



KEMENTERIAN KESIHATAN MALAYSIA



KEMENTERIAN PENDIDIKAN MALAYSIA

## NATIONAL HEALTH & MORBIDITY SURVEY 2022

# ADOLESCENT HEALTH SURVEY 2022



**NEGERI SEMBILAN**



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## LIST OF ABBREVIATIONS

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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 Negeri Sembilan, 16 secondary schools were randomly selected, and out of 2422 eligible students, 2210 students completed the survey, yielding a response rate of 91.2%.

### Negeri Sembilan 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 Negeri Sembilan was 18.5%, 8.7%, 5.7% and 14.4% respectively. 72.1% of adolescents had their first alcoholic beverage before the age of 14 years in Negeri Sembilan. The prevalence of ever having sex and had sex in the past 30 days among adolescents was 8.8% and 6.5%, respectively. Of those who ever had sex, 39.3% had their first sexual experience before age 14, and 10.2% had at least two sexual partners. Only 12.5% of respondents or their partners had used condoms, while 12.5% used other birth control methods. A total of 19.2% 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, 16.0% claimed to have been physically attacked in the past 12 months, while 16.9% of adolescents claimed to have been involved in physical fights. With regards to bullying, 8.4% reported having been bullied in the past 30 days. A total of 15.4% of adolescents in Negeri Sembilan reported feeling lonely, and 12.7% 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 12.1%, 9.7%, and 9.6%, respectively. Overall, 25.9% of adolescents reported being depressed. The prevalence of truancy among adolescents in the past 30 days was 23.8%, and only 44.4% claimed to have peer support. Adolescents who reported having parental or guardian supervision, parental or guardian connectedness and parental or guardian bonding were 10.9%, 25.5% and 32.9%, respectively. Overall, 82.3% of adolescents reported brushing their teeth twice a day in the past 30 days. A total of 36.6% of adolescents reported not knowing whether their toothpaste contained fluoride

while only 22.6% used dental floss. In the past 30 days, 72.0% always used soap when washing their hands, 87.1% always washed their hands before eating, and 86.6% reported that they always washed their hands after using the toilet. In relation to dietary behaviours, 2.9% reported being hungry most of the time or always in the past 30 days because there was not enough food at home. The consumption of fruits at least twice daily was 39.4% and vegetables at least thrice daily was 29.1% in the past 30 days. Consumption of carbonated drinks at least once daily in the past 30 days was reported at 31.6%, 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 5.8% and 9.3%, respectively, while the prevalence of overweight was 15.5% and obesity was 16.2%. Prevalence of being physically active was 24.7% and 26.6% of adolescents reported active transportation to school. In addition, 64.0% of adolescents had spent at least three hours on a typical or usual day in sitting activities. Overall, 6.0% reported had ever used drug and the prevalence of current drug users was 3.5%. The prevalence of ever used kratom was 3.7% and about 2.3% were current used kratom users.

### 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.<sup>1</sup> As much as one-third of the global Burden of Disease (BOD) is attributable to adolescent behavioural choices and events.<sup>2</sup> 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).<sup>3</sup> More than 140 countries have used the GSHS to periodically monitor the prevalence of important health risk behaviours and protective factors among adolescents.<sup>4</sup> 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.<sup>5</sup> In 2017, the second adolescent health study (AHS) using the GSHS methods and questionnaire was conducted in the country.<sup>6</sup> These surveys revealed an increasing trend of health risk behaviours among adolescents in Malaysia.<sup>5,6</sup> 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
<b>Total</b>		<b>2798</b>	<b>240</b>	<b>36000</b>

### 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

1. Sawyer SM, Afifi RA, Bearinger LH, et al. Adolescence: A foundation for future health. *Lancet* 2012;379:1630e40
2. Guthold R, Moller AB, Azzopardi P, Ba MG, Fagan L, Baltag V, Say L, Banerjee A, Diaz T. The Global Action for Measurement of Adolescent health (GAMA) Initiative-Rethinking Adolescent Metrics. *J Adolesc Health*. 2019 Jun;64(6):697-699
3. World Health Organization (WHO). WHO, Global school-based student health survey (GSHS). WHO. <http://www.who.int/chp/gshs/en/>. Accessed 17 Aug 2022
4. Biswas T, Townsend N, Huda M, Maravilla J, Begum T, Pervin S, et al. 2022. Prevalence of multiple non-communicable diseases risk factors among adolescents in 140 countries: A population-based study. *eClinicalMedicine*. 2022;52: 101591
5. Institute for Public Health (IPH) 2012. National Health and Morbidity Survey (NHMS) 2012: Adolescent Health Survey 2012, Malaysia
6. Institute for Public Health (IPH) 2017. National Health and Morbidity Survey (NHMS) 2017: Adolescent Health Survey 2017, Malaysia

