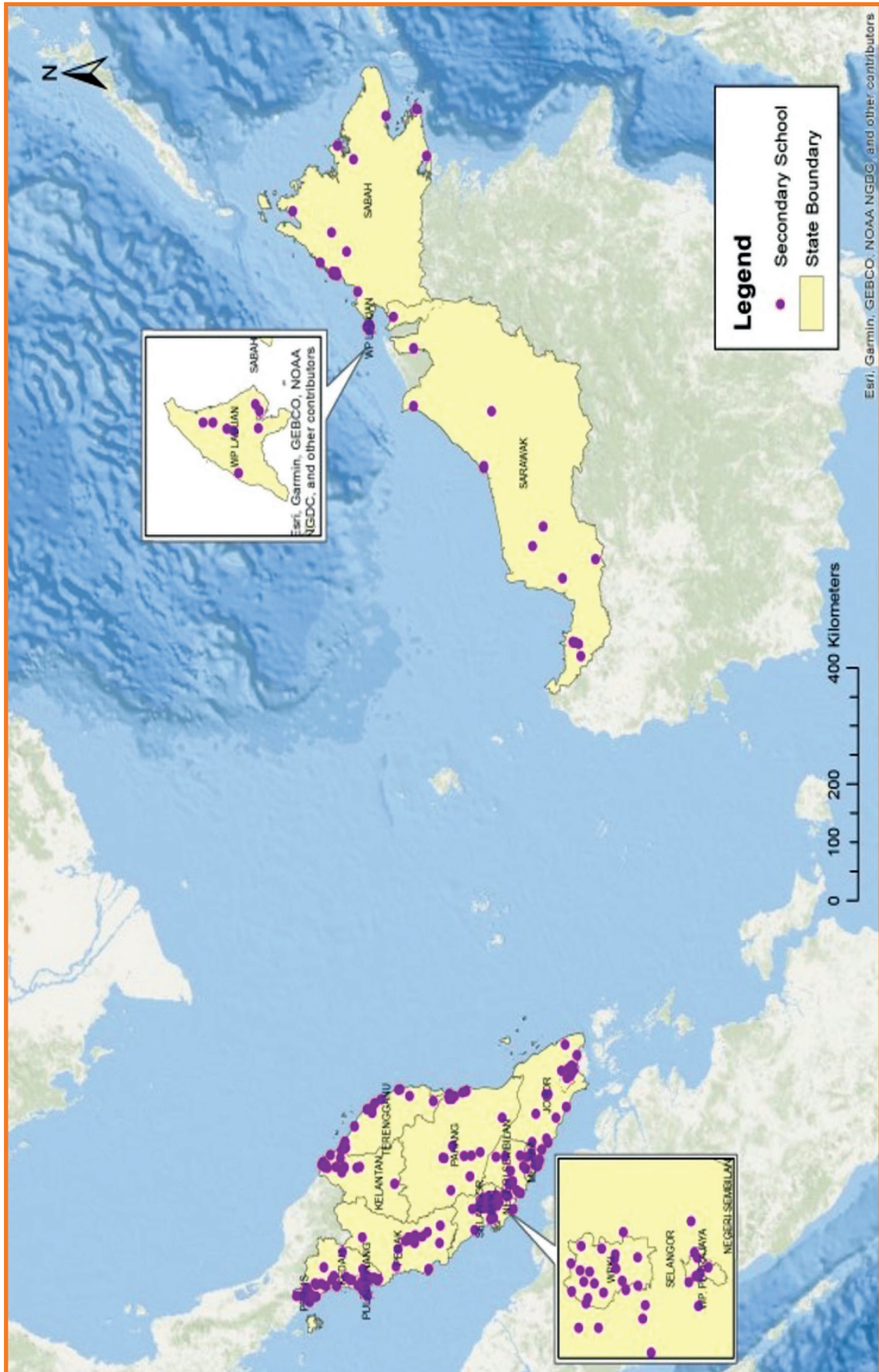


Figure 3: GIS mapping of the selected secondary schools

3.2 Alcohol Consumption

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3.2.1 Introduction

Annually, the harmful use of alcohol results in approximately 3 million deaths worldwide¹. Alcohol is responsible for 5.1% of the global burden of disease and injury, as measured by disability-adjusted life years (DALYs)¹. It is the main cause of premature death and disability in individuals aged 15 to 49, accounting for 10% of all deaths in this age group². The alcohol-attributable burden is the second largest among all risk factors contributing to disability-adjusted life years³.

3.2.2 Objectives

- i. To determine the prevalence of ever and current drinkers among adolescents
- ii. To describe the socio-demographic characteristics of ever and current drinkers among adolescents
- iii. To identify the age of alcohol drinking initiation among adolescents
- iv. To identify the sources of obtaining alcoholic beverages among adolescents
- v. To identify the prevalence of drunkenness among adolescents who consume alcohol
- vi. To determine the frequency of social problems related to alcohol consumption among adolescents

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

Ever Alcohol Drinkers

The prevalence of ever alcohol drinkers among adolescents in Kedah was 8.2% (95% CI: 5.36, 12.21). Males had a higher prevalence at 10.6% (95% CI: 6.52, 16.80) compared to females at 5.8% (95% CI: 3.48, 9.43). (Table 3.2.1)

Current Alcohol Drinkers

The prevalence of current alcohol drinkers was 2.8% (95% CI: 1.65, 4.70). (Table 3.2.2)

Initiation of First Alcohol Use Before 14 years old

Among ever alcohol drinkers, 68.5% had their first alcoholic beverage before the age of 14 years. (Table 3.2.3)

Sources of Obtaining Alcoholic Beverages Among Current Alcohol Drinkers

Among current alcohol drinkers, most (39.1%) adolescents obtained their alcoholic beverages from a store, shop or street vendor. (Table 3.2.3)

Social Problems as a Result of Alcohol Drinking

Overall, majority (70.6%) of the adolescents did not get into trouble with family or friends, missed school or got into a fight as a result of drinking alcohol among ever alcohol drinkers. (Table 3.2.4)

Parental and peer drinking

Parental drinking among current alcohol drinkers in Kedah was reported as 52.5%, while peer drinking was 82.0%.

Drunkenness

Among ever alcohol drinkers, only 29.2% reported drunkenness.

3.2.5 Discussion / Conclusion

In Kedah, the prevalence of current alcohol drinkers (2.8%) which was lower than the national prevalence of 7.4%. However, at 72.1%, the proportion of adolescents who drank alcohol for the first time before turning 14 years old was higher than the national sample (64.6%). Most adolescents obtained their alcoholic beverages from buying them from a store, shop or street vendor.

3.2.6 Recommendations

Given that adolescence is the age when adult habits and social standards are formed, it is essential to look into the issue of adolescent drinking. The detrimental effects of alcohol drinking at a young age should be made clear to parents and other caregivers through mass media. Enhance school-based prevention programmes in school with high rates of alcohol consumption to enable teachers to assess pupils for alcohol consumption and launch early intervention for such adolescents.

3.2.7 References

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Table 3.2.1: Prevalence of ever alcohol drinkers among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	167	11850	8.2	5.36	12.21
Sex					
Male	97	7587	10.6	6.52	16.80
Female	70	4263	5.8	3.48	9.43
Form					
Form 1	48	-	-	-	-
Form 2	42	2869	9.5	5.34	16.44
Form 3	28	1949	6.6	3.47	12.34
Form 4	34	-	-	-	-
Form 5	15	-	-	-	-
Ethnicity					
Malay	81	5670	4.6	3.02	7.04
Chinese	41	3060	48.9	43.43	54.46
Indian	28	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	14	812	40.8	21.71	63.09

-Prevalence with high RSE, not reported

Table 3.2.2: Prevalence of current alcohol drinkers among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	57	4063	2.8	1.65	4.70
Sex					
Male	33	2578	3.6	1.91	6.71
Female	24	-	-	-	-
Form					
Form 1	14	-	-	-	-
Form 2	17	-	-	-	-
Form 3	10	-	-	-	-
Form 4	11	-	-	-	-
Form 5	5	-	-	-	-
Ethnicity					
Malay	25	1761	1.4	0.91	2.27
Chinese	13	981	15.7	11.72	20.71
Indian	12	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	6	-	-	-	-

-Prevalence with high RSE, not reported

Table 3.2.3: Proportion of ever alcohol drinkers according to alcohol initiation age among adolescents in Kedah, 2022

Initiation age of alcohol drinking	Unweighted count	Percentage (%)
Below 14 years old	79	72.1
14 years old and above	29	27.9

Table 3.2.4: Usual sources of obtaining alcohol in the past 30 days among current drinkers among adolescents in Kedah, 2022

Sources of obtaining alcohol	Unweighted count	Percentage (%)
I bought from a store, shop or from a street vendor	19	39.1
I gave someone else money to buy it for me	1	-
I got it from my friend	8	-
I got it from my family	12	-
I stole it or got it without permission	2	-
I got it some other way	6	-

-Prevalence with high RSE, not reported

Table 3.2.5: Number of times (got into trouble with family or friends, missed school or got into a fight as a result of drinking alcohol) among ever alcohol drinkers (proportion) among adolescents in Kedah, 2022

Number of times	Unweighted count	Percentage (%)
0 times	117	70.6
1 to 2 times	34	19.6
3 to 9 times	7	-
10 or more times	9	5.5

-Prevalence with high RSE, not reported

3.3 Dietary Behaviours

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3.3.1 Introduction

The changes in dietary practices are required across all age ranges, but adolescence should be a focus of particular attention because the changes in lifestyle and the development of dietary habits during that stage of life have striking effects¹. Poor dietary intake during this life stage is closely related to overweight and obesity, and unhealthy eating practices which lead to detrimental health effects later in life². Therefore, a study was conducted to examine dietary practices with regards to fruit and vegetable intakes, carbonated drinks, plain water, milk and milk products intake and fast-food consumption among adolescents in Kedah. Establishing and consuming a nutrient-dense diet during the transition from adolescence into young adulthood may protect against future chronic diseases, promote optimal health outcomes and to prevent excess weight gain³.

3.3.2 Objectives

- i. To describe the prevalence of adolescents who had gone hungry in the past 30 days
- ii. To describe the prevalence of fruit intakes of at least twice daily in the past 30 days among adolescents
- iii. To identify the prevalence of vegetable consumption of at least three times daily in the past 30 days
- iv. To identify the prevalence of fruit and vegetables consumption of at least five times daily in the past 30 days
- v. To describe the prevalence of carbonated drink intake of at least once a day in the past 30 days
- vi. To describe the prevalence of plain water intake of less than 6 glasses per day in the past 30 days
- vii. To identify the prevalence of milk and milk product intakes of at least two times daily in the past 30 days
- viii. To identify the prevalence of fast-food consumption of at least three days in the past 7 days

3.3.3 Variable definitions

- **Gone Hungry:** Adolescents 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.
- **Fruit intakes:** Fruits intake of at least twice daily in the past 30 days, inclusive all types of fruits.
- **Vegetable intakes:** Vegetable intakes of at least three times daily in the past 30 days.
- **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.
- **Dairy product intake:** milk and milk product intakes at least two times daily in the past 30 days.
- **Fast food intake:** Consuming food from fast food outlets at least three days in the past seven days.

3.3.4 Findings

Gone hungry

About 2.4% (95% CI: 1.71, 3.29) of adolescents reported being hungry most of the time or always because there was not enough food at home in the past 30 days (**Table 3.3.1**). The prevalence of being hungry was 2.2% (95% CI: 1.28, 3.81) among male and 2.5% (95% CI: 1.78, 3.59) among female.

Fruit consumption

A total of 42.3% (95% CI: 40.12, 44.57) of adolescents consumed fruit at least twice daily in the past 30 days (**Table 3.3.2**). There were 43.1% (95% CI: 39.78, 46.50) of males and 41.6% (95% CI: 37.77, 45.48) of females who reported consuming fruit at least twice daily.

Vegetable consumption

About 24.4% (95% CI: 22.89, 26.02) of adolescents consumed vegetables at least three times daily in the past 30 days (**Table 3.3.3**). There were 27.3% (95% CI: 24.02, 30.74) of males and 21.7% (95% CI: 19.52, 23.99) of females who reported consuming vegetables at least three times daily.

Fruits and vegetables intake

About 16.6% (95% CI: 15.35, 17.84) of adolescents consumed fruits and vegetables at least five times daily in the past 30 days (**Table 3.3.4**). There were 18.3% (95% CI: 16.11, 20.81) of males and 14.8% (95% CI: 12.74, 17.18) of females who reported consuming fruits and vegetables of at least five times daily.

Never Consume Fruit

About 8.2% (95% CI: 6.02, 11.02) of adolescents reported never consume fruit in the past 30 days (**Table 3.3.5**). The prevalence of never consume fruit was 9.6% (95% CI: 6.83, 13.31) among male and 6.8% (95% CI: 5.02, 9.17) among female.

Never Consume Vegetable

About 9.9% (95% CI: 8.08, 11.96) of adolescents never consume vegetable in the past 30 days (**Table 3.3.5**). The prevalence of never consume vegetable was 10.1% (95% CI: 7.58, 13.27) among male and 9.6% (95% CI: 7.80, 11.86) among female.

Never Consume Fruit and Vegetable

A total of 2.3% (95% CI: 1.55, 3.34) of adolescents never consume fruit and vegetable in the past 30 days (**Table 3.3.5**). The prevalence of never consume fruit and vegetable was 2.7% (95% CI: 1.61, 4.57) among male and 1.8% (95% CI: 1.27, 2.69) among female.

Carbonated soft drinks intake

Overall, 27.8% (95% CI: 24.62, 31.26) of adolescents consumed carbonated soft drinks at least once daily in the past 30 days (Table 3.3.6). There were 30.1% (95% CI: 26.16, 34.46) of males and 25.6% (95% CI: 21.35, 30.27) of females who reported consuming carbonated soft drinks of at least once daily.

Plain water intake

About 49.0% (95% CI: 44.11, 53.86) adolescents drank plain water less than six glasses per day in the past 30 days (Table 3.3.7). The prevalence of plain water intake less than six glasses per day among female (54.6%, 95% CI: 49.94, 59.11) was higher than male (43.2%, 95% CI: 36.12, 50.57).

Milk and milk products intake

About 22.9% (95% CI: 20.37, 25.70) of adolescents consumed milk/milk products at least two times per day in the past 30 days (Table 3.3.8). There were 20.4% (95% CI: 16.56, 24.92) of males and 25.4% (95% CI: 22.45, 28.49) of females who reported consuming milk/milk products at least two times daily.

Fast food intake

About 11.2% (95% CI: 9.40, 13.32) of adolescents consumed fast food at least three days in the past seven days (Table 3.3.9). The prevalence of fast-food intake was 10.1% (95% CI: 7.01, 14.35) among male and 12.3% (95% CI: 9.82, 15.27) among female.

3.3.5 Discussions / Conclusion

In Kedah, there were 2.4% of adolescents who reported being hungry due to lack of food at homes. Prevalence of adolescents reported consuming fruits at least twice daily and vegetables at least three times daily was 42.3% and 24.4%, respectively. However, only 16.6% of them consumed fruits and vegetables five times daily. About 49.0% of adolescents reported drinking plain water less than 6 glasses and 22.9% consumed milk/milk products at least two times daily. Consumption of carbonated soft drinks of at least once daily in the past 30 days was reported at 27.8% while 11.2% consumed food from fast food restaurants for at least three days in the past seven days.

3.3.6 Recommendations

The research finding shows that there is a crucial need to alter the behaviours of Kedah adolescents in order to prepare them for healthier adulthood. Poor dietary behaviours developed during adolescence may lead to diet related diseases in later years. Behaviour modification is the key recommendation suggested for improving healthy eating and lifestyle. It is necessary to improve dietary behaviour by encouraging them to consume nutritious foods such as fruits, vegetables, milk and milk products. This may be achieved through strengthening school-based nutrition interventions, using social marketing approach

and mobilising families and communities into support. It is crucial to extend school-based nutrition intervention programmes, such as *Program Hidangan Berkhasiat di Sekolah* (HiTS) to all schools. Aggressive promotion of healthy foods and the benefits of eating it should be made in all platforms, including social media. Intersectoral collaboration through various sectors is essential for the implementation of these strategies, so that nutrition programmes could be incorporated into their policies and improve access and availability of healthy foods in schools, food premises and the community.