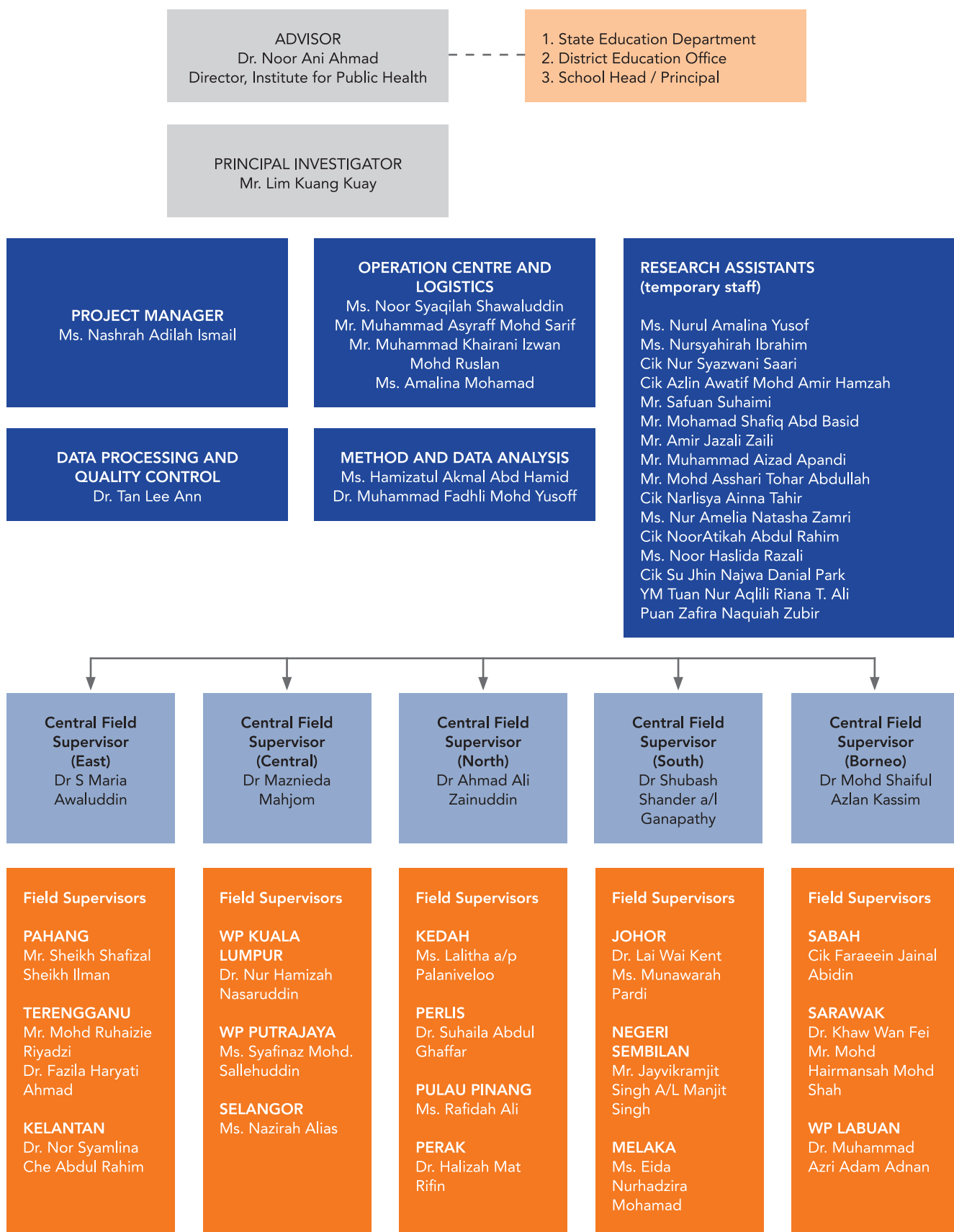


Figure 1: Organisation chart for data collection team NHMS 2022

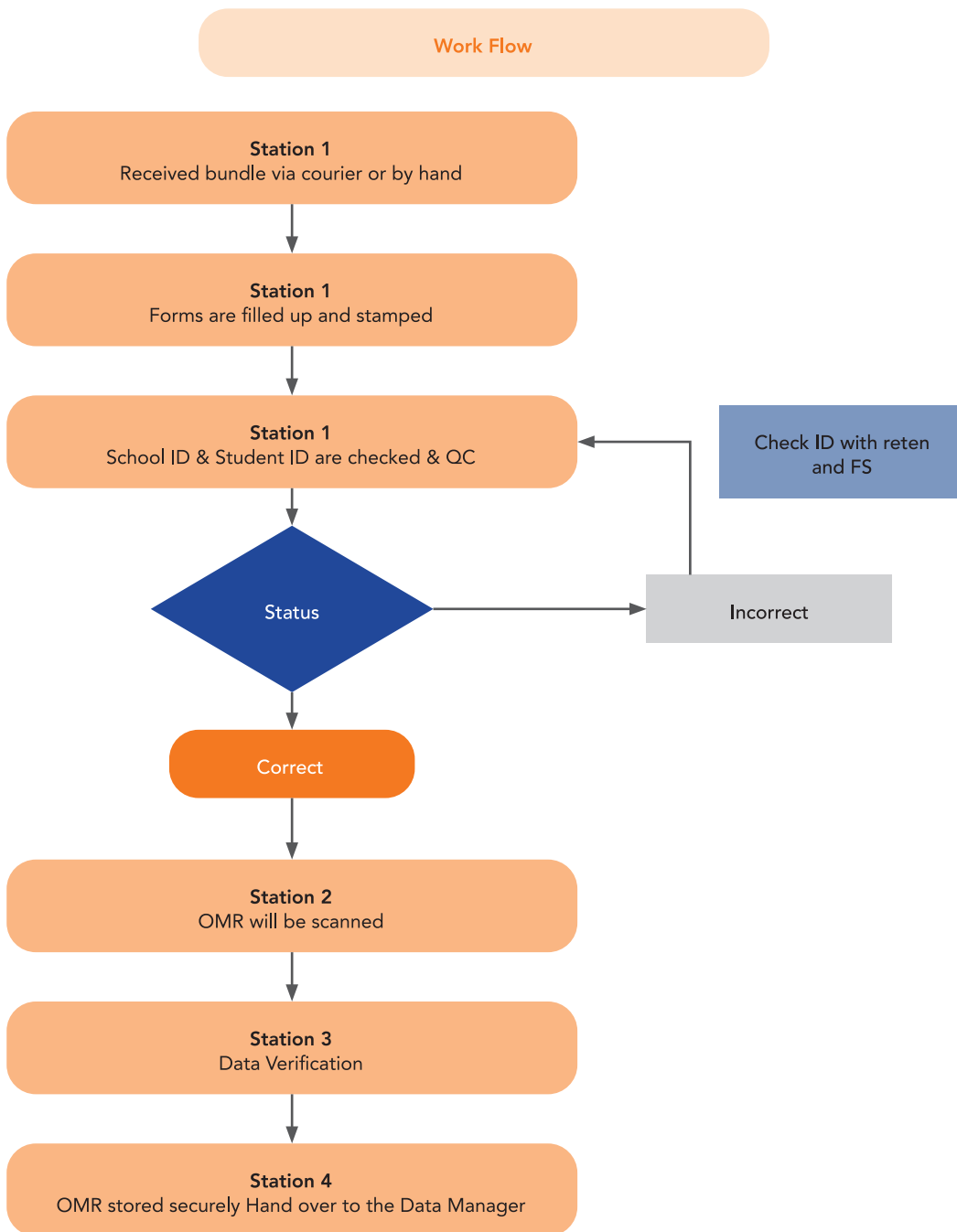


Figure 2: Workflow of Data Processing NHMS 2022

## 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
<b>Total</b>	<b>240</b>	<b>37479</b>	<b>33523</b>	<b>89.44</b>