Table: Dietary behaviour trend among adolescents in Kedah

	NHMS 2012	NHMS 2017	NHMS 2022
Most of the time or always went hungry	4.7	3.3	2.4
Fruits intake of at least twice daily	47.9	54.6	42.3
Vegetables intake of at least three times daily	27.7	39.6	24.4
Fruits and vegetables intake of at least five times daily	28.8	28.8	16.6
Carbonated soft drinks consumption at least once daily	20.2	36.2	27.8
Milk/milk products intake of at least two times daily	Not reported	35.9	22.9
Fast food intake of at least three days in the past seven days	4.5	10.6	11.2

3.3.7 References

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Table 3.3.1: Prevalence of adolescents in Kedah who most of the time or always went hungry in the past 30 days because there was not enough food in his/her home, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	51	3452	2.4	1.71	3.29
Sex					
Male	20	1581	2.2	1.28	3.81
Female	31	1871	2.5	1.78	3.59
Form					
Form 1	12	-	-	-	-
Form 2	13	818	2.7	1.65	4.45
Form 3	13	875	3.0	2.04	4.35
Form 4	7	-	-	-	-
Form 5	6	-	-	-	-
Ethnicity					
Malay	40	2707	2.2	1.57	3.10
Chinese	1	-	-	-	-
Indian	5	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	2	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.3.2: Prevalence of fruit intake of at least twice daily in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	920	61544	42.3	40.12	44.57
Sex					
Male	395	30846	43.1	39.78	46.50
Female	525	30698	41.6	37.77	45.48
Form					
Form 1	194	14476	46.5	41.29	51.73
Form 2	221	13914	46.2	41.99	50.46
Form 3	172	11880	40.5	35.29	45.93
Form 4	174	10850	39.0	33.58	44.76
Form 5	159	10422	38.6	34.17	43.27
Ethnicity					
Malay	781	52062	42.5	39.78	45.23
Chinese	35	2518	40.3	30.56	50.80
Indian	80	5460	39.2	32.99	45.81
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	20	1179	59.2	38.82	76.84

- Prevalence with high RSE, not reported

Table 3.3.3: Prevalence of vegetables intake of at least three times daily in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	519	35492	24.4	22.89	26.02
Sex					
Male	248	19500	27.3	24.02	30.74
Female	271	15991	21.7	19.52	23.99
Form					
Form 1	112	8514	27.3	21.97	33.44
Form 2	118	7486	24.9	20.35	29.99
Form 3	105	7279	24.8	20.71	29.43
Form 4	97	6194	22.3	17.68	27.78
Form 5	87	6019	22.3	17.87	27.46
Ethnicity					
Malay	417	28362	23.2	21.41	24.99
Chinese	25	1933	30.9	26.19	36.07
Indian	64	4309	31.0	21.82	41.86
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	9	552	27.7	18.99	38.57

- Prevalence with high RSE, not reported

Table 3.3.4: Prevalence of fruits and vegetables intake of at least five times daily in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	351	24075	16.6	15.35	17.84
Sex					
Male	167	13127	18.3	16.11	20.81
Female	184	10948	14.8	12.74	17.18
Form					
Form 1	87	6551	21.0	16.92	25.82
Form 2	73	4592	15.2	10.82	21.05
Form 3	68	4736	16.1	12.37	20.79
Form 4	67	4336	15.6	11.46	20.88
Form 5	56	3860	14.3	11.43	17.75
Ethnicity					
Malay	285	19605	16.0	14.32	17.83
Chinese	16	1217	19.5	15.20	24.57
Indian	41	2674	19.2	14.52	24.96
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	7	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.3.5: Prevalence of adolescents who did not consume fruit, vegetable or both in the past 30 days in Kedah, 2022

Socio-demographic characteristics	Never consume fruit				Never consume vegetable				Never consume fruit and vegetable			
	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper
KEDAH	172	1 1889	8.2	6.02 11.02	211	14322	9.9	8.08 11.96	47	3315	2.3	1.55 3.34
Sex												
Male	86	6861	9.6	6.83 13.31	90	7208	10.1	7.58 13.27	24	1950	2.7	1.61 4.57
Female	86	5027	6.8	5.02 9.17	121	7114	9.6	7.80 11.86	23	1365	1.8	1.27 2.69
Form												
Form 1	31	2439	7.8	5.45 11.13	48	3637	11.7	8.58 15.70	8	-	-	-
Form 2	45	2988	9.9	5.86 16.31	48	3046	10.1	7.10 14.21	9	-	-	-
Form 3	36	2480	8.5	6.02 11.75	37	2510	8.6	5.99 12.08	8	-	-	-
Form 4	40	2552	9.2	6.16 13.46	48	3075	11.1	8.48 14.37	14	-	-	-
Form 5	20	1430	5.3	3.29 8.43	30	2054	7.6	4.96 11.50	8	-	-	-
Ethnicity												
Malay	148	10139	8.3	6.31 10.77	183	12345	10.1	8.10 12.48	42	2969	2.4	1.57 3.72
Chinese	3	-	-	- -	6	399	6.4	4.02 9.99	0	-	-	-
Indian	19	-	-	- -	18	1293	9.3	5.82 14.52	5	-	-	-
Bumiputera Sabah	1	-	-	- -	2	-	-	- -	0	-	-	-
Bumiputera Sarawak	0	-	-	- -	0	-	-	- -	0	-	-	-
Others	1	-	-	- -	2	-	-	- -	0	-	-	-

- Prevalence with high RSE, not reported

Table 3.3.6: Prevalence of carbonated soft drinks intake at least once a day in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	596	40427	27.8	24.62	31.26
Sex					
Male	275	21568	30.1	26.16	34.46
Female	321	18858	25.6	21.35	30.27
Form					
Form 1	116	8785	28.2	22.49	34.72
Form 2	175	11131	37.0	31.01	43.33
Form 3	121	8224	28.0	22.62	34.18
Form 4	107	6932	25.0	18.90	32.25
Form 5	77	5354	19.8	16.11	24.18
Ethnicity					
Malay	491	32887	26.8	23.78	30.16
Chinese	26	1935	30.9	23.50	39.52
Indian	61	4356	31.3	18.82	47.21
Bumiputera Sabah	4	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	12	788	39.6	27.07	53.60

- Prevalence with high RSE, not reported

Table 3.3.7: Prevalence of plain water intake of less than 6 glasses per day in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	1080	71167	49.0	44.11	53.86
Sex					
Male	391	30878	43.2	36.12	50.57
Female	689	40289	54.6	49.94	59.11
Form					
Form 1	210	15635	50.2	43.35	57.02
Form 2	237	14766	49.2	42.53	55.81
Form 3	219	14552	49.6	39.20	60.05
Form 4	228	13822	49.7	43.08	56.36
Form 5	186	12392	45.9	39.42	52.57
Ethnicity					
Malay	938	61317	50.1	45.07	55.06
Chinese	35	2554	40.8	34.91	47.05
Indian	80	5523	39.7	27.15	53.71
Bumiputera Sabah	3	228	72.4	32.85	93.35
Bumiputera Sarawak	2	-	-	-	-
Others	22	1406	70.6	53.96	83.12

- Prevalence with high RSE, not reported

Table 3.3.8: Prevalence of milk and milk products intake of at least two servings per day in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	502	33334	22.9	20.37	25.70
Sex					
Male	184	14613	20.4	16.56	24.92
Female	318	18721	25.4	22.45	28.49
Form					
Form 1	98	7281	23.4	18.50	29.06
Form 2	118	7366	24.5	18.59	31.46
Form 3	98	6710	22.9	19.83	26.23
Form 4	91	5488	19.7	15.88	24.27
Form 5	97	6489	24.0	19.09	29.82
Ethnicity					
Malay	416	27691	22.6	19.54	25.97
Chinese	19	1321	21.1	11.65	35.25
Indian	53	3493	25.1	21.43	29.14
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	14	829	41.6	29.42	54.94

- Prevalence with high RSE, not reported

Table 3.3.9: Prevalence of fast food intake of at least three days in the past 7 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	248	16300	11.2	9.40	13.32
Sex					
Male	93	7227	10.1	7.01	14.35
Female	155	9073	12.3	9.82	15.27
Form					
Form 1	49	3649	11.7	8.76	15.49
Form 2	74	4643	15.4	12.39	19.02
Form 3	39	2695	9.2	6.36	13.10
Form 4	49	2938	10.6	7.79	14.18
Form 5	37	2375	8.8	5.59	13.59
Ethnicity					
Malay	212	13828	11.3	9.12	13.88
Chinese	3	-	-	-	-
Indian	26	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	5	-	-	-	-

- Prevalence with high RSE, not reported

3.4 Nutritional Status

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3.4.1 Introduction

Adolescence is a unique phase of human development for individuals between the ages of 10 and 19 years old, as it caters to rapid growth, as well as sexual and behavioural changes. Good nutrition during adolescence is critical to address current nutritional needs and to fill nutrient gaps that have occurred during childhood¹. The nutritional status of adolescents is assessed using anthropometric measurements (weight and height) and interpreted using WHO 2007 Growth Reference Data for 5-19 years². The indicators include stunting, thinness, overweight and obesity.

3.4.2 Objectives

- i. To determine the prevalence of stunting among adolescents
- ii. To determine the prevalence of thinness among adolescents
- iii. To determine the prevalence of overweight and obesity among adolescents

3.4.3 Variable definitions

- **Body mass index (BMI):** commonly used to determine weight status. BMI is calculated by dividing a person's weight in kilograms by the square of height in meters.
- **Height for age z-score (HAZ):** an index used to assess how a child's height compares to the expected height of a healthy child of the same age and sex based on the WHO 2007 Growth reference data for 5-19 years.
- **BMI for age z-score (BAZ):** an index used to assess BMI is age- and sex-specific compares to the BMI of a healthy child of the same age and sex based on the WHO 2007 Growth reference data for 5-19 years.
- **Stunting:** Those who have their HAZ more than two standard deviations below the WHO Child Growth Standards median (<-2SD).
- **Thinness:** Those who have their BAZ more than two standard deviations below the WHO Child Growth Standards median (<-2SD).
- **Overweight:** Those who have their BAZ is more than one standard deviations to two standard deviations above the WHO Child Growth Standards median (>+1SD to ≤+2SD).
- **Obesity:** Those who have their BAZ more than two standard deviations above the WHO Child Growth Standards median (>+2SD).

3.4.4 Findings

Height-for-Age z-score

The prevalence of stunting among adolescents was 7.5% (95% CI: 6.58, 8.59). Females [8.7%, (95% CI: 7.52, 9.97)] showed higher prevalence compared to males [6.3%, (95% CI: 4.76, 8.42)]. (Table 3.4.1).

BMI -for-Age z-score

According to the WHO 2007 Growth Reference Data for 5-19 years, the national prevalence of thinness among adolescents was 8.3% (95% CI: 7.94, 8.76). The data showed that the prevalence of thinness was significantly higher among males [10.5%, (95% CI: 7.88, 13.74)] compared to females [6.8%, (95% CI: 5.11, 9.06)]. (Table 3.4.2).

Overweight and Obesity

The prevalence of overweight was 17.3% (95% CI: 15.07, 19.68). Comparing the sexes, females had a higher prevalence at 17.6% (95% CI: 15.53, 19.85)] compared to males [16.9% (95% CI: 13.59, 20.85)]. (Table 3.4.3). For obesity, the prevalence was 15.2% (95% CI: 13.73, 16.84). Between the sexes, males had a higher prevalence of obesity at 18.5% (95% CI: 15.97, 21.28) compared to females [12.1% (95% CI: 10.42, 13.94)]. (Table 3.4.3).

3.4.5 Discussion / Conclusion

Overall, the prevalence of overweight and obesity totalling 30.7% was higher than thinness (8.4%) and stunting (5.8%). It can be concluded that adolescents in Kedah is facing a dual burden of malnutrition, with overnutrition appearing to be a larger problem than undernutrition.

3.4.6 Recommendations

Based on the findings, the integration of targeted interventions and policies is required to simultaneously address both undernutrition and the increasing rates of overweight and obesity among adolescents. Evidence-based nutrition-sensitive interventions, inclusive of diet counselling and nutrition education provided through school-based platforms, adolescent youth centres/ peer education and technology-based platforms should be strengthened. A comprehensive intervention such as MyBFF@school (an intervention consisting of nutrition education, physical activity and motivational component) could be implemented nationwide with the support of the Ministry of Education.

3.4.7 References

1. Das JK, Salam RA, Thornburg KL, et al. Nutrition in adolescents: physiology, metabolism, and nutritional needs. *Ann. N. Y. Acad. Sci.* 2017 Apr;1393(1):21-33
2. World Health Organization 2007. Growth reference data for 5-19 years. Geneva: WHO

Table 3.4.1: Prevalence of stunting (HAZ <-2SD) among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	169	10944	7.5	6.58	8.59
Sex					
Male	56	4543	6.3	4.76	8.42
Female	113	6401	8.7	7.52	9.97
Form					
Form 1	23	1749	5.6	3.29	9.42
Form 2	33	2107	7.0	4.17	11.52
Form 3	27	1734	5.9	4.78	7.29
Form 4	42	2310	8.3	6.37	10.76
Form 5	44	3043	11.3	9.64	13.16
Ethnicity					
Malay	152	9788	8.0	6.91	9.21
Chinese	4	-	-	-	-
Indian	9	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	2	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.4.2: Prevalence of thinness (BAZ <-2SD) among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	179	12489	8.6	6.91	10.68
Sex					
Male	93	7456	10.5	7.88	13.74
Female	86	5033	6.8	5.11	9.06
Form					
Form 1	36	2806	9.0	5.52	14.44
Form 2	38	2461	8.2	5.56	11.85
Form 3	35	2436	8.3	5.75	11.90
Form 4	37	2376	8.6	6.24	11.71
Form 5	33	2410	8.9	6.32	12.51
Ethnicity					
Malay	138	9509	7.8	6.16	9.76
Chinese	9	709	11.3	8.12	15.63
Indian	29	2063	15.0	10.66	20.59
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	3	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.4.3: Prevalence of overweight (BAZ >+1SD to ≤+2SD) and obesity (BAZ >+2SD) among adolescents in Kedah, 2022

Socio-demographic characteristics	Overweight (>+1SD to ≤+2SD)				Obese (>+2SD)			
	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper
KEDAH	376	25030	17.3	15.07 19.88	319	22079	15.2	13.73 16.84
Sex								
Male	153	12061	16.9	13.59 20.85	169	13178	18.5	15.97 21.28
Female	223	12968	17.6	15.53 19.85	150	8901	12.1	10.42 13.94
Form								
Form 1	65	4897	15.8	11.85 20.66	81	6145	19.8	16.64 23.34
Form 2	86	5326	17.7	13.48 22.84	74	4895	16.3	11.36 22.70
Form 3	76	5086	17.4	12.62 23.46	59	4163	14.2	10.04 19.79
Form 4	74	4652	16.8	12.85 21.70	71	4639	16.8	12.77 21.71
Form 5	75	5069	18.8	13.60 25.44	34	2237	8.3	5.80 11.76
Ethnicity								
Malay	311	20637	16.9	14.59 19.42	268	18497	15.1	13.46 16.94
Chinese	16	1240	19.8	13.56 28.05	12	921	14.7	10.00 21.15
Indian	37	2402	17.4	11.39 25.71	32	2253	16.3	10.49 24.54
Bumiputera Sabah	2	-	-	- -	1	-	-	- -
Bumiputera Sarawak	1	-	-	- -	1	-	-	- -
Others	9	-	-	- -	5	-	-	- -

- Prevalence with high RSE, not reported

3.5 Drug Use

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3.5.1 Introduction

According to the World Drug Report 2022 (WDR 2022) by the United Nations Office on Drugs and Crime (UNODC), an estimated 284 million people had used drugs within the previous year, which accounts for a 26% increase over the previous decade.¹ Drug use accounts for 5% of all substance related death and 9% of substance-use-related DALYs. Despite the report showing that young people continue to use more drugs than adults, it was found that drug use by adolescents decreased during the COVID-19 pandemic, which coincided with the lockdown periods.¹ Marijuana or cannabis remains the world's most widely used drug, with an annual prevalence of 4% of the adult population, or an estimated 209 million users in the past year.¹ Amphetamines remain the second most commonly used drug worldwide, with an estimated 34 million in 2020, representing 0.7% of the global population. NHMS 2019 showed that marijuana is the highest taken in Malaysia, followed by kratom.² Based on the statistics provided by the National Anti-Drug Agency in 2020 showed that ATS is the most commonly used drug among adolescents in Malaysia aged 13 to 18 years old, followed by marijuana and opiate.³ In this survey, we have added new questions, which include kratom and inhalant, to get baseline data on adolescent usage in Malaysia, as we don't have preliminary national data on these drugs.