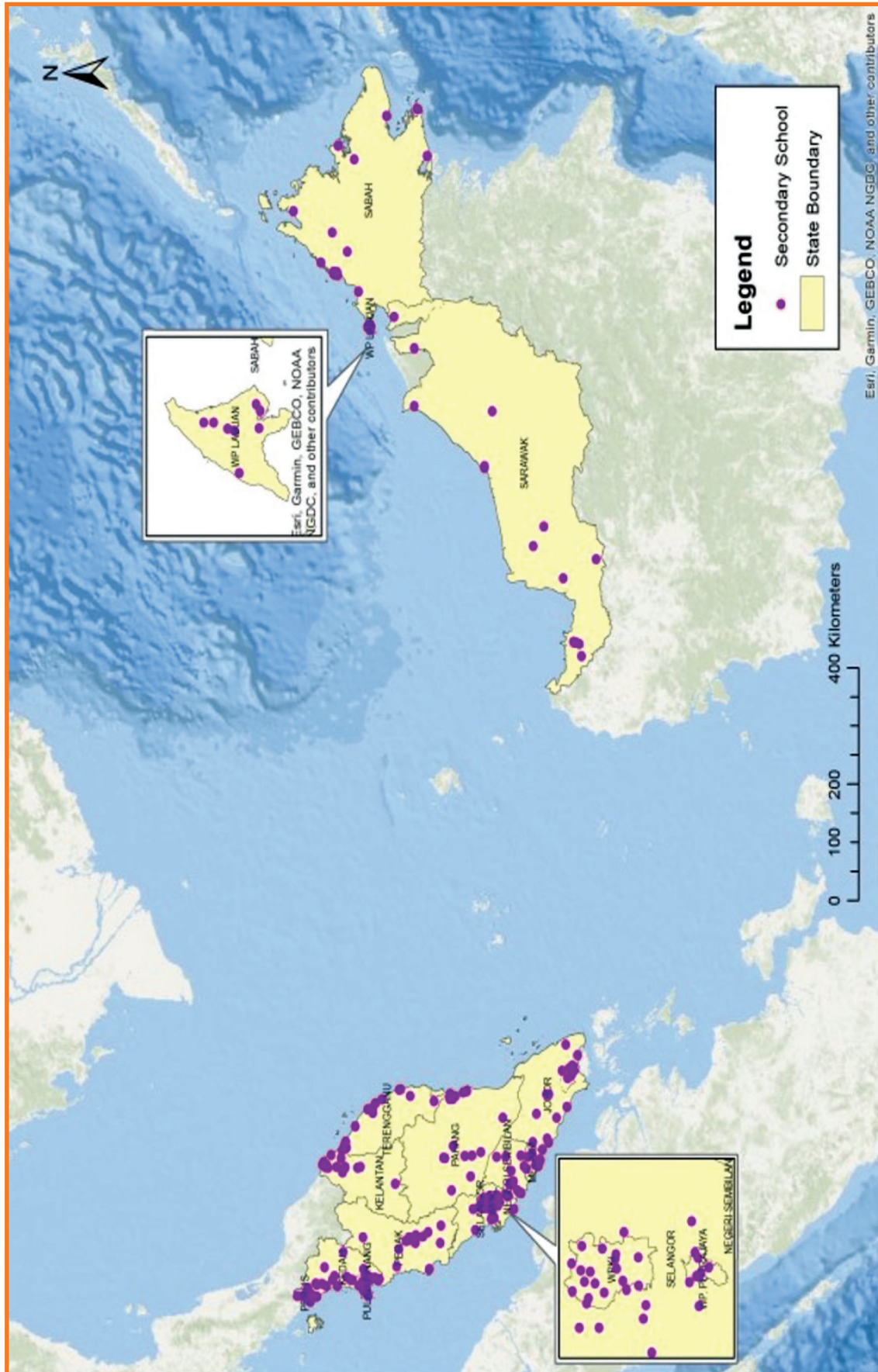


Figure 3: GIS mapping of the selected secondary schools

## 3.2 Alcohol Consumption

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### 3.2.1 Introduction

Annually, the harmful use of alcohol results in approximately 3 million deaths worldwide<sup>1</sup>. Alcohol is responsible for 5.1% of the global burden of disease and injury, as measured by disability-adjusted life years (DALYs)<sup>1</sup>. 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 group<sup>2</sup>.