3.5.2 Objectives

- i. To determine the prevalence and sociodemographic characteristics of ever and current drug use among adolescents
- ii. To determine the prevalence and sociodemographic characteristics of ever and current marijuana use among adolescents in Malaysia
- iii. To determine the prevalence and sociodemographic characteristics of ever and current amphetamines or methamphetamines use among adolescents in Malaysia
- iv. To determine the prevalence and sociodemographic characteristics of ever and current inhalant use among adolescents in Malaysia
- v. To determine the prevalence and sociodemographic characteristics of ever and current kratom use among adolescents in Malaysia
- vi. To identify the age of initiation and the sources of obtaining drugs among adolescents in Malaysia

3.5.3 Variable Definitions

- **Drug use:**
 - i. **2017** definition: taking heroin, morphine, glue, amphetamine, or methamphetamines (ecstasy, syabu, ice), marijuana (except prescribed medicine).
 - ii. **2022** definition: taking opiates, amphetamine-type stimulants, marijuana, psychotropic pill, cocaine, inhalant and others (depressants, hallucinogens).
- **Ever drug use:** adolescents who had a history of drug use in their lifetime
- **Current drug use:** adolescents who used drugs in the past 30 days
- **Ever marijuana use:** adolescents who had a history of marijuana use in their lifetime
- **Current marijuana use:** adolescents who used marijuana in the past 30 days
- **Ever amphetamine or methamphetamine use:** adolescents with a history of amphetamine or methamphetamines use in their lifetime
- **Ever inhalant use:** adolescents who had a history of inhalant use in their lifetime
- **Current inhalant use:** adolescents who used an inhalant in the past 30 days
- **Ever kratom use:** adolescents who had a history of kratom use in their lifetime
- **Current kratom use:** adolescents who used kratom in the past 30 days

3.5.4 Findings

Overall, 5.2% (95%CI: 3.41, 7.96) of adolescents reported that they had ever used drug during their lifetime and it was significantly higher among males [7.4% (95%CI: 4.01, 13.35)] as compared to females [3.1% (95%CI: 1.89, 5.11)] (**Table 3.5.1**). Overall, 3.4% (95% CI: 2.07, 5.41) of adolescents reported had ever used inhalant during their lifetime. From the data, the involvement from female adolescents was 2.5% (95% CI: 1.47, 4.23) (**Table 3.5.2**). Overall, 2.0% (95% CI: 1.11, 3.50) of adolescents reported had current used inhalant in the past 30 days (**Table 3.5.2**). Among current users, about 42.1% had bought from someone else (**Table 3.5.3**). Among ever drug users, 74.8% (95% CI: 52.76, 88.77) of them had initiated before the age of 14 years old (**Table 3.5.4**).

3.5.5 Discussion / Conclusion

There was an increase in the trend of ever drug use over the five years (2017-2022).

3.5.6 Recommendations

The effectiveness of drug education at primary schools plays a vital role in reducing current drug use prevalence in 2022 compared to 2017. Drug prevention among adolescents should be improved and regularly reviewed to meet the ever-changing trend of drug use locally and globally. New strategies and approaches can be developed to address issues of inhalant and kratom use among adolescents by focusing more on the danger of inhalant and kratom use. An adolescent who has been exposed to and involved in drug abuse must be given access to treatment and provided educational opportunities, vocational skills training and other socioeconomic support needed. School drug prevention programs developed for adolescents can be integrated with technology, such as web-based intervention, to make it more interesting in increasing awareness and help build self-resilience among adolescents through:

- Conducting early detection of an adolescent with problems or who are at risk of drug abuse
- Increasing the knowledge, understanding and awareness of the dangers of drug abuse
- Increasing life skills such as assertiveness, coping skills and stress management
- Reinforcing positive attitudes and healthy lifestyles among school children

3.5.7 References

1. United Nations Office on Drugs and Crime (UNODC), World Drug Report 2022; Booklet 1; Executive Summary and Policy Implication (ISBN: 9789211483758) <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2022.html>
2. Institute for Public Health (IPH) 2020. The National Health and Morbidity Survey 2019: NCD. Kuala Lumpur: Ministry of Health Malaysia
3. Bahagian Dasar, Perancangan dan Penyelidikan, Agensi Antidadah Kebangsaan, Kementerian Dalam Negeri; Info Dadah Siri 1/2020; Penyalahgunaan Dadah Dalam Kalangan Remaja; 4 JUN 2020

Table 3.5.1: Prevalence of ever drug use among adolescents in Kedah, 2022

Socio-demographic characteristics	Ever used drug* based on 2017				Ever used drug**			
	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper
KEDAH	87	6283	4.3	2.70 6.89	106	7604	5.2	3.41 7.96
Sex								
Male	56	-	-	- -	68	5302	7.4	4.01 13.35
Female	31	1913	2.6	1.47 4.53	38	2302	3.1	1.89 5.11
Form								
Form 1	30	-	-	- -	34	-	-	- -
Form 2	24	-	-	- -	28	-	-	- -
Form 3	15	-	-	- -	20	-	-	- -
Form 4	7	-	-	- -	12	-	-	- -
Form 5	11	752	2.8	1.53 5.02	12	835	3.1	1.68 5.64
Ethnicity								
Malay	69	4941	4.0	2.27 7.10	88	6261	5.1	3.12 8.28
Chinese	2	-	-	- -	2	-	-	- -
Indian	11	-	-	- -	11	-	-	- -
Bumiputera Sabah	1	-	-	- -	1	-	-	- -
Bumiputera Sarawak	2	-	-	- -	2	-	-	- -
Others	2	-	-	- -	2	-	-	- -

- Prevalence with high RSE, not reported

*Drug includes heroin, morphine, glue, amphetamine, ecstasy, methamphetamine, ice and marijuana.

**Drug includes opiate, amphetamine, marijuana, psychotropic pill, cocaine, inhalant, kratom and others.

Table 3.5.2: Prevalence of inhalant use among adolescents in Kedah, 2022

Socio-demographic characteristics	Current used drug* based on 2017				Current used drug** based on 2022			
	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper
KEDAH	69	4884	3.4	2.07 5.41	39	2872	2.0	1.11 3.50
Sex								
Male	39	-	-	- -	29	-	-	- -
Female	30	1848	2.5	1.47 4.23	10	-	-	- -
Form								
Form 1	22	-	-	- -	14	-	-	- -
Form 2	19	-	-	- -	15	-	-	- -
Form 3	11	-	-	- -	5	-	-	- -
Form 4	6	-	-	- -	2	-	-	- -
Form 5	11	752	2.8	1.53 5.02	3	-	-	- -
Ethnicity								
Malay	56	3936	3.2	1.75 5.84	26	-	-	- -
Chinese	2	-	-	- -	2	-	-	- -
Indian	9	-	-	- -	8	-	-	- -
Bumiputera Sabah	0	-	-	- -	1	-	-	- -
Bumiputera Sarawak	1	-	-	- -	1	-	-	- -
Others	1	-	-	- -	1	-	-	- -

- Prevalence with high RSE, not reported

Table 3.5.3: Source of getting drugs in the past 30 days among current drug users among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Percentage (%)
I bought them from someone	13	42.1
I give someone else money to buy it for me	8	25.6
I stole it or got it without permission	6	19.1
I got it from my friend	2	-
I got it from my family	1	-
I got it some other ways	1	-

- Prevalence with high RSE, not reported

Table 3.5.4: Prevalence of first use of drug before the age of 14 years among ever used drug among adolescents in Kedah, 2022

Prevalence	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Yes	15	1141	74.8	52.76	88.77
No	5	-	-	-	-

- Prevalence with high RSE, not reported

3.6 Oral and Hand Hygiene

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3.6.1 Introduction

Oral health is integral to general health as it promotes a positive quality of life and social self-confidence. Currently, oral diseases affect close to 3.5 billion people worldwide, and their prevalence is noted to be increasing globally. A resolution on oral health in 2021 by the WHO recommends a more preventive approach towards oral health, including oral health promotions at schools¹. Empowering good oral hygiene habits during adolescence is important in sustaining this behaviour into adulthood². Therefore, early and adequate plaque control is key in preventing oral health diseases such as dental caries and periodontal diseases, which may affect school performance and attendance, as well as permanent dental problems in adulthood. This can be achieved via regular tooth brushing with fluoridated toothpaste, dental flossing, tongue cleaning, and a minimum yearly dental check-up³. Appropriate hand hygiene practices using soap, especially before eating and after using the toilet, are protective against a multitude of infections. These practices will enable adolescents to thrive and contribute actively to learning and reduce the rate of absenteeism⁴. Assessing practices on good hand washing among adolescents will help detect at-risk groups among school attendees⁴.

3.6.2 Objectives

3.6.2.1 General objective

To determine the prevalence of oral and hand hygiene behaviour among adolescents in Malaysia.

3.6.2.2 Specific objectives for oral hygiene

To describe the prevalence of:

- i. Self-oral health perception
- ii. Tooth brushing frequency in the past 30 days
- iii. Tongue cleaning practice
- iv. Fluoridated toothpaste usage
- v. Dental floss usage
- vi. Timing of the last visit to a dentist or dental nurse
- vii. Having missed class or not participating in online learning due to toothache in the past 12 months
- viii. Avoidance of smile or laughing due to the appearance of their teeth

3.6.2.3 Specific objectives for hand washing

To describe the prevalence of:

- i. Hand washing with soap in the past 30 days
- ii. Hand washing before eating in the past 30 days
- iii. Hand washing after using the toilet in the past 30 days
- iv. Hand washing method before eating at school in the past 30 days

3.6.3 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

3.6.4 Findings

3.3% (95%CI: 2.18, 4.82) of adolescents in Kedah perceived their oral health as poor or very poor (**Table 3.6.1**). 82.9% (95%CI: 80.13, 85.34) brushed their teeth twice daily which was significantly higher in females [91.0% (95%CI: 87.74, 93.53)] (**Table 3.6.2**), 8.2% (95% CI: 6.79, 9.80) never performed daily tongue cleaning which was significantly higher in males [10.5% (95%CI: 8.32, 13.11)] (**Table 3.6.3**), 38.1% (95%CI: 32.72, 43.77) reported not knowing whether their toothpaste contained fluoride (**Table 3.6.4**) and only 21.4% (95%CI: 18.22, 24.88) used dental floss for cleaning their teeth (**Table 3.6.5**). Only 33.0% (95%CI: 29.24, 37.01) reported to have their last dental visit in the past 12 months (**Table 3.6.6**), 12.9% (95% CI: 10.14, 16.26) had toothache in the past 12 months and had missed class or not participated with online learning (PdPR) (**Table 3.6.7**). 28.8% (95%CI: 25.67, 32.21) reported that they had avoided smiling or laughing due to the appearance of their teeth (**Table 3.6.8**). The prevalence of Kedah adolescents who used soap most of the time or always was 71.1% (95%CI: 66.42, 75.29) and was significantly higher among females [77.3% (95%CI: 73.51, 80.71)] (**Table 3.6.9**). About 88.8% (95%CI: 85.31, 91.49) and 83.6% (95%CI: 80.06, 86.58) of adolescents washed their hands most of the time or always before eating (**Table 3.6.10**) or after using toilet respectively (**Table 3.6.11**). Only 56.1% (95%CI: 47.89, 63.96) washed hands with running water before eating at school (**Table 3.6.12**).

3.6.5 Discussion / Conclusion

In general, oral hygiene behaviour among adolescents may be related to the COVID-19 pandemic that reduces school dental programs and attendance for dental checkups, which in turn may cause inadequate knowledge regarding best oral health practice among adolescents. Ironically, hand hygiene practice appear to be good which may also reflect the effect of COVID-19 pandemic that promotes frequent handwashing practice in general.

3.6.6 Recommendations

Taking cognizance of these findings, there is a need for continuous emphasis on promoting good personal oral and hand hygiene among adolescents through knowledge, attitude and behavioural improvements with these following recommendations:

- Oral health education at schools need to deliver captivating methods that can be easily assimilated into the adolescents' daily school and home routines which will enhance their retention of oral health care knowledge. Effective oral health education should be regularly revised, updated and tailored specifically for young adults to improve and empower their decision making in maintaining good oral health. Adolescents at high risk of developing oral diseases should be identified early and oral health intervention delivered and tailored to these targeted groups to enhance engagement and personalisation of oral care needs.
- Interventions to promote hand washing need to be tailored to the adolescent's understanding and relevant social norms to trigger and reinforce good and ideal handwashing practice and habit formation according to their environment and social situations. Schools should have policies that inculcate good handwashing behavior including adequate infrastructures to support regular and ideal handwashing practices, and readily available information visual aids about the correct hand washing technique at key times and places in schools. School health education unit with regular hygiene education programs should be included in the formal and non-formal curricular, preferably starting from pre and primary schools. Further studies are needed to develop an understanding and knowledge gap of the cultural context of handwashing habits in various ethnic and cultural groups.

3.6.7 References

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Table 3.6.1: Prevalence of poor or very poor perception of oral health among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	67	4722	3.3	2.18	4.82
Sex					
Male	35	2846	4.0	2.10	7.42
Female	32	1876	2.5	1.80	3.58
Form					
Form 1	17	1302	4.2	2.31	7.52
Form 2	16	1012	3.4	2.02	5.54
Form 3	11	-	-	-	-
Form 4	16	-	-	-	-
Form 5	7	-	-	-	-
Ethnicity					
Malay	52	3527	2.9	2.08	3.98
Chinese	6	468	7.5	4.37	12.54
Indian	7	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.6.2: Prevalence of teeth brushing 2 times a day in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	1832	120510	82.9	80.13	85.34
Sex					
Male	677	53281	74.5	70.34	78.20
Female	1155	67229	91.0	87.74	93.53
Form					
Form 1	334	24801	79.6	73.92	84.33
Form 2	390	24271	80.6	75.60	84.76
Form 3	368	24811	84.6	79.44	88.62
Form 4	390	23700	85.2	79.20	89.76
Form 5	350	22928	85.0	77.81	90.10
Ethnicity					
Malay	1574	103099	84.1	80.78	86.99
Chinese	58	4221	67.5	63.45	71.30
Indian	169	11238	80.7	70.09	88.19
Bumiputera Sabah	3	228	72.4	32.85	93.35
Bumiputera Sarawak	2	-	-	-	-
Others	26	1590	79.9	66.96	88.61

- Prevalence with high RSE, not reported

Table 3.6.3: Prevalence of never did tongue cleaning among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Kedah	166	11878	8.2	6.79	9.80
Sex					
Male	94	7494	10.5	8.32	13.11
Female	72	4385	5.9	4.68	7.51
Form					
Form 1	41	3147	10.1	7.01	14.34
Form 2	34	2228	7.4	4.66	11.55
Form 3	36	2550	8.7	5.52	13.43
Form 4	27	1891	6.8	4.09	11.10
Form 5	28	2062	7.6	5.39	10.72
Ethnicity					
Malay	123	8635	7.0	5.68	8.71
Chinese	25	1954	31.2	19.63	45.81
Indian	13	960	6.9	3.91	11.88
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	3	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.6.4: Prevalence of did not know if their toothpaste is fluoridated among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Kedah	814	55385	38.1	32.72	43.77
Sex					
Male	361	28797	40.2	33.78	47.07
Female	453	26589	36.0	29.40	43.20
Form					
Form 1	152	11578	37.2	30.65	44.19
Form 2	168	10669	35.4	28.56	42.94
Form 3	181	12364	42.2	33.20	51.64
Form 4	163	10224	36.8	29.62	44.56
Form 5	150	10550	39.1	28.44	50.90
Ethnicity					
Malay	684	46210	37.7	31.03	44.88
Chinese	51	3776	60.4	52.55	67.71
Indian	67	4591	33.0	24.46	42.77
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	9	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.6.5: Prevalence of use of dental floss among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	473	31058	21.4	18.22	24.88
Sex					
Male	175	13657	19.1	14.44	24.80
Female	298	17401	23.6	21.06	26.27
Form					
Form 1	85	6332	20.3	15.69	25.92
Form 2	120	7741	25.7	19.49	33.09
Form 3	81	5487	18.7	14.92	23.19
Form 4	102	6217	22.4	15.06	31.88
Form 5	85	5280	19.6	14.80	25.41
Ethnicity					
Malay	363	23493	19.2	16.60	22.03
Chinese	19	-	-	-	-
Indian	80	5523	39.7	24.24	57.46
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	10	634	31.8	17.38	50.89

- Prevalence with high RSE, not reported

Table 3.6.6: Prevalence of last dental visit in the past 12 months among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	725	47937	33.0	29.24	37.01
Sex					
Male	291	22849	32.0	29.14	34.95
Female	434	25088	34.0	27.91	40.68
Form					
Form 1	141	10629	34.1	27.47	41.46
Form 2	139	8794	29.2	24.30	34.63
Form 3	150	10140	34.8	27.81	42.41
Form 4	151	8841	31.8	24.94	39.55
Form 5	144	9533	35.3	26.69	45.04
Ethnicity					
Malay	623	40938	33.4	29.25	37.88
Chinese	28	2138	34.2	25.15	44.53
Indian	59	3968	28.5	24.82	32.49
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	12	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.6.7: Prevalence of having missed classes or online learning among adolescents with toothache among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	177	11787	12.9	10.14	16.26
Sex					
Male	75	5821	12.6	8.98	17.48
Female	102	5966	13.2	10.32	16.65
Form					
Form 1	46	3480	16.4	10.47	24.68
Form 2	46	2966	15.1	11.07	20.37
Form 3	20	1373	7.9	4.77	12.80
Form 4	34	2055	12.3	7.95	18.48
Form 5	31	1913	11.6	7.80	17.03
Ethnicity					
Malay	151	9946	13.2	10.27	16.70
Chinese	4	-	-	-	-
Indian	18	1277	12.1	8.49	16.88
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	177	11787	12.9	9.94	16.56

- Prevalence with high RSE, not reported

Table 3.6.8: Prevalence of avoidance of smiling due to teeth appearance among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	639	41856	28.8	25.67	32.21
Sex					
Male	211	16732	23.4	19.22	28.19
Female	428	25124	34.1	30.40	37.96
Form					
Form 1	135	10082	32.4	26.01	39.44
Form 2	142	8940	29.7	23.17	37.26
Form 3	139	9133	31.2	25.96	36.98
Form 4	122	7109	25.6	18.95	33.55
Form 5	101	6593	24.5	19.18	30.75
Ethnicity					
Malay	551	35551	29.0	25.26	33.10
Chinese	24	1836	29.4	24.56	34.69
Indian	56	3953	28.7	18.39	41.82
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	6	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.6.9: Prevalence of using soap most of the time or always during handwashing in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
KEDAH	1566	103223	71.1	66.42	75.29
Sex					
Male	584	46224	64.6	57.98	70.71
Female	982	56999	77.3	73.51	80.71
Form					
Form 1	256	18937	60.8	52.05	68.89
Form 2	322	20020	66.6	59.38	73.10
Form 3	327	22204	75.9	69.03	81.58
Form 4	336	20588	74.1	67.19	79.91
Form 5	325	21474	79.6	72.77	85.03
Ethnicity					
Malay	1319	86535	70.7	66.17	74.81
Chinese	54	3917	62.6	52.84	71.50
Indian	167	11163	80.2	62.71	90.68
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	22	1330	66.8	45.81	82.74

- Prevalence with high RSE, not reported

Table 3.6.10: Prevalence of handwashing most of the time or always before eating in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	1946	129063	88.8	85.31	91.49
Sex					
Male	764	60245	84.2	78.16	88.81
Female	1182	68818	93.2	90.42	95.22
Form					
Form 1	346	25794	82.8	75.59	88.21
Form 2	412	25714	85.4	77.44	90.85
Form 3	393	26682	91.0	84.45	94.91
Form 4	409	25187	90.6	85.70	93.93
Form 5	386	25687	95.2	90.60	97.59
Ethnicity					
Malay	1688	111528	91.0	88.19	93.20
Chinese	53	3869	61.9	51.00	71.66
Indian	172	11564	83.1	71.66	90.48
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	28	1752	88.0	66.13	96.50

- Prevalence with high RSE, not reported

Table 3.6.11: Prevalence of handwashing most of the time or always after using the toilet in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	1826	121466	83.6	80.06	86.58
Sex					
Male	731	57648	80.6	73.78	85.94
Female	1095	63818	86.5	83.81	88.80
Form					
Form 1	310	23062	74.0	66.56	80.32
Form 2	385	24156	80.4	72.59	86.36
Form 3	376	25729	87.7	82.95	91.29
Form 4	390	24130	86.8	82.09	90.40
Form 5	365	24389	90.4	86.40	93.28
Ethnicity					
Malay	1541	101867	83.2	79.80	86.07
Chinese	73	5508	88.1	76.18	94.47
Indian	179	12002	86.2	69.93	94.38
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	4	291	81.3	26.96	98.09
Others	26	1567	78.7	66.89	87.14

- Prevalence with high RSE, not reported

Table 3.6.12: Prevalence of handwashing using running water before eating at school in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	1244	81507	56.1	47.89	63.96
Sex					
Male	455	35994	50.3	39.79	60.79
Female	789	45513	61.7	53.97	68.87
Form					
Form 1	188	13910	44.7	35.31	54.38
Form 2	243	14947	49.6	38.55	60.74
Form 3	246	16634	56.8	46.76	66.38
Form 4	271	16328	58.7	46.52	69.95
Form 5	296	19687	73.0	58.53	83.75
Ethnicity					
Malay	1144	74763	61.0	53.44	68.13
Chinese	30	2229	35.6	22.62	51.22
Indian	56	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	11	689	34.6	23.05	48.35

- Prevalence with high RSE, not reported

3.7 Mental Health Problems

3.7.1 Mental Health Problems

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3.7.1.1 Introduction

According to the World Health Organization (WHO), one in every seven children and adolescents suffers from mental health problems, accounting for 13.0% of the global disease burden in this age group.¹ In Malaysia, the National Health and Morbidity Survey (NHMS) 2015 found that the prevalence of mental health problems was 34.7% among those aged 16 to 19, and 11.4% among those aged 10 to 15.² However, findings from the NHMS 2019 revealed that the prevalence of mental health problems had decreased to 9.5% among those aged 10 to 15 years old.³ In particular, WHO reported that suicide is the fourth leading cause of death among 15-19 year-olds.¹ In 2017, 10.0% of secondary school adolescents reported suicidal ideation, according to the NHMS.⁴

3.7.1.2 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 friends

3.7.1.3 Variable definitions

- **Lonely "most of the time or always"**: Responded either "most of the time" or "always" for felt lonely during the 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 the 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.

3.7.1.4 Findings

Overall, 13.1% (95%CI: 11.05, 15.39) of adolescents in Kedah reported feeling lonely "most of the time or always" (**Table 3.7.1**). A total of 9.9% (95%CI: 7.72, 12.57) of adolescents 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, suicidal plan, and suicidal attempt, were reported 8.5% (95%CI: 6.69, 10.75), 7.2% (95%CI: 5.66, 9.12), and 6.9% (95%CI: 5.63, 8.44), respectively (**Table 3.7.3**), (**Table 3.7.4**), (**Table 3.7.5**). The survey also observed that 3.4% (95%CI: 2.50, 4.67) of the adolescents had no close friends (**Table 3.7.6**).

3.7.1.5 Discussion / Conclusion

The trend of suicidal ideation among secondary school students in Kedah (8.5%) was higher than GSHS 2012 (6.5%), but lower compared to GSHS 2017 (10.3%). However, this figure was lower in comparison to national prevalence of 13.1%. Prevalence of suicidal plan in this survey (7.2%) was also higher compared to the prevalence in GSHS 2012 (5.1%), but slightly lower than GSHS 2017 (7.9%). Nonetheless, this prevalence was lower compared to the national prevalence of 10.0%. Prevalence of suicidal attempts in this survey (6.9%) was reported higher compared to the prevalence in GSHS 2012 (5.4%) and GSHS 2017 (6.4%). This prevalence was lower compared to national prevalence (9.5%). In addition to these, more students (3.4%) in Kedah reported having no close friends as compared to previous GSHS 2017 (3.1%), but lower compared to GSHS 2012 (3.9%). This figure was also lower compared to national prevalence (4.2%).

3.7.1.6 Recommendations

1. Enhanced the screening of at-risk adolescents by School Health Teams and referral for further management.
2. Intensify efforts to prevent suicide among student especially among high-risk group (attempt suicide).
3. Strengthen adolescents coping skills and resilience through interactive health promotion activities.
4. To introduce culturally competent programmes in school that upskill teachers and educate parents about risk of suicide among adolescents.
5. To improve the National school curriculum that teaches life skills such as effective coping strategies and develops mental resilience.
6. To review workplace policies with the aim of strengthening family ties such as the introduction of flexible working hours or the provision of options to work from home to increase quality time among parents and children.
7. To review school curriculum and teaching hours to optimize more time for physical activity and quality time for social and professional interaction among adolescents to improve adolescents' life skills.

Table: Mental Health Problems Trend in Kedah

	NHMS 2012	NHMS 2017	NHMS 2022
Loneliness	7.9	8.1	13.1
Inability to sleep due to worry	3.9	5.5	9.9
Suicidal ideation	6.5	10.3	8.5
Suicidal plan	5.1	7.9	7.2
Suicidal attempt	5.4	6.4	6.9
Not having any close friend	3.9	3.1	3.4

3.7.1.7 References

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3.7.2 Depression

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3.7.2.1 Introduction

Depression is a common mental health problem among adolescents worldwide. Depression can manifest as symptoms such as sadness, guilt, low self-esteem, a lack of happiness, and dissatisfaction with their surroundings.¹ Furthermore, depression can cause individual problems such as difficulty sleeping, loss of appetite, lack of energy, and easy despair, leading to suicidal ideation.² According to the World Health Organization (WHO), depression affects 1.1% of adolescents aged 10-14 years and 2.8% of those aged 15-19 years.³ In Malaysia, the National Health and Morbidity Survey (NHMS) 2019 found that the prevalence of depression was 2.1% among those aged 15 to 19 years old.⁴

3.7.2.2 Objectives

To determine the prevalence of depression among Malaysian adolescents.

3.7.2.3 Variable definitions

Depression: A positive score was defined as a score of 10 and above for Patient Health Questionnaire (PHQ-9), and participants with these scores were categorized as having depression.

3.7.2.4 Findings

Overall, 22.9% (95% CI: 19.39, 26.77) of Kedah adolescents reported depression. The prevalence of depression was significantly higher in female students 31.2% (95% CI: 26.97, 35.79) compared to males 14.3% (95% CI: 10.85, 18.56) (**Table 3.7.7**).

3.7.2.5 Discussion / Conclusion

This survey indicated a lower prevalence of depression than research done by Normala et al. among 1800 Malaysian secondary school students aged 13 to 17 years old, which reported a 32.7% prevalence of depression among adolescents. Normala's study employed the same depression-measuring tool, the PHQ-9, but it was limited to 10 of 37 randomly chosen secondary schools in the Hulu Langat district area in the state of Selangor. The prevalence of depression in Kedah was lower compared to the national figure 26.9%.

3.7.2.6 Recommendations

1. Enhanced the screening of at-risk adolescents by School Health Teams and referral for further management.
2. Holistic intervention programmes targeted to adolescents at risk of depression.
3. Strengthen adolescents coping skills and resilience through interactive health promotion activities.
4. To introduce culturally competent programmes in school that upskill teachers and educate parents about discipline style and pro social parenting techniques.
5. To improve the National school curriculum that teaches life skills such as effective coping strategies and develops mental resilience.
6. To review workplace policies with the aim of strengthening family ties, such as the introduction of flexible working hours or the provision of options to work from home to increase quality time among parents and children.
7. To review school curriculum and teaching hours to optimize more time for physical activity and quality time for social and professional interaction among adolescents to improve adolescents' life skills.

3.7.2.7 References

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Table 3.7.1: Prevalence of loneliness “most of the time or always” in the past 12 months among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	288	18998	13.1	11.05	15.39
Sex					
Male	91	7308	10.2	7.53	13.72
Female	197	11690	15.8	12.66	19.63
Form					
Form 1	54	3977	12.8	9.40	17.10
Form 2	56	3439	11.4	8.98	14.41
Form 3	71	4787	16.3	11.14	23.27
Form 4	55	3364	12.1	7.85	18.21
Form 5	52	3432	12.7	9.02	17.64
Ethnicity					
Malay	255	16569	13.5	11.11	16.36
Chinese	5	-	-	-	-
Indian	23	1630	11.7	9.09	14.95
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	2	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.7.2: Prevalence of inability to sleep “most of the time or always” due to worry in the past 12 months among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Kedah	222	14356	9.9	7.72	12.57
Sex					
Male	57	4668	6.5	4.23	9.95
Female	165	9688	13.1	9.96	17.10
Form					
Form 1	39	2926	9.4	6.51	13.37
Form 2	35	2075	6.9	3.87	11.96
Form 3	50	3296	11.2	7.68	16.16
Form 4	54	3324	12.0	8.34	16.94
Form 5	44	2735	10.1	6.81	14.83
Ethnicity					
Malay	191	12276	10.0	7.49	13.29
Chinese	8	557	8.9	6.13	12.78
Indian	20	1338	9.6	5.11	17.34
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	3	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.7.3: Prevalence of suicidal ideation in the past 12 months among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	191	12363	8.5	6.69	10.75
Sex					
Male	45	3664	5.1	3.31	7.85
Female	146	8699	11.8	9.09	15.13
Form					
Form 1	41	3084	9.9	7.22	13.43
Form 2	34	2078	6.9	4.34	10.80
Form 3	50	3167	10.8	6.82	16.68
Form 4	41	2451	8.8	5.39	14.11
Form 5	25	1583	5.9	3.74	9.09
Ethnicity					
Malay	162	10367	8.5	6.18	11.48
Chinese	9	680	10.9	7.95	14.72
Indian	11	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	7	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.7.4: Prevalence of suicidal plan in the past 12 months among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	164	10469	7.2	5.66	9.12
Sex					
Male	36	2887	4.0	2.32	6.95
Female	128	7582	10.3	8.44	12.43
Form					
Form 1	31	2300	7.4	5.27	10.25
Form 2	33	1953	6.5	4.44	9.43
Form 3	42	2706	9.2	5.82	14.32
Form 4	35	2019	7.3	4.81	10.81
Form 5	23	1491	5.5	3.09	9.68
Ethnicity					
Malay	134	8385	6.8	5.12	9.09
Chinese	9	664	10.6	6.97	15.83
Indian	14	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	6	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.7.5: Prevalence of suicidal attempt “at least once” in the past 12 months among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	157	10032	6.9	5.63	8.44
Sex					
Male	33	2668	3.7	2.25	6.11
Female	124	7365	10.0	7.94	12.48
Form					
Form 1	35	2638	8.5	6.07	11.70
Form 2	34	2039	6.8	4.64	9.78
Form 3	42	2695	9.2	6.01	13.80
Form 4	31	1737	6.2	3.78	10.15
Form 5	15	923	3.4	2.14	5.46
Ethnicity					
Malay	121	7614	6.2	5.05	7.63
Chinese	9	645	10.3	5.44	18.68
Indian	19	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	6	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.7.6: Prevalence of not having any close friends among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	75	4971	3.4	2.50	4.67
Sex					
Male	28	2159	3.0	1.67	5.38
Female	47	2812	3.8	2.85	5.07
Form					
Form 1	15	1112	3.6	2.03	6.20
Form 2	21	1365	4.5	2.54	7.97
Form 3	17	1101	3.8	2.22	6.27
Form 4	13	-	-	-	-
Form 5	9	535	2.0	1.08	3.61
Ethnicity					
Malay	60	3910	3.2	2.31	4.40
Chinese	2	-	-	-	-
Indian	12	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.7.7: Prevalence of depression among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	520	33162	22.9	19.39	26.77
Sex					
Male	128	10190	14.3	10.85	18.56
Female	392	22973	31.2	26.97	35.79
Form					
Form 1	87	6336	20.3	16.13	25.31
Form 2	113	6875	23.0	17.08	30.12
Form 3	126	8324	28.4	21.95	35.83
Form 4	111	6421	23.3	18.08	29.41
Form 5	83	5207	19.3	14.31	25.49
Ethnicity					
Malay	450	28498	23.3	18.82	28.54
Chinese	19	1326	21.2	15.24	28.70
Indian	39	2591	18.6	13.19	25.60
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	9	-	-	-	-

- Prevalence with high RSE, not reported

3.8 Physical Activity

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3.8.1 Introduction

World Health Organization (WHO) defines physical activity as any bodily movement produced by skeletal muscles that require energy expenditure.¹ Based on WHO, at least 60 minutes per day of moderate-to-vigorous intensity physical activity were recommended for children and adolescents aged 5–17 years.¹ Sufficient physical activity has substantial health benefits for children and adolescents in terms of improving cardio-metabolic health, better musculoskeletal health, increased psychosocial well-being and academic performance.² Despite these established benefits, a substantial proportion of young people fail to meet physical activity guidelines. In addition, adolescents are also exposed to sedentary behaviours, as most of them spend greater time engaged in recreational activities, such as screen-based entertainment and digital communications.³ Agenda National Malaysia Sihat (ANMS) and National Strategic Plan for Active Living (NASPAL) targeted to increase the adoption of healthy lifestyles among Malaysians which includes reducing the prevalence of physical inactivity among the general population, including adolescents by 10% within 10 years of implementation.⁴ Thus, this study will provide more information regarding physical activity among adolescents in Kedah.

3.8.2 Objectives

- i. 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 among adolescents in Kedah
- ii. To identify the prevalence of active transportation or commuting among adolescents in Kedah
- iii. To identify the prevalence of sitting behavior among adolescents in Kedah

3.8.3 Variable Definitions

- **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).
- **Active transportation/ commuting:** walking or riding a bicycle for at least three days a week to or from school.
- **Sitting behaviour:** Spending time sitting for 3 hours or more in a typical or usual day for leisure activities such as watching television, playing computer games, talking with friends, or surfing the internet.

3.8.4 Findings

Physically active

The prevalence of being physically active was 19.2% (95% CI: 16.02, 22.81), among adolescents in Kedah. The prevalence was significantly higher in males [25.5% (95% CI: 20.70, 31.03)] than in females [13.0% (95% CI: 10.40, 16.24)]. (Table 3.8.1).

Active Transportation/ Commuting

Overall 24.5% (95% CI: 17.79, 32.72) adolescents in Kedah reported active transportation to school. The prevalence was higher in males [25.4% (95% CI: 17.24, 35.67)] compared to females (Table 3.8.2).

Sitting behaviour

A total of 60.9% (95% CI: 55.68, 65.90) had spent at least three hours in a typical or usual day engaging in sitting activities. The higher prevalence was observed in females [61.7% (95% CI: 56.41, 66.80)] compared to males (Table 3.8.3).

3.8.5 Discussion / Conclusion

The prevalence of being physically active and active commuting among school adolescents in Kedah were lower compared to the national findings (19.2% vs. 21.4%, 24.5% vs. 27.0%, respectively). In addition, the prevalence of sitting behavior was also lower than the national finding (60.9% vs. 66.7%). Compared to previous NHMS findings, the prevalence of being physically active in the current study was higher than in the previous Kedah AHS 2017 (19.2% vs. 18.6%). The prevalence of sitting behavior increased in 2022 compared to previous study (46.8% in both 2012 and 2017 vs. 60.9% in 2022).