### 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

#### Initiation of First Alcohol Use Before 14 years old

Among ever alcohol drinkers, 72.1% had their first alcoholic beverage before the age of 14 years. (Table 3.2.1)

#### Sources of Obtaining Alcoholic Beverages Among Current Alcohol Drinkers

Among current alcohol drinkers, 58.7% of adolescents obtained their alcoholic beverages from their family. (Table 3.2.2)

#### Social Problems as a Result of Alcohol Drinking

Overall, the majority (83.2%) 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 3.2.3)

#### Parental and peer drinking

Parental drinking among current alcohol drinkers in Negeri Sembilan was reported as 74.1%, while peer drinking was 88.1%.

#### Drunkenness

Among ever alcohol drinkers, only 25.4% reported drunkenness.

### 3.2.5 Discussion / Conclusion

According to this study, at 72.1%, the proportion of adolescents who drank alcohol for the first time before turning 14 years old remained high. Majority 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.

### 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

1. World Health Organization, Key Fact: Alcohol. <https://www.who.int/news-room/fact-sheets/detail/alcohol>
2. World Health Organisation. Alcohol. <https://www.who.int/health-topics/alcohol>

**Table 3.2.1: Proportion of ever alcohol drinkers according to alcohol initiation age among adolescents in Negeri Sembilan, 2022**

Initiation age of alcohol drinking	Unweighted count	Percentage (%)
Below 14 years old	165	72.1
14 years old and above	61	27.9

**Table 3.2.2: Usual sources of obtaining alcohol in the past 30 days among current drinkers among adolescents in Negeri Sembilan, 2022**

Sources of obtaining alcohol	Unweighted count	Percentage (%)
I bought from a store, shop or from a street vendor	20	-
I gave someone else money to buy it for me	5	-
I got it from my friend	4	4.4
I got it from my family	54	58.7
I stole it or got it without permission	0	-
I got it some other way	7	-

-Prevalence with high RSE, not reported

**Table 3.2.3: 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 Negeri Sembilan, 2022**

Number of times	Unweighted count	Percentage (%)
0 times	222	83.2
1 to 2 times	28	-
3 to 9 times	8	-
10 or more times	4	-

-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 effects<sup>1</sup>. 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 life<sup>2</sup>. 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 Negeri Sembilan. 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 gain<sup>3</sup>.

#### 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 2.9% (95% CI: 2.25, 3.82) 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**). Prevalence of being hungry was higher among females (3.8%, 95% CI: 2.67, 5.27) as compared to male counterparts (2.1%, 95% CI: 1.38, 3.26).

##### Fruit consumption

A total of 39.4% (95% CI: 35.84, 43.03) of adolescents consumed fruit at least twice daily in the past 30 days (**Table 3.3.2**). There were 41.3% (95% CI: 37.78, 44.94) of males and 37.4% (95% CI: 32.16, 42.99) of females who reported consuming fruit at least twice daily.

##### Vegetable consumption

About 29.1% (95% CI: 27.89, 30.30) of adolescents consumed vegetables at least three times daily in the past 30 days (**Table 3.3.3**). Males reported significantly higher vegetable intake (31.7%, 95% CI: 29.49, 33.95) compared to females (26.4%, 95% CI: 24.14, 28.89).

##### Fruits and vegetables intake

About 17.6% (95% CI: 15.92, 19.50) adolescents consumed fruits and vegetables at least five times daily in the past 30 days (**Table 3.3.4**). There were 19.5% (95% CI: 17.39, 21.73) of males and 15.8% (95% CI: 13.10, 18.90) of females who reported consuming fruits and vegetables of at least five times daily.

##### Never Consume Fruit

About 8.3% (95% CI: 6.89, 9.91) adolescents never consume fruit in the past 30 days (**Table 3.3.5**). Prevalence of never consume fruit was 9.2% (95% CI: 7.29, 11.46) among male and 7.4% (95% CI: 5.56, 9.72) among female.

##### Never Consume Vegetable

About 8.3% (95% CI: 6.71, 10.23) of adolescents never consume vegetable in the past 30 days (**Table 3.3.5**). Prevalence of never consume vegetable was 7.0% (95% CI: 5.34, 9.12) among males and 9.6% (95% CI: 7.66, 12.03) among females.

##### Never Consume Fruit and Vegetable

A total of 2.2% (95% CI: 1.53, 3.24) of adolescents never consume fruit and vegetable in the past 30 days (**Table 3.3.5**). Prevalence of never consume fruit and vegetable was 2.2% (95% CI: 1.19, 3.99) among males and 2.3% (95% CI: 1.42, 3.61) among females.