3.8.6 Recommendations

A comprehensive, integrated, intersectoral approach is required to increase the prevalence of physical activity among secondary school adolescents. Those initiatives and collaborative efforts jointly implemented across diverse ministries, agencies, private sectors, and civil service societies seem very effective, realizing that the social determinants of active living are beyond the health sectors. The recommendations are as below:

1. To explore more behavioral science and behavioral insights into physical inactivity and sedentary behavior among adolescents in Kedah to help us to design evidence-based health promotion and education initiatives with underlying effective 'nudging' techniques.
2. To examine the association between the frequency of use of online-related behaviors (time spent on social media, online communication, and e-games) with a sufficient level of physical activity and sedentary behavior in a more specific manner.

- To include parents in the interventions and health promotion programs on physical activity among adolescents to encourage and support their children's participation in physical activity.

Table: Physical Activity trend in Kedah

	NHMS 2012	NHMS 2017	NHMS 2022
Physical activity	25.2%	18.6%	19.2%
Active commuting	-	-	24.5%
Sitting behavior	46.8%	46.8%	60.9%

3.8.7 References

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Table 3.8.1: Prevalence of being physically active (at least 60 minutes daily) for a total of 5 days or more in the past 7 days in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	397	27885	19.2	16.02	22.81
Sex					
Male	232	18261	25.5	20.70	31.03
Female	165	9624	13.0	10.40	16.24
Form					
Form 1	63	4788	15.4	11.12	20.86
Form 2	87	5712	19.0	14.02	25.15
Form 3	84	6024	20.6	14.37	28.57
Form 4	81	5344	19.2	13.91	25.94
Form 5	82	6017	22.3	18.32	26.85
Ethnicity					
Malay	317	22288	18.2	14.98	21.93
Chinese	8	630	10.1	5.90	16.69
Indian	63	4336	31.1	22.53	41.30
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	2	164	45.8	10.13	86.40
Others	7	467	23.5	9.05	48.58

- Prevalence with high RSE, not reported

Table 3.8.2: Prevalence of active commuting to school (walk or ride a bicycle to or from school for at least 3 days or more in the past 7 days) in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	528	35599	24.5	17.79	32.72
Sex					
Male	231	18150	25.4	17.24	35.67
Female	297	17449	23.6	16.80	32.21
Form					
Form 1	110	8208	26.3	19.14	35.09
Form 2	123	7824	26.0	18.74	34.82
Form 3	95	6421	21.9	15.28	30.34
Form 4	99	6276	22.6	13.57	35.24
Form 5	101	6870	25.5	16.73	36.73
Ethnicity					
Malay	472	31675	25.8	17.71	36.08
Chinese	9	680	10.9	5.60	20.08
Indian	39	2689	19.4	9.55	35.40
Bumiputera Sabah	1	87	27.6	6.65	67.15
Bumiputera Sarawak	3	218	61.1	17.18	92.23
Others	4	250	12.5	4.02	32.92

- Prevalence with high RSE, not reported

Table 3.8.3: Prevalence of spending at least 3 hours in sitting activities in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	1328	88474	60.9	55.68	65.90
Sex					
Male	542	42922	60.1	53.05	66.67
Female	786	45552	61.7	56.41	66.80
Form					
Form 1	204	15395	49.4	39.80	59.08
Form 2	279	17745	58.9	51.40	66.04
Form 3	285	19328	66.2	57.32	74.08
Form 4	284	17623	63.4	55.90	70.28
Form 5	276	18383	68.1	59.67	75.53
Ethnicity					
Malay	1112	73368	59.9	53.80	65.77
Chinese	67	5026	80.4	64.51	90.21
Indian	127	8665	62.2	56.29	67.84
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	17	1021	51.3	28.76	73.28

- Prevalence with high RSE, not reported

3.9 Protective Factors

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3.9.1 Introduction

Protective factors are individual or environmental characteristics or conditions that promote adolescent health and well-being¹. The role of protective factors in adolescents is to improve the likelihood of positive health behaviours or outcomes (such as healthy diet, exercise, hygiene practices) and to reduce the negative impacts of risk factors (for example tobacco, alcohol and drug use, violence). Multiple protective factors at the school, peer and family levels can foster healthy behaviours and promote mental health². At the school level, truancy is seen as an indicator that is monitored by lower prevalence, as truancy often acts as a precursor of many harmful behaviours. During adolescence, peer support and parental factors can be fundamental aspects of establishing positive health behaviours to prevent chronic diseases. In line with the strategies stated in the National Adolescent Health Policy, this study focuses on identifying protective factors at family, school, and peer levels that influence adolescent health and integrating these protective factors into health promotion among adolescents in Kedah.

3.9.2 Objectives

- i. To determine the prevalence of truancy in the past 30 days among adolescents
- ii. To determine the prevalence of peer support in the past 30 days among adolescents
- iii. To determine the prevalence of parental or guardian supervision in the past 30 days among adolescents
- iv. To determine the prevalence of parental or guardian connectedness in the past 30 days among adolescents
- v. To determine the prevalence of parental or guardian bonding in the past 30 days among adolescents
- vi. To determine the prevalence of parental or guardian respect for privacy in the past 30 days among adolescents

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:** Adolescents 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

Truancy

The prevalence of truancy in the past 30 days among adolescents was 27.2% (95% CI: 23.82, 30.81). It was higher in males (29.5%, 95% CI: 25.32, 34.04) compared to females (24.9%, 95% CI: 21.40, 28.84). Truancy was highest among Form 5 students with 35.1% (95% CI: 28.24, 42.59) (Table 3.9.1).

Having Peer Support

The prevalence of having peer support in the past 30 days among adolescents was 43.2% (95% CI: 37.25, 49.27). It was higher in females (51.3%, 95% CI: 46.29, 56.36) compared to males (34.7%, 95% CI: 26.70, 43.65). Having peer support was highest among Form 5 students with 58.1% (95% CI: 49.96, 65.81) (Table 3.9.2).

Having Parental or Guardian Supervision

The prevalence of having parental or guardian supervision in the past 30 days among adolescents was 11.2% (95% CI: 8.53, 14.70). It was higher in males (12.1%, 95% CI: 8.98, 16.19) compared to females (10.4%, 95% CI: 7.44, 14.35). Having parental or guardian supervision was highest among Form 1 students with 15.0% (95% CI: 10.16, 21.52) (Table 3.9.3).

Having Parental or Guardian Connectedness

The prevalence of having parental or guardian connectedness in the past 30 days among adolescents was 25.8% (95% CI: 21.72, 30.32). It was higher in females (25.9%, 95% CI: 22.88, 29.25) compared to males (25.6%, 95% CI: 19.63, 32.71). Having parental or guardian connectedness was highest among Form 5 students with 30.1% (95% CI: 24.17, 36.71). (Table 3.9.4).

Having Parental or Guardian Bonding

The prevalence of having parental or guardian bonding in the past 30 days among adolescents was 35.6% (95% CI: 30.53, 40.94). It was higher in females (35.7%, 95% CI: 31.03, 40.67) compared to males (35.4%, 95% CI: 28.65, 42.82). Having parental or guardian bonding was highest among Form 5 students with 40.6% (95% CI: 32.96, 48.70) (Table 3.9.5).

Having Parental or Guardian Respect for Privacy

The prevalence of having parental or guardian respect for privacy in the past 30 days among adolescents was 82.6% (95% CI: 81.02, 84.15). It was higher in females (84.9%, 95% CI: 83.10, 86.57) compared to males (80.3%, 95% CI: 77.08, 83.13). Having parental or guardian respect for privacy was highest among Form 5 students with 86.5% (95% CI: 81.89, 90.14) (Table 3.9.6).

3.9.5 Discussion / Conclusion

Parental protective factors which were parent or guardian supervision, connectedness and bonding showed a decreasing trend. This is quite worrisome because parent/guardian-adolescent relation is a strong protective factor by providing a secure base for them especially in social support and might determine their children's lives and behaviour during adolescence. Therefore, a comprehensive intervention policies or programmes must be further designed to address and to tackle this issue.

3.9.6 Recommendations

Development of interventions that strengthen the protective factors among school adolescents is important and more effective in reducing risk in order to improve the outcomes experienced by the adolescents. Among the interventions that can be implemented are:

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 adolescents.
2. Establishment of school programs that need parent's supervision will help in improving the parenting skills especially in parental attachment.

3.9.7 References

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Table: Protective Factors Trend in Kedah

	NHMS 2012	NHMS 2017	NHMS 2022
Truancy	27.5	29.4	27.2
Having peer support	49.6	45.8	43.2
Having parental or guardian supervision	19.0	13.5	11.2
Having parental or guardian connectedness	37.0	32.4	25.8
Having parental or guardian bonding	48.2	44.6	35.6
Having parental or guardian respect for privacy	72.0	72.4	82.6

Table 3.9.1: Prevalence of truancy in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	587	39470	27.2	23.82	30.81
Sex					
Male	266	21057	29.5	25.32	34.04
Female	321	18412	24.9	21.40	28.84
Form					
Form 1	86	6426	20.7	15.42	27.18
Form 2	98	6299	20.9	17.00	25.46
Form 3	121	8431	28.7	24.28	33.65
Form 4	143	8848	31.9	25.06	39.64
Form 5	139	9466	35.1	28.24	42.59
Ethnicity					
Malay	516	34459	28.1	24.25	32.38
Chinese	18	-	-	-	-
Indian	39	2797	20.1	11.12	33.56
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	10	610	30.6	17.43	47.98

- Prevalence with high RSE, not reported

Table 3.9.2: Prevalence of having peer support in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	969	62589	43.2	37.25	49.27
Sex					
Male	312	24712	34.7	26.70	43.65
Female	657	37877	51.3	46.29	56.36
Form					
Form 1	128	9391	30.4	22.15	40.09
Form 2	184	11320	37.6	29.36	46.60
Form 3	200	13240	45.1	34.11	56.66
Form 4	216	12996	46.9	38.50	55.41
Form 5	241	15642	58.1	49.96	65.81
Ethnicity					
Malay	849	54767	44.8	38.34	51.42
Chinese	17	1191	19.0	13.64	25.95
Indian	84	5496	39.5	26.10	54.63
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	16	917	46.0	27.55	65.68

- Prevalence with high RSE, not reported

Table 3.9.3: Prevalence of having parental or guardian supervision in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	242	16324	11.2	8.53	14.70
Sex					
Male	112	8659	12.1	8.98	16.19
Female	130	7664	10.4	7.44	14.35
Form					
Form 1	62	4651	15.0	10.16	21.52
Form 2	61	3975	13.2	9.09	18.78
Form 3	47	3166	10.8	6.74	16.91
Form 4	34	2015	7.3	4.16	12.43
Form 5	38	2516	9.3	5.66	14.99
Ethnicity					
Malay	168	11339	9.3	7.48	11.41
Chinese	5	-	-	-	-
Indian	64	4284	30.9	22.43	40.87
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	5	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.9.4: Prevalence of having parental or guardian connectedness in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	562	37436	25.8	21.72	30.32
Sex					
Male	234	18298	25.6	19.63	32.71
Female	328	19138	25.9	22.88	29.25
Form					
Form 1	109	8056	25.9	20.10	32.75
Form 2	109	6830	22.7	16.68	30.06
Form 3	117	7921	27.0	20.58	34.55
Form 4	106	6516	23.5	18.59	29.34
Form 5	121	8114	30.1	24.17	36.71
Ethnicity					
Malay	452	30067	24.6	21.18	28.29
Chinese	16	1120	17.9	15.05	21.19
Indian	79	5246	37.7	20.30	58.93
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	12	768	38.6	21.41	59.10

- Prevalence with high RSE, not reported

Table 3.9.5: Prevalence of having parental or guardian bonding in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	775	51592	35.6	30.53	40.94
Sex					
Male	322	25284	35.4	28.65	42.82
Female	453	26308	35.7	31.03	40.67
Form					
Form 1	136	10139	32.6	25.52	40.65
Form 2	149	9209	30.6	23.59	38.71
Form 3	162	10928	37.3	28.27	47.21
Form 4	164	10363	37.5	30.55	45.01
Form 5	164	10953	40.6	32.96	48.70
Ethnicity					
Malay	624	41448	33.9	29.60	38.45
Chinese	23	1716	27.4	18.57	38.52
Indian	112	7403	53.2	28.88	76.05
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	13	807	40.5	19.78	65.30

- Prevalence with high RSE, not reported

Table 3.9.6: Prevalence of having parental or guardian respect for privacy in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	1797	119954	82.6	81.02	84.15
Sex					
Male	724	57251	80.3	77.08	83.13
Female	1073	62703	84.9	83.10	86.57
Form					
Form 1	343	25682	82.9	76.41	87.85
Form 2	372	23454	77.9	72.46	82.49
Form 3	355	24125	82.2	78.41	85.52
Form 4	379	23339	84.2	80.48	87.26
Form 5	348	23354	86.5	81.89	90.14
Ethnicity					
Malay	1543	102442	83.7	81.82	85.41
Chinese	72	5357	85.7	78.40	90.78
Indian	153	10364	74.4	68.32	79.72
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	24	1444	72.5	33.94	93.15

- Prevalence with high RSE, not reported

3.10 Sexual Behaviours

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3.10.1 Introduction

Adolescent sexual behaviour contributes to various sexual and reproductive health issues. The Global Summary HIV Epidemic Report, there were 150,000 adolescents aged 10-19 that were newly infected with HIV while 1,750,000 adolescents were already living with HIV¹. It was also reported that the highest rate of sexual transmitted illness (STI) worldwide is among young people aged 15 to 24 years². In Malaysia, the incidence of HIV reported among adolescents aged 13 to 19 was 2.4 per 100,000 population in 2021 and this trend has been steadily increasing in the past 10 years². The WHO reported that 50% of young unmarried girls aged 15 to 19 years in low- and middle-income countries had an unintended pregnancy in 2019³. Globally, there were 41 births per 1000 girls aged 15-19 years in 2020 and 14% of maternal deaths. Good knowledge of HIV would help in reducing the transmission as shown in a study that a person with inadequate knowledge of HIV is more vulnerable to acquire the infection and may spread the disease throughout the population⁴. Good knowledge on HIV transmission was also associated with intention to engage in low-risk sexual behaviour⁵. Therefore, this study also aims to assess the knowledge of HIV transmission based on United Nation General Assembly Special Session (UNGASS) indicators among the school adolescents to determine the prevalence of HIV knowledge among them.

3.10.2 Objectives

To determine:

- i. the prevalence of ever having sexual intercourse among adolescents in Malaysia
- ii. the prevalence of current sexual intercourse in the past 30 days among adolescents in Malaysia
- iii. the percentage of first sexual experience before the age 14 years among those who ever had sex
- iv. the percentage of having at least two sexual partners among those who ever had sex
- v. the percentage of condom usage during the last sexual intercourse among those who ever had sex
- vi. the percentage of "other birth control methods" usage during the last sexual intercourse among those who ever had sex
- vii. the prevalence of adequate HIV knowledge among adolescents in Malaysia
- viii. the percentage of correct responses in each of UNGASS indicators among adolescents in Malaysia

3.10.3 Variable Definitions

- **Sexual intercourse:** sexual acts of penile penetration into the vagina or anus.
- **Risky sexual behaviour:** behaviours such as early sex debut, multiple sex partners and unprotected sex that could lead to health problems.
- **Other birth control methods:** pregnancy prevention methods other than barrier methods (condom usage) including withdrawal, birth control pills or any other non-barrier methods.
- **Ever had sex:** any positive answer for first sexual intercourse.
- **Current sexual intercourse:** sexual intercourse in the past 30 days.
- **Adequate HIV Knowledge:** provided correct responses to all five items of UNGASS indicators/questions.

3.10.4 Findings

Prevalence of ever had sex among adolescents in Kedah was 8.3% (95% CI: 5.79, 11.81). Male adolescents showed significantly higher prevalence 11.8% (95% CI: 7.13, 18.90) compared to females, 4.9% (95% CI: 3.36, 7.21) (**Table 3.10.1**). Prevalence of current sexual intercourse among adolescents in Kedah was 6.1% (95% CI: 4.24, 8.63). Male adolescents had significantly higher prevalence of currently having sexual intercourse which was 8.5% (95% CI: 5.13, 13.72) compared to female; 3.7% (95% CI: 2.50, 5.57) (**Table 3.10.2**). Of those who ever had sex, 41.5% had sex before the age of 14. It was noted that 16.3% of them used other birth control method during their last sexual intercourse, 14.6% of them had at least two sexual partners and only 13.1% of them used condom during their last sexual intercourse. (**Table 3.10.3**).

The percentage of correct responses by each item was highest for question "Can a person get HIV from mosquito bites?" with 27.7%. Followed by question "Can a healthy-looking person have HIV?" with 23.8%. Next item was "Can a person get HIV by sharing food with someone who is infected?" with the percentage of 20.5%. For the question "Can a person reduce the risk of getting HIV using a condom every time they have sex?" the percentage was only 13.9%. While the least was 12.2% for "Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partner?" (**Table 3.10.4**).

3.10.5 Discussion / Conclusion

This study found that majority of sexually active adolescents are engaging in risky sexual behaviour, i.e., sex debut before age 14 years, having multiple sexual partners and unprotected sex. While from the UNGASS indicators, adequate knowledge on HIV transmission among adolescents are still low.

3.10.6 Recommendations

1. To strengthen sexual and reproductive health education to be more effective and comprehensive in empowering adolescents with appropriate knowledge, attitude, and skills.
2. To enhance the promotion of various existing sexual and reproductive health modules designed to guide and assist parents / guardians / caregivers to talk about sexuality at home and institutions.
3. To improve on parenting skills and effective communication in sexual and reproductive health related matters.
4. To conduct more studies especially qualitative studies in exploring the determinants of risky sexual behaviours among adolescents.
5. To reactivate the Healthy Programme Without AIDS for Adolescents (PROSTAR) to increase HIV/STI awareness and knowledge.
6. To utilise creative and innovative approaches through social media, peer educator programmes, public-private-NGO (triparty) partnerships and etc.
7. To utilise creative and innovative approaches through social media, peer educator programmes, public-private-NGO (triparty) partnerships and etc.

3.10.7 References

1. HIV and AIDS in adolescents. Unicef Data. 2021 <https://data.unicef.org/topic/hivaids/#:~:text=Globally%2C%20adolescents%2010%2D19%20years,of%20all%20AIDS%2Drelated%20deaths>
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3. Lindberg LD, Firestein L, Beavin C. Trends in U.S. adolescent sexual behavior and contraceptive use, 2006-2019. *Contracept X*. 2021 Apr 8; 3:100064
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5. 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

Table 3.10.1: Prevalence of ever had sexual intercourse among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	170	12076	8.3	5.79	11.81
Sex					
Male	109	8426	11.8	7.13	18.90
Female	61	3650	4.9	3.36	7.21
Form					
Form 1	44	3408	11.0	6.98	16.84
Form 2	62	4265	14.2	8.02	23.78
Form 3	23	1669	5.7	2.98	10.57
Form 4	27	1750	6.3	3.94	9.95
Form 5	14	985	3.7	2.36	5.61
Ethnicity					
Malay	130	9125	7.5	5.25	10.48
Chinese	8	-	-	-	-
Indian	28	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	2	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.10.2: Prevalence of current sexual intercourse in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	124	8819	6.1	4.24	8.63
Sex					
Male	78	6058	8.5	5.13	13.72
Female	46	2762	3.7	2.50	5.57
Form					
Form 1	36	2803	9.0	5.74	13.90
Form 2	43	2943	9.8	5.83	15.92
Form 3	17	-	-	-	-
Form 4	19	1220	4.4	2.45	7.79
Form 5	9	628	2.3	1.46	3.69
Ethnicity					
Malay	98	6920	5.6	3.94	8.04
Chinese	5	-	-	-	-
Indian	17	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	2	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.10.3: Proportion of sexual practices among those who ever had sex among adolescents in Kedah, 2022

Sexual Practices	Unweighted count	Percentage (%)
Percentage of first sex before the age 14 years	68	41.5
Percentage of having at least two sexual partners	24	14.6
Percentage of reported condom use during last sexual intercourse	22	13.1
Percentage of reported using other birth control method during last sexual intercourse	27	16.3

Table 3.10.4: Percentage of Correct Responses by item of UNGASS Indicator among adolescents in Kedah, 2022

Sexual Practices	Unweighted count	Percentage (%)
Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	260	12.2
Can a person reduce the risk of getting HIV using a condom every time they have sex?	290	13.9
Can a healthy-looking person have HIV?	519	23.8
Can a person get HIV from mosquito bites?	600	27.7
Can a person get HIV by sharing food with someone who is infected?	440	20.5

3.11 Tobacco Use

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3.11.1 Introduction

Tobacco use including cigarette and e-cig/vape is predominantly an issue for male adolescents. Malaysia is committed to achieve smoke free generation by 2040¹. Various anti-tobacco programs for youths have been established especially at school level. Continuous surveillance of tobacco use among adolescents is essential in monitoring the progress of tobacco control programs in Malaysia generally and at state level of Kedah, specifically.

3.11.2 Objectives

General objective:

To determine the use of tobacco among adolescents in Kedah.

Specific objectives:

- i. To identify the prevalence of the current use of any tobacco product adolescents in Kedah
- ii. To identify the prevalence of the current tobacco smoking (current smoking) among adolescent in Kedah
- iii. To identify the prevalence of the current cigarette smoking among adolescent in Kedah
- iv. To identify the prevalence of the current e-cig/vape use among adolescent in Kedah
- v. To determine the latest source of cigarette obtained among adolescent cigarette smokers in Kedah
- vi. To determine the latest source of e-cig/vape obtained among adolescent e-cig/vape users in Kedah
- vii. To determine the prevalence of exposure to second-hand smoke among adolescent in Kedah
- viii. To determine the prevalence of exposure to tobacco products advertisement or promotion in the point of sales among adolescents in Kedah

3.11.3 Variable Definitions

- **Current any tobacco use** - the use any of the following tobacco product during the last 30 days: manufactured cigarette, traditional hand rolled cigarettes, roll-your-own cigarettes with cigarette papers, cigar/cigarillos, tobacco pipe (pipe smoking), shisha/hookah, electronic cigarette/vape, heated tobacco product, snuff or chewed tobacco
- **Current tobacco smoker or current smoker** - the use of any of the following tobacco products during the last 30 days: manufactured cigarette, traditional hand rolled cigarettes, roll-your-own cigarettes with cigarette papers, cigar/cigarillos, tobacco pipe (pipe smoking) or shisha/hookah
- **Current cigarette smoker** - the use of any of the following tobacco products during the last 30 days: manufactured cigarettes, traditional hand rolled cigarettes, roll-your-own cigarettes with cigarette papers or cigar/cigarillos
- **Current e-cig/vape user** - the use of e-cig/vape during the last 30 days

3.11.4 Findings

In Kedah, the prevalence of current use of any tobacco products was 17.5% (95%CI: 13.19, 22.85), which was lower as compared to the national level [18.5% (95%CI: 17.09, 19.92)]. Males have more than three times higher prevalence [27.4% (95%CI: 19.79, 36.68)] as compared to females [7.9% (95%CI: 5.88, 10.51)] (**Table 3.11.1**). The prevalence of current smokers in Kedah was 8.7% (95%CI: 5.70, 13.09) (**Table 3.11.2**), while the current cigarette smoker prevalence was 5.4% (95%CI: 3.55, 8.02) (**Table 3.11.3**). The prevalence of the e-cig/vape user among adolescents in Kedah was 12.6% (95%CI: 9.02, 17.33) with males have nearly six times higher prevalence compared to females [21.6% (95%CI: 15.11, 29.80) vs. 3.9% (95%CI: 2.61, 5.81)] (**Table 3.11.4**).

Most of the cigarettes obtained by buying them from static premises (37.5%), followed by getting them from friends (26.9%) and by buying them from non-static premises (14.0%) (**Table 3.11.5**). Most of the e-cig/vape were obtained by getting them from friends (35.7%) and by buying them from specific e-cig/vape shops (30.3%) (**Table 3.11.6**). Almost half of the adolescents [48.7% (95%CI: 42.71, 54.77)] reported they have parent or guardian who smoked or used any type of tobacco products, with half of them [20.5% (95%CI: 17.73, 23.64)] reported they have e-cig/vape used parent or guardians, while 43.6% (95%CI: 39.03, 48.24) of the adolescents reported they're exposed to second-hand smoke when someone else smoking nearby in their presence within the past 7 days (**Table 3.11.7**). Nearly one-fifth of the adolescents claimed they were exposed to the tobacco products point-of-sale advertising and promotion for the past 30 days [18.7% (95%CI: 16.25, 21.36)] (**Table 3.11.8**).

3.11.5 Discussion / Conclusion

The prevalence of tobacco use among adolescents in Kedah just has some narrow difference as compared with the prevalence in Malaysia. There was a significant increase in the prevalence of e-cig/vape use among adolescents, as compared with findings in 2017². This indicates a switch in the preference of nicotine delivery among adolescents in Malaysia, as well as in Kedah within the past five years. Various factors could have contributed to these recent findings. Special concern should also be given to female adolescents as the prevalence of e-cig/vape users has doubled since 2017².

3.11.6 Recommendation

Tobacco use, which includes vaping, is a major harmful determinant for human health. It is worrying that the current anti-tobacco programs seem to have not diminished Malaysian adolescents' interest in vaping. A smokefree generation requires participation and dedication from all sectors, including family institutions, education sector, politicians, government and non-governmental organizations. Moving forward, it is high time for all sectors to come together and agree on banning tobacco use among future Malaysian generations. Strengthening the current law and taking legal action are vital in controlling the accessibility of tobacco products, especially e-cig/vape by adolescents. For those who have developed a nicotine addiction, the visibility of quit smoking services should be increased more aggressively to attract more adolescents to seek help. All screening, prevention, and intervention programs among adolescents must be strengthened and delivered in synergy by all governmental and nongovernmental agencies.

3.11.7 References

1. Tobacco Control Sector and FCTC Secretariat, 2021. National Strategic Plan for The Control of Tobacco & Smoking Products 2021-2030. Ministry of Health Malaysia
2. Institute for Public Health (IPH). 2017. National Health and Morbidity Survey, NHMS 2017. Ministry of Health Malaysia

Table 3.11.1: Prevalence of current any tobacco use among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	344	25451	17.5	13.19	22.85
Sex					
Male	249	19628	27.4	19.79	36.68
Female	95	5823	7.9	5.88	10.51
Form					
Form 1	87	6655	21.4	14.38	30.53
Form 2	84	5683	18.9	11.99	28.43
Form 3	61	4488	15.3	10.14	22.44
Form 4	62	4635	16.7	9.77	26.98
Form 5	50	3990	14.8	11.58	18.69
Ethnicity					
Malay	304	22449	18.3	13.98	23.64
Chinese	3	-	-	-	-
Indian	26	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	4	303	84.8	32.13	98.49
Others	5	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.11.2: Prevalence of current tobacco smoker among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	167	12662	8.7	5.70	13.09
Sex					
Male	136	10716	15.0	9.59	22.63
Female	31	-	-	-	-
Form					
Form 1	47	-	-	-	-
Form 2	45	-	-	-	-
Form 3	23	1739	5.9	3.20	10.71
Form 4	29	-	-	-	-
Form 5	23	1877	7.0	4.62	10.34
Ethnicity					
Malay	142	10794	8.8	5.66	13.47
Chinese	2	-	-	-	-
Indian	17	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	2	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.11.3: Prevalence of current cigarettes smoker among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	101	7789	5.4	3.55	8.02
Sex					
Male	90	7094	9.9	6.63	14.59
Female	11	-	-	-	-
Form					
Form 1	24	-	-	-	-
Form 2	26	-	-	-	-
Form 3	12	925	3.2	1.60	6.13
Form 4	24	-	-	-	-
Form 5	15	1248	4.6	2.63	8.00
Ethnicity					
Malay	88	6804	5.6	3.58	8.54
Chinese	0	-	-	-	-
Indian	8	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	2	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.11.4: Prevalence of e-cigarette/vape use among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	242	18316	12.6	9.02	17.33
Sex					
Male	195	15430	21.6	15.11	29.80
Female	47	2886	3.9	2.61	5.81
Form					
Form 1	52	4013	12.9	7.57	21.08
Form 2	59	4023	13.4	7.87	21.77
Form 3	43	3302	11.3	6.84	17.97
Form 4	49	3795	13.6	7.22	24.31
Form 5	39	3183	11.8	8.79	15.65
Ethnicity					
Malay	212	16052	13.1	9.41	17.95
Chinese	1	-	-	-	-
Indian	20	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	4	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.11.5: Proportion of source of cigarette obtaining during the last time smoking in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Percentage (%)
Bought from static premises	50	37.5
Bought from non-static premises	19	14.0
Food establishment	7	5.3
Bought online	9	-
Get from friends	36	26.9
Get from family members	7	-
Got some other ways	7	-

- Prevalence with high RSE, not reported

Table 3.11.6: Proportion of source of e-cigarette/vape obtaining during the last time using e-cig/vape in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Percentage (%)
Bought from specific e-cig/vape shop	59	30.3
Bought from pharmacy	10	-
Bought from specific non-static premises	8	-
Bought online	16	-
Got from friends	71	35.7
Got from family member	20	9.0
Got some other ways	17	8.2

- Prevalence with high RSE, not reported

Table 3.11.7: Prevalence of exposure to second hand smoke among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Having parent or guardian who smoked/used any type of tobacco products	1017	67461	48.7	42.71	54.77
Having e-cigarette/vape use parent or guardian	426	28342	20.5	17.73	23.64
Someone smoking nearby in the presence of respondent in the past 7 days	938	63356	43.6	39.03	48.24

Table 3.11.8: Prevalence of currently see or notice any tobacco products advertising or promotion in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Currently see or notice any tobacco product advertising or promotion in the point of sales in the past 30 days	407	27136	18.7	16.25	21.36

3.12 Violence and Unintentional Injury

Contributors: Hamizatul Akmal Abd Hamid, Tan Lee Ann, Nor Rahidah Abd Rahim, Noor Raihan Khamal, Mohd Hazrin Bin Hasim@Hashim, Nur Faraeein Zainal Abidin, Muhammad Hanafi Bakri, Noor Suraya Muhamad, Shubash Shander Ganapathy

3.12.1 Introduction

Malaysia supports the mandate under resolutions WHA67.15 (2014) and WHA69.5 (2016) on implementing the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence in particular against women and girls, and against children. Global school-based health surveys have shown that up to 42% of adolescent boys and 37% of adolescent girls were exposed to bullying¹. Due to lockdowns caused by the ongoing COVID-19 pandemic, adolescents may be subjected to mistreatment and violence when they are forced to remain at home with their aggressors². In addition, cyberbullying is another issue of concern that is closely related to adolescents' mental health and development³.

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 had a serious injury at least once in the past 12 months
- 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 been bullied at least once in the past 30 days
- vii. Involvement in the perpetration of cyberbullying a few times within a year or more

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 adolescents of about the same strength or power choose to fight each other.
- **Physical fight:** when two individuals or adolescents of about the same strength or power choose to fight each other in the past 12 months.
- **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 doctor or medical personnel in the past 12 months.

- **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.
- **Bullying:** when a student or group of adolescents say or do bad and unpleasant things to another student, such as teasing a lot in an unpleasant way or leaving out things on purpose in the past 30 days. It is NOT bullying when two adolescents of about the same strength or power argue or fight or when teasing is done in a friendly and fun way.
- **Cyberbullying (perpetrator):** bullying or harassment through the internet, cell phones, or other electronic devices (ie, sending insulting messages, posting digitally altered photos, engaging in online fighting, making aggressive comments, sharing someone's embarrassing information, or sending messages that include threats of harm through e-mail, instant messaging, in a chat room, on a website, or sent to a cell phone).

3.12.4 Findings

The prevalence of adolescents who had been physically attacked in the past 12 months was 12.9% (95% CI: 11.43, 14.58) and this was higher in male [13.7% (95% CI: 11.15, 16.77)] compared to female [12.2% (95% CI: 10.71, 13.78)]. (**Table 3.12.1**). Overall, 14.5% (95% CI: 11.81, 17.79) adolescents claimed to have been involved in a physical fight, which was higher in male [16.6% (95% CI: 12.26, 22.06)] compared to female [12.6% (95% CI: 10.54, 14.92)]. (**Table 3.12.1**).

The prevalence of adolescents who had a serious injury in the past 12 months was 19.7% (95% CI: 17.60, 21.99). Male adolescents showed a higher prevalence [22.2% (95% CI: 18.76, 26.04)] compared to female [17.3% (95% CI: 15.20, 19.63)]. (**Table 3.12.2**). However, among those who had been seriously injured, the two most common causes of serious injury were falls [6.7% (95% CI: 5.61, 7.99)] and motor vehicle accidents [5.2% (95% CI: 4.05, 6.72)]. (**Table 3.12.3**).

The prevalence of adolescents reported had experienced physical abuse at home was 5.8% (95% CI: 4.04, 8.14) which was higher among male at 6.1% (95% CI: 3.44, 10.63) compared to female at 5.4% (95% CI: 3.57, 8.13)]. (**Table 3.12.4**). Overall, 36.3% (95% CI: 32.80, 39.97) adolescents reported being abused verbally at home and it was significantly higher among female [46.3% (95% CI: 41.57, 51.01)] compared to male [26.0% (95% CI: 22.75, 29.57)]. (**Table 3.12.4**).

In terms of bullying, 7.3% (95% CI: 5.44, 9.77) adolescents reported having been bullied. This was higher among male [9.2% (95% CI: 5.98, 13.88)] compared to female [5.5% (95% CI: 4.09, 7.36)]. (**Table 3.12.5**). The most common

form of bullying was, 'Making fun of how my body or face looks' [1.2% (95% CI: 0.82, 1.66)]. (Table 3.12.6).

With regards to involvement in cyberbullying activities from the perspective of the perpetrator, 15.8% (95% CI: 13.53, 18.34) of adolescents reported that they had been involved in cyberbullying activities a few times within the past year or more. Male adolescents showed a significantly higher prevalence [19.9% (95% CI: 16.68, 23.65)] compared to female [11.8% (95% CI: 9.77, 14.09)]. (Table 3.12.7). The two most common forms of adolescents' involvement in cyberbullying activities were 'Ever made rude comments to anyone online' [9.0% (95% CI: 7.20, 11.30)] and 'Ever spread rumours about someone online' [6.7% (95% CI: 5.44, 8.34)]. (Table 3.12.8).

3.12.5 Discussion / Conclusion

Pandemic situations reduced the prevalence of violence significantly through restricted movement, reduced social exposure, and reduced exposure to physical violence. The prevalence of perpetration of cyberbullying found in this survey is consistent with only a few countries in the world. Despite the reduction in all domains, further strategic steps should be taken to improve the outcome of the survey.

3.12.6 Recommendations

In the previous two surveys, recommendations touched on identifying the risk factors that contributed to the problems. The recommendations in this survey are more focused on dealing with abuse, bullying, cyberbullying, and falling. Approaches should be comprehensive with the involvement of relevant agencies.

- i. Promotion of "Bystander Revolution" as part of a bully cessation program, where adolescents are empowered to stop and report a bullying event.
- ii. Awareness programmes for cyberbullying should now focus on the perpetrator, as there are already approaches to manage victims of cyberbully.
- iii. In schools, life skills education and the implementation of programmes to strengthen the communication between adolescents and teachers.
- iv. The overall approach to cyber safety emphasises media watch, written policies and laws to control media contents (violence acts and pornography) and enhancing tele-health and digitalization for accessibility to get help.

3.12.7 References

1. WHO. (2022) Fact sheet: Adolescent and young adult health
2. Garstang, J. et al. (2020) Effect of COVID-19 lockdown on child protection medical assessments: A retrospective observational study in Birmingham, UK. *BMJ Open* 10, 1–6
3. Vaillancourt, T. et al. (2021) School bullying before and during COVID-19: Results from a population based randomized design. *Aggress. Behav.* 47, 557–569

Table 3.12.1: Prevalence of involvement in violence at least once in the past 12 months among adolescents in Kedah, 2022

Socio-demographic characteristics	Having been physically attacked at least once				Involvement in physical fight at least once			
	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper
KEDAH	277	18782	12.9	11.43 14.58	308	21134	14.5	11.81 17.79
Sex								
Male	125	9801	13.7	11.15 16.77	152	11855	16.6	12.26 22.06
Female	152	8981	12.2	10.71 13.78	156	9279	12.6	10.54 14.92
Form								
Form 1	65	4901	15.8	11.87 20.68	82	6153	19.8	14.05 27.18
Form 2	70	4496	14.9	11.84 18.65	74	4743	15.7	11.01 22.02
Form 3	59	4017	13.7	10.59 17.53	65	4538	15.5	11.45 20.58
Form 4	60	3740	13.5	10.17 17.58	57	3603	13.0	9.09 18.15
Form 5	23	1628	6.0	4.06 8.87	30	2097	7.8	5.15 11.57
Ethnicity								
Malay	225	14938	12.2	10.68 13.88	257	17431	14.2	11.25 17.82
Chinese	16	-	-	- -	13	980	15.7	11.28 21.36
Indian	29	2047	14.7	9.22 22.63	33	2377	17.1	9.49 28.78
Bumiputera Sabah	1	-	-	- -	0	-	-	- -
Bumiputera Sarawak	2	-	-	- -	1	-	-	- -
Others	4	-	-	- -	4	-	-	- -

- Prevalence with high RSE, not reported

Table 3.12.2: Prevalence of had serious injury at least once in the past 12 months among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	419	28633	19.7	17.60	21.99
Sex					
Male	202	15856	22.2	18.76	26.04
Female	217	12777	17.3	15.20	19.63
Form					
Form 1	84	6324	20.4	17.25	23.87
Form 2	106	6739	22.4	16.55	29.52
Form 3	88	6027	20.5	15.96	26.04
Form 4	87	5820	20.9	15.26	28.03
Form 5	54	3724	13.8	11.01	17.16
Ethnicity					
Malay	354	23962	19.6	17.36	21.95
Chinese	16	1194	19.1	9.77	33.95
Indian	36	2575	18.5	10.47	30.57
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	4	303	84.8	32.13	98.49
Others	8	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.12.3: Major cause of the most serious injury sustained in the past 12 months among adolescents who were injured in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
In a motor vehicle accident or hit by a motor vehicle	95	6805	5.2	4.05	6.72
Fell	127	8727	6.7	5.61	7.99
Something fell or hit him/her	28	1873	1.4	0.95	2.17
Attacked or abused or fighting with someone	12	760	0.6	0.35	0.98
In a fire or too near a flame or something hot	4	-	-	-	-
Inhaled or swallowed something bad	3	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.12.4: Prevalence of being abused at least once in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Physical abuse at home at least once				Verbal abuse at home at least once			
	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper
KEDAH	121	8358	5.8	4.04 8.14	825	52706	36.3	32.80 39.97
Sex								
Male	56	4361	6.1	3.44 10.63	236	18550	26.0	22.75 29.57
Female	65	3997	5.4	3.57 8.13	589	34155	46.3	41.57 51.01
Form								
Form 1	41	3028	9.7	6.21 14.98	135	9859	31.7	25.89 38.22
Form 2	29	-	-	- -	177	10900	36.3	29.82 43.29
Form 3	22	1549	5.3	3.57 7.74	168	10880	37.1	30.92 43.71
Form 4	20	1254	4.5	2.58 7.80	187	10940	39.4	32.51 46.84
Form 5	9	-	-	- -	158	10127	37.5	30.68 44.91
Ethnicity								
Malay	91	6182	5.0	3.26 7.74	745	47299	38.6	35.29 42.05
Chinese	4	-	-	- -	17	1217	19.5	15.88 23.62
Indian	19	-	-	- -	50	3348	24.2	14.87 36.81
Bumiputera Sabah	1	-	-	- -	2	-	-	- -
Bumiputera Sarawak	2	-	-	- -	3	-	-	- -
Others	4	-	-	- -	8	470	23.6	12.30 40.52

- Prevalence with high RSE, not reported

Table 3.12.5: Prevalence of experience in being bullied at least once in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	151	10624	7.3	5.44	9.77
Sex					
Male	84	6562	9.2	5.98	13.88
Female	67	4062	5.5	4.09	7.36
Form					
Form 1	54	4043	13.0	8.30	19.82
Form 2	37	2451	8.1	4.87	13.28
Form 3	25	1832	6.2	3.79	10.13
Form 4	23	1512	5.5	3.10	9.41
Form 5	12	-	-	-	-
Ethnicity					
Malay	124	8554	7.0	4.94	9.79
Chinese	4	334	5.3	3.15	8.90
Indian	17	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	3	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.12.6: Most common ways of being bullied at least once in the past 30 days among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Hit, kicked, pushed, shoved around or locked indoor	12	-	-	-	-
Made fun of race, nationality or color	21	1501	1.1	0.72	1.60
Made fun because of religion	7	-	-	-	-
Made fun with sexual jokes, comments of gestures	22	1527	1.1	0.62	1.94
Left out activities on purpose of completely ignored	18	-	-	-	-
Made fun of how body or face looks	24	1630	1.2	0.82	1.66

- Prevalence with high RSE, not reported

Table 3.12.7: Prevalence of involvement in cyberbullying activities (perpetrator) a few times within a year or more among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
KEDAH	332	22951	15.8	13.53	18.34
Sex					
Male	181	14268	19.9	16.68	23.65
Female	151	8683	11.8	9.77	14.09
Form					
Form 1	51	3927	12.6	8.64	18.03
Form 2	73	4830	16.0	11.45	22.00
Form 3	62	4378	14.9	10.77	20.31
Form 4	79	5109	18.4	13.72	24.16
Form 5	67	4706	17.4	13.09	22.86
Ethnicity					
Malay	287	19591	16.0	13.45	18.89
Chinese	14	1073	17.2	10.50	26.76
Indian	22	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	4	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.12.8: Most common ways of involvement in cyberbullying activities (perpetrator) a few times within a year or more among adolescents in Kedah, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Ever made rude comments to anyone online	184	13127	9.0	7.20	11.30
Ever sent or posted others' embarrassing photos online	96	6721	4.6	3.49	6.13
Ever spread rumours about someone online	148	9792	6.7	5.44	8.34
Ever made threatening comments to hurt someone online	45	3194	2.2	1.36	3.54
Ever asked someone to talk about sex online	34	-	-	-	-
Ever asked someone to do something sexual online	27	-	-	-	-

3.13 Adolescents' Perspectives on the Impact of COVID-19 on their families

Contributors: S Maria Awaluddin, Lim Kuang Kuay, Noor Syaqlah Shawaluddin, Tuan Mohd Amin Tuan Lah, Maznieda Mahjom, Noor Ani Ahmad, Saidatul Norbaya Buang, Nik Rubiah Nik Abdul Rashid.

3.13.1 Introduction

The COVID-19 pandemic has impacted adolescents in many aspects, such as their developmental milestones and well-being, even though they are less affected by the COVID-19 disease¹. Adolescents may have many positive and negative perspectives towards the government restrictions on gathering and outdoor activities, which will affect their mental health status².

3.13.2 Objectives

To determine the prevalence of adolescents, reported that:

- i. Parents lost their jobs due to the COVID-19 pandemic.
- ii. Their family has to cut their expenses due to the COVID-19 pandemic.
- iii. Their family needs to move to a less expensive rental house due to the COVID-19 pandemic
- iv. Their family had to sell properties due to the COVID-19 pandemic
- v. Family relationships became strained due to the COVID-19 pandemic
- vi. Family had no changes due to the COVID-19 pandemic
- vii. Their family ever been infected with COVID-19

3.13.3 Variable definitions

- **Parents lost job:** the adolescent answered option "Yes" to the statement My parent/s lost his/her/their job.
- **Family has to cut their expenses:** the adolescent answered option "Yes" to the statement "Our family has to cut our expenses".
- **Family has moved to a less expensive rental house:** the adolescent answered option "Yes" to the statement My parent(s) lost his/her/their job.
- **Family had to sell properties:** the adolescent answered option "Yes" to the statement "Our family has to sell properties".
- **Family relationships became strain:** the adolescent answered option "Yes" to the statement family relationships became strained/not close.
- **Family had no changes:** adolescent who answered "No" for each subquestion of 6(a), 6(b), 6(c), 6(d), 6(e) and 6(f).
- **Family ever been infected with COVID-19:** the adolescent answered option "Yes" to the question "Has your family ever been infected with COVID-19?".

3.13.4 Findings

The prevalence of adolescents in Kedah reported that parents lost their job due to the COVID-19 pandemic was 9.7% (95% CI: 7.39, 12.65). Adolescents also reported that their family had to cut their expenses and sell their properties, 40.5% (95% CI: 36.02, 45.19) and 2.9% (95% CI: 2.19, 3.85), respectively. The prevalence of adolescents reported that family relationships became strained was 5.5% (95% CI: 4.37, 6.96). About 53.8% (95% CI: 49.08, 58.51) of adolescents reported that their family had no negative impact during the pandemic COVID-19. In terms of adolescents reporting family members ever been infected with COVID-19, the prevalence was 56.4% (95% CI: 49.84, 62.30). (Table 3.13.1).

3.13.5 Discussion / Conclusion

About half of the adolescents reported that their family had experienced negative consequences following the pandemic COVID-19 including family members ever been infected with COVID-19. Identification of the family who experienced a negative impact due to the COVID-19 pandemic can prevent further mental health problems among the affected population.

3.13.6 Recommendations

Pandemic COVID-19 caused a serious impact on the marginal of the family unit in terms of economic sustainability and parent-adolescent relationships. Therefore, the recommendations are:

- i. To work up on the emergency financial support system in reaching the affected family
- ii. To strengthen community support such as fundraising, food donation and emergency shelter
- iii. To spread awareness on Covid-19 prevention at home to prevent further disease spread
- iv. To encourage adolescents to reach out for help in any difficult situation.

3.13.7 References

1. Rao N, Fisher PA. The impact of the COVID-19 pandemic on child and adolescent development around the world. *Child Dev.* 2021;92(5): e738–48
2. Panchal U, Salazar de Pablo G, Franco M, Moreno C, Parellada M, Arango C, et al. The impact of COVID-19 lockdown on child and adolescent mental health: systematic review. *Eur Child Adolesc Psychiatry* [Internet]. 2021;(0123456789). Available from: <https://doi.org/10.1007/s00787-021-01856-w>

Table 3.13.1: Adolescents’ perspectives on the impact of COVID-19 pandemic to their family: Self-reported findings from the adolescents in Kedah, 2022

Categories of COVID-19 impact	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Parents lost job	213	14096	9.7	7.39	12.65
Family had to cut their expenses	877	58871	40.5	36.02	45.19
Family needed to move to less expensive rental house	72	-	-	-	-
Family had to sell properties	60	4223	2.9	2.19	3.85
Family relationships became strain	121	8028	5.5	4.37	6.96
Family had no changes	1173	78234	53.8	49.08	58.51

- Prevalence with high RSE, not reported

*Only unweighted count was reported for any results with coefficient of variation of more than 30%

APPENDICIES

Appendix 1: Members of Steering Committee NHMS 2019-2022

1. Director General of Health
2. Deputy Director General of Health (Research & Technical Support)
3. Deputy Director General of Health (Public Health)
4. Deputy Director General of Health (Medical)
5. Principal Director, Oral Health Programme
6. Principal Director, Pharmaceutical Services
7. Principal Director, Food Safety and Quality 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. Principal Investigator, NHMS

Appendix 2: Terms of reference for NHMS 2022 Steering Committee

1. To approve the objectives and scopes of NHMS 2019 - 2022
2. To facilitate inter and intra sectorial collaboration
3. To monitor the implementation of NHMS 2019 - 2022
4. To facilitate the utilization of the NHMS 2019 - 2022 findings

Appendix 3: List of members of Central Coordinating Committee, NHMS 2022

1. Dr. Noor Ani Ahmad, Director of Institute for Public Health
2. Mr. Lim Kuang Kuay, Principal Investigator of Adolescent Health Survey
3. Dr. Muhammad Fadhli Mohd Yusoff, Method And Statistic
4. Ms. Hamizatul Akmal Abd Hamid, Data Manager
5. Dr. Shubash Shander Ganapathy, Central Field Supervisor of Negeri Sembilan, Melaka & Johor
6. Dr. Ahmad Ali Hj Zainuddin, Central Field Supervisor of Kedah, Perlis, Pulau Pinang & Perak
7. Dr. S Maria Awaluddin, Central Field Supervisor of Kelantan, Terengganu & Pahang
8. Dr. Maznieda Mahjom, Central Field Supervisor of Selangor, Kuala Lumpur & Wilayah Putrajaya
9. Dr. Mohd Shaiful Azlan Kassim, Central Field Supervisor of Sabah, Labuan & Sarawak
10. Dr. Tan Lee Ann, Data Processing & Quality
11. Ms Noor Syaqilah Shawaluddin, Logistic Support
12. Ms. Nashrah Adilah Ismail, Project Manager

Appendix 4: Terms of Reference for NHMS 2022 Central Coordinating Team (CCT)

No	Team	Duties	Officers
1	Project Management and Finance	<ul style="list-style-type: none"> • Work closely with recruitment group for employment of temporary Research Assistant • Prepare Questionnaires manual, Data collection manual • Meeting with research team members, and stakeholders • Planning for data collection training • Prepare security cards/name tags for research team Arrangement for advanced payment for survey research teams • Process claims of Field Supervisors • Monitor the expenditure/budget 	Mr. Lim Kuang Kuay Dr. S. Maria Awaluddin Ms. Nashrah Adilah Ismail Ms. Nurul Amalina Yusof Mr. Muhammad Safuan Suhaimi Mr. Mohamad Shafiq Abd Basid
2	Method and Data Analysis	<p>Before Data Collection</p> <ul style="list-style-type: none"> • Calculate the sample size • Determine the sample distribution by state • Selection of schools samples for each state • Selection of class samples from the selected school • Prepare unique ID for the selected schools and classes • Check module cover and dummy table prepared by key module <p>During Data Collection</p> <ul style="list-style-type: none"> • Monitoring the quality of data received from data processing team • Conducting daily data cleaning • Merge the clean dataset • Updating the monitoring board for data processing and data quality during CCT meeting • Analyst the estimate prevalence for each module during data collection <p>After Data Collection</p> <ul style="list-style-type: none"> • Check syntax analysis to ensure the analysis meet the module objectives • Prepare sampling weight for complex sample analysis • Check the table analysis for technical report • Prepare final database • Prepare data dictionary for reference 	Ms. Hamizatul Akmal Abd Hamid Dr. Muhammad Fadhli Mohd Yusoff Ms. Nur Syahirah Ibrahim
3	Data Processing and Quality	<ul style="list-style-type: none"> • Setting up data processing facility Development of directory of variables database • Development of quality control (QC) manual for data processing Specify data structure for data processing and data output requirement • Responsible for data entry and data cleaning • Monitoring and evaluation of QC performance for data processing Maintenance of the scanning machine • Daily back up for databases 	Dr. Tan Lee Ann Ms. Nurul Haniyah Roslan Ms. Nur Faraeein Zainal Abidin Ms. Azlin Awatif Mohd Amir Hamzah

No	Team	Duties	Officers
4	Central Field Supervisors	<p>Before Data Collection</p> <ul style="list-style-type: none"> Central Field Supervisors are expected to prepare for the initiation of data collection. The preparation tasks include: <ul style="list-style-type: none"> Conduct meeting with State Education Office, School Principals, Teacher in-charged for the selected schools. 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: <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>During Data Collection</p> <ul style="list-style-type: none"> Gather feedback from the field on the data collection status and problems related to logistics. Visit the field to help data collectors solve the problem if necessary. To ensure all data collection monitoring forms have been received on time. To ensure bundle from field received by the Operation Centre by hand and by post. Updating the monitoring board for state achievement and attending CCT meeting. 	Dr. Ahmad Ali Zainuddin Dr. Maznieda Mahjom Dr. Mohd Shaiful Azlan Kassim Dr. S Maria Awaluddin Dr. Shubash Shander Ganapathy
5	Operation Centre	<ul style="list-style-type: none"> Arrange date and place of meeting Prepare and circulate briefing materials Prepare and circulate minutes of CCT meeting Prepare letters of appointment for Central Field Supervisors, Field Supervisors and data collectors Prepare advertisement material for recruitment of data collectors Prepare letters of notifications for data collections Prepare manuals for field Supervisors and data collectors Develop a system/format and monitor the distribution of materials/ equipment for field work 	Mr. Lim Kuang Kuay Ms. Nashrah Adilah Ismail

Appendix 5: List of Research Team Members, NHMS 2022

Alcohol Use

1. Dr. Rusdi Abd Rashid
2. Dr. Norli Abdul Jabbar
3. Mr. Faizul Akmal Abdul Rahim
4. Ms. Hamizatul Akmal Abd Hamid
5. Ms. Halizah Mat Rifin
6. Ms. Hasimah Ismail
7. Mr. Mohd Hatta Abdul Mutalip
8. Dr. Muhammad Fadhli Mohd Yusoff
9. Dr. Thamil Arasu Saminathan
10. Dr. Tania Gayle Robert
11. Dr. Chong Zhuo Lin

Dietary Behaviours

1. Dr. Ahmad Ali Zainuddin
2. Ms. Ainan Nasrina Ismail
3. Ms. Teh Wai Siew
4. Dr. Lai Wai Kent
5. Dr. Suhaila Abdul Ghaffar
6. Mr. Azli Bin Baharudin@Shaharudin
7. Mr. Chong Chean Tat
8. Ms. Lalitha Palaniveloo
9. Mr. Muhammad Faiz Mohd Hisham
10. Ms. Munawara Pardi
11. Dr. Norsyamliana Che Abdul Rahim
12. Ms. Nurul Huda Ibrahim
13. Ms. Siti Adibah Ab. Halim
14. Ms. Syafinaz Mohd Sallehuddin

Nutritional Status

1. Ms. Ainan Nasrina Ismail
2. Dr. Ahmad Ali Zainuddin
3. Ms. Lalitha Palaniveloo
4. Mr. Khairul Hasnan Amali
5. Ms. Siti Adibah Ab. Halim

Drug Use

1. Dr. Mohamad Salleh Abdul Ghani
2. Dr. Norli Abdul Jabbar
3. Dr. Rushidi Abd Rashid
4. Dr. Thamil Arasu Saminathan
5. Dr. Maznieda Mahjom
6. Ms. Hasimah Ismail
7. Ms. Hamizatul Akmal Abd Hamid
8. Dr. Muhammad Fadhli Mohd Yusoff
9. Mr. Mohd Haniff Bistari
10. Dr. Halizah Mat Rifin
11. Dr. Tania Gayle Rober

Hygiene (Including Oral Health)

1. Dr. Fazila Haryati
2. Ms. Rafidah Ali
3. Dr. Chan Yee Mang
4. Mr. Mohd Hatta Abdul Mutalip
5. Dr. Nik Adilah Shahein
6. Ms. Norzawati Yoep
7. Dr. Annapurny Venkiteswaran
8. Dr. Nurulasmak Mohamed
9. Dr. Nik Daliana Nik Farid
10. Dr. Saidatul Norbaya Buang

Mental Health Problems

1. Dr. Nurashikin Ibrahim
2. Dr. Nor Rahidah Abdul Rahim
3. Dr. Noor Raihan Khamal
4. Dr. Noor Ani Ahmad,
5. Dr. Sherina Mohd Sidek
6. Ms. Norhafizah Sahril
7. Dr. Chan Yee Mang
8. Dr. Kishwen Kanna Yoga Ratnam
9. Mr. Mohd Ruhaizie Riyadzi
10. Mr. Mohd Haniff Bistari
11. Dr. Muhammad Azri Adam Adnan
12. Dr. Muhamad Khairul Nazrin Khalil
13. Dr. Mohd Shaiful Azlan Kassim
14. Mr. Mohamad Aznuddin Abd Razak
15. Ms. Nur Hidayatun Fadhilah Mohd Nor
16. Mr. Sheikh Shafizal Sheikh Ilman

Physical Activity

1. Dr. Hazizi Abu Saad
2. Dr. Mohd Azahadi Omar
3. Ms. Nur Hidayatun Fadhilah Mohd Nor
4. Dr. Muhammad Solihin Rezali
5. Dr. Affendi Isa
6. Ms. Siti Balkhis Shafie
7. Mr. Lim Kuang Kuay
8. Mr. Mohamad Aznuddin Abd Razak
9. Dr. Mohd Shaiful Azlan Kassim
10. Mr. Azli Baharudin@Shaharudin
11. Mr. Mohd Hairmansah Mohd Shah
12. Ms. Nor'Ain Ab Wahab
13. Ms. Norliza Shamsuddin
14. Ms. Nazirah Alias
15. Ms. Nurul Haniyah Roslan

Protective Factors

1. Dr. Nik Rubiah Nik Abdul Rashid
2. Dr. Nik Daliana Nik Farid
3. Dr. Zamzaireen Zainal Abidin
4. Ms. Nazirah Alias
5. Ms. Eida Nurhadzira Muhammad
6. Ms. Filza Noor Asari
7. Mr. Faizul Akmal Abdul Rahim
8. Dr. Tan Lee Ann
9. Dr. S Maria Awaluddin
10. Dr. Khaw Wan-Fei
11. Mr. Mohd Amierul Fikri Mahmud
12. Mr. Mohd Farihan Md Yatim
13. Dr. Nur Hamizah Nasaruddin

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

1. Dr. Anita Suleiman
2. Dr. Nik Rubiah Nik Abdul Rashid
3. Dr. Chong Zhuo Lin
4. Dr. Fatin Athira Tahir
5. Dr. Mazliza Ramly
6. Dr. Maznieda Mahjom
7. Dr. Nik Adilah Shahein
8. Dr. S Maria Awaluddin
9. Dr. Noor Aliza Lodz
10. Dr. Amal Shamsudin

Tobacco Use

1. Dr. Noraryana Hassan
2. Dr. Norliana Ismail
3. Dr. Muhammad Hairul Nizam Abd Hamid
4. Ms. Ummi Nadiah Yusoff
5. Dr. Nizam Baharom
6. Mr. Lim Kuang Hock
7. Mr. Mohd Ruhaizie Riyadzi
8. Dr. Muhammad Fadhli Mohd Yusoff
9. Dr. Thamil Arasu Saminathan
10. Dr. Tania Galye Robert Lourdes
11. Dr. Halizah Mat Rifin
12. Ms. Hamizatul Akmal Abd Hamid
13. Ms. Hasimah Ismail
14. Dr. Wan Kim Sui
15. Dr. Kishwen Kanna Yoga Ratnam

Violence and Unintentional Injury

1. Ms. Hamizatul Akmal Abd Hamid
2. Dr. Tan Lee Ann
3. Dr. Nor Rahidah Abd Rahim
4. Dr. Noor Raihan Khamal
5. Mr. Mohd Hazrin Hasim@Hashim
6. Ms. Nur Faraeein Zainal Abidin
7. Dr. Noor Suraya Muhamad
8. Dr. Shubash Shander Ganapathy
9. Mr. Muhammad Hanafi Bakri

Adolescents' Perspective on the Impact of COVID-19 to their family

1. Dr. S Maria Awaluddin
2. Mr. Lim Kuang Kuay
3. Ms. Noor Syaqlah Shawaluddin
4. Mr. Tuan Mohd Amin Tuan Lah
5. Dr. Maznieda Mahjom
6. Dr. Noor Ani Ahmad
7. Dr. Saidatul Norbaya Buang
8. Dr. Nik Rubiah Nik Abdul Rashid

Appendix 6: List of Data Collection Teams, NHMS 2022

JOHOR

Field Supervisor

Dr. Lai Wai Kent

Drivers

1. Mr. Muhammad Azraei Alias
2. Mr. Mohammad Nazrin Nazmuding

Research Assistants

1. Ms. Salsabeela Mohd Ariff
2. Ms. Nurfatin Syazwana Ayob
3. Ms. Raja Nur Fatin Ainsyah Raja Omar
4. Ms. Nor Diana Zulkefli
5. Mr. Mohammad Luqman Abdul Aziz
6. Ms. Siti Noorul Nadhirah Zamrus

KEDAH

Field Supervisor

Mrs. Lalitha Palaniveloo

Drivers

1. Mr. Muhammad Shahrul Arieff Shahrudin
2. Mr. Mohamad Najmi Shahrin

Research Assistants

1. Ms. Nur Liyana Rosle
2. Mr. Muhammad Iqbal Mat Rosdi
3. Ms. Siti Nur Adibah Zainudin
4. Ms. Nur Hawanis Hashim
5. Mr. Muhammad Zaqun Mohamad Zamri
6. Ms. Noor Fazira Mhd Sofbri

KELANTAN

Field Supervisor

Dr. Norsyamalina Che Abdul Rahim

Drivers

1. Mr. Muhamad Sahasrizan Samat
2. Mr. Muhamad Izzat Amir Mohd Nasir

Research Assistants

1. Mr. Muhammad 'Izzuddin Che Ismail
2. Mr. Mohamad Azli Che Daud
3. Ms. Wan Anisa Rodzlan Hasani
4. Mr. Muhammad 'Izzuddin Che Ismail
5. Ms. Nurul Farhani Faizol
6. Ms. Siti Hajar Ishak

MELAKA

Field Supervisor

Ms. Eida Nurhadzira Muhammad

Drivers

1. Ms. Siti Zulaikha Yahya
2. Ms. Puteri Nurdhiyana Othman

Research Assistants

1. Ms. Erma Safwan Erison
2. Ms. Nur Aishah Solihin Mohmad Nezan
3. Ms. Siti Normah Abdul Manan
4. Ms. Najihah Md Din
5. Ms. Nur Anis Syafiqqa Zulkefli
6. Ms. Fairuz Mohd Hashim

NEGERI SEMBILAN

Field Supervisor

Mr. Jayvikramjit Singh Manjit Singh

Drivers

1. Mr. Zakaria Mohammad
2. Mr. Gabriel Jatun

Research Assistants

1. Ms. Norsahira Kamarudin
2. Mr. Mohamad Pauzan Razali
3. Ms. Norhayati Kamarudin
4. Ms. Nurul Syuhada Samsuddin
5. Ms. Siti Aisyah Ibrahim
6. Ms. Izzati Wan Azelee

PAHANG

Field Supervisor

Mr. Sheikh Shafizal Sheikh Ilman

Drivers

1. Mr. Muhammad Ruzaini Ahmad Amri
2. Mr. Ihsan Hashim

Research Assistants

1. Ms. Norhakimah Md Din
2. Mr. Harizamharizal Syafrizal
3. Ms. Norhidayah Abdul Majid
4. Ms. Nur Aina Amira Zailani
5. Ms. Geerthana A/P R. Ravichandiran
6. Mr. Muhamad Firdaus Paizol

PULAU PINANG**Field Supervisor**

Ms. Rafidah Ali

Drivers

1. Mr. Muhammad Arif Misra
2. Mr. Muhammad Syauqi Adrus

Research Assistants

1. Mrs. Eng Gaik Sim
2. Mr. Neoh Choo Loa
3. Mr. Mohammad Hasrizal Hassan
4. Mr. Tan Jun Xian
5. Mr. Muhammad Amin Sabri
6. Ms. Nurnabilah Afrina Azami

PERAK**Field Supervisor**

Dr. Halizah Mat Riffin

Drivers

1. Mr. Muhammad Raidillah Che Ab. Rahim
2. Mr. Muhamad Syawal Azim Mohd Hisham

Research Assistants

1. Ms. Azieda Abu Bakar
2. Ms. Zawahir Ngah Said
3. Ms. Erma Natasa Norhan
4. Ms. Amni Zulaika Ahmad Azmi
5. Ms. Haszieyatul Affidah Hasnan
6. Mr. Amirul Amin Mohamed Tarmizi

PERLIS**Field Supervisor**

Dr. Suhaila Abdul Ghaffar

Drivers

1. Mr. Mohammad Amiruddin Kamarunzaman
2. Mr. Mohd Aizam Zahid

Research Assistants

1. Ms. Ainul Mardhiah Pakhrrurrazi
2. Ms. Nur Syuhada Zahid
3. Ms. Fairuz Tasnim Shaffie
4. Ms. Nor Najihah Muslim
5. Ms. Jaizah Jamil
6. Ms. Noor Faralina Izzati Kamarunzaman

SELANGOR**Field Supervisor**

Ms. Nazirah Alias

Drivers

1. Mr. Hezri Izuan Ahmad Termizi
2. Mr. Muhammad Izzat Mat Yusoff

Research Assistants

1. Ms. Nurul Atiqah Mat Yusoff
2. Ms. Rabi'ahatul Assuhadah Mohd Rafa'ai
3. Ms. Fatini Abd Rahman
4. Mr. Muhammad Azrol Mohd Rozi
5. Ms. Noor Aiman Afaf Afiffudden
6. Ms. Nurul Ashikin Nosarodin

TERENGGANU**Field Supervisor**Dr. Fazila Haryati Ahmad
Mr. Mohd Ruhaizie Riyadzi**Drivers**

1. Mr. Muhammad Afif Bani Yami
2. Mr. Muhammad Najmi Alif Muda

Research Assistants

1. Mr. Alif Amirul Ikhwan Hussin
2. Ms. Nur Alis Nadia Azman
3. Ms. Nurul Shafiqah Kusno
4. Ms. Siti Nur Sharmiela Ayob
5. Ms. Madhiah Che Man
6. Ms. Nur Atiqah Hazwani Mohammed

SABAH**Field Supervisor**

Ms. Nur Faraeein Zainal Abidin

Drivers

1. Mr. Steve Glantdenventur E Benjamin
2. Mr. Javixsen James
3. Mr. Mohd Jazlan Harith Abdul Razak

Research Assistants

1. Mr. Joel Sonny Saimin
2. Ms. Haslinda Hasan
3. Mr. Wan Misly Kindon
4. Ms. Nur Maisarah Maksud
5. Mr. Mohd Hafizan Sani
6. Mr. Mohd Aldy Abdul Razak
7. Ms. Marini Juanah Mantigang
8. Ms. Fyrah James
9. Ms. Lovera Karera Kalaka

SARAWAK**Field Supervisor**Dr. Khaw Wan Hei
Mr. Mohd Hairmanshah Mohd Shah**Drivers**

1. Mr. Mohammed Hefalani Mohd Azman
2. Mr. Wilkinson Anak Welling
3. Mr. Afiq Fakrul Ismail

Research Assistants

1. Mr. Daniel Sia Pong Chai
2. Ms. Nurul Afifah Nasir
3. Mr. Mugang Anak Japar
4. Mr. Fabian Anak Mathew
5. Ms. Aelsa Anak Anthony
6. Ms. Christina Sie Fang Yun
7. Ms. Happilyn Anak Li
8. Mr. Mohammad Hasnol Abd Halim
9. Mr. Nazran Bazlan Nawi

KUALA LUMPUR

Field Supervisor

Dr. Nur Hamizah Nasaruddin

Drivers

1. Mr. Muhammad Muazzam Abdul Rahman
2. Mr. Adib Iman Osman

Research Assistants

1. Mr. Amirah Ali
2. Mr. Muhammad Yusri Abdullah
3. Ms. Nur Amirah Alias
4. Mr. Nurulnatasha Jumali
5. Ms. Noor Hasnieza Ahmad
6. Mr. Muhammad Naim Ismail

WP LABUAN

Field Supervisor

Dr. Muhammad Azri Adam Adnan

Driver

1. Mr. Niveno Eldo Sonny Mat

Research Assistants

1. Ms. Mawarsari Said
2. Mr. Jeldy Galoh
3. Ms. Nor Syafina Gorganius
4. Mr. Ignasius Cartilo Taimin
5. Ms. Norfazirah Amlan
6. Ms. Noor Azni Adzmain

WP PUTRAJAYA

Field Supervisor

Ms. Syafinaz Mohd Sallehuddin

Drivers

1. Mr. Mohd Sanusi Aziz
2. Mr. Muhammad Asyraf Jasri

Research Assistants

1. Ms. Aini Farina Mohd Zamri
2. Ms. Nurul Atikah Mohd Rozi
3. Mr. Nurlis Yunarlis
4. Ms. Azizah Nurfauziah Jafri
5. Ms. Rohana Saharudin



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