**Carbonated soft drinks intake**

Overall, 31.6% (95% CI: 27.77, 35.59) of adolescents consumed carbonated soft drinks at least once daily in the past 30 days (Table 3.3.6). Males (35.2%, 95% CI: 30.90, 39.71) consumed carbonated soft drinks more frequently than females (27.9%, 95% CI: 22.78, 33.59).

**Plain water intake**

About 45.4% (95% CI: 41.81, 49.13) 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 of less than six glasses per day among females (49.9%, 95% CI: 45.04, 54.67) was higher than males (41.0%, 95% CI: 34.86, 47.67).

**Milk and milk products intake**

About 26.1% (95% CI: 23.19, 29.31) of adolescents consumed milk/milk products at least two times per day in the past 30 days (Table 3.3.8). Findings showed that the prevalence of milk/milk products consumption among females (27.0%, 95% CI: 23.59, 30.78) was slightly higher compared to males (25.3%, 95% CI: 21.29, 29.69).

**Fast food intake**

About 10.6% (95% CI: 8.98, 12.52) 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 higher among male (11.3%, 95% CI: 8.84, 14.27) compared to females (9.9%, 95% CI: 7.90, 12.37).

**3.3.5 Discussions / Conclusion**

In Negeri Sembilan, there were 2.9% 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 39.4% and 29.1%, respectively. However, only 17.6% of them consumed fruits and vegetables five times daily. About 45.4% of adolescents reported drinking plain water less than 6 glasses and 26.1% 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 31.6% while 10.6% 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 Negeri Sembilan 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 Negeri Sembilan**

	NHMS 2012	NHMS 2017	NHMS 2022
Most of the time or always went hungry	4.8	5.0	2.9
Fruits intake of at least twice daily	48.7	38.4	39.4
Vegetables intake of at least three times daily	27.2	28.0	29.1
Fruits and vegetables intake of at least five times daily	28.0	15.6	17.6
Carbonated soft drinks consumption at least once daily	23.0	30.1	31.6
Milk/milk products intake of at least two times daily	Not reported	26.4	26.1
Fast food intake of at least three days in the past seven days	5.0	6.8	10.6

**3.3.7 References**

1. Fletcher EA, McNaughton SA, Crawford D, Cleland V, Della Gatta J, Hatt J, Dollman J, Timperio A. Associations between sedentary behaviours and dietary intakes among adolescents. *Public Health Nutr.* 2018 Apr;21(6):1115-1122
2. Mittal M, Jain V. Management of Obesity and Its Complications in Children and Adolescents. *Indian J Pediatr.* 2021 Dec;88(12):1222-1234
3. Kansra AR, Lakkunarajah S, Jay MS. Childhood and Adolescent Obesity: A Review. *Front Pediatr.* 2021 Jan 12;8:581461

**Table 3.3.1: Prevalence of adolescents in Negeri Sembilan 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
<b>NEGERI SEMBILAN</b>	66	2567	2.9	2.25	3.82
<b>Sex</b>					
Male	21	937	2.1	1.38	3.26
Female	45	1630	3.8	2.67	5.27
<b>Form</b>					
Form 1	11	385	2.0	1.15	3.62
Form 2	21	779	4.3	2.50	7.25
Form 3	15	-	-	-	-
Form 4	8	-	-	-	-
Form 5	11	-	-	-	-
<b>Ethnicity</b>					
Malay	53	2039	3.2	2.53	4.13
Chinese	1	-	-	-	-
Indian	8	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	0	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	865	34395	39.4	35.84	43.03
<b>Sex</b>					
Male	414	18185	41.3	37.78	44.94
Female	451	16210	37.4	32.16	42.99
<b>Form</b>					
Form 1	214	7950	42.3	36.24	48.52
Form 2	185	7457	41.0	33.31	49.25
Form 3	191	7122	39.8	33.18	46.86
Form 4	152	6070	37.3	32.09	42.85
Form 5	123	5796	35.7	27.28	45.21
<b>Ethnicity</b>					
Malay	658	26254	41.7	39.10	44.38
Chinese	76	3046	25.0	17.01	35.06
Indian	119	4571	41.2	34.60	48.09
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	7	328	65.6	31.21	88.87

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	632	25389	29.1	27.89	30.30
<b>Sex</b>					
Male	317	13932	31.7	29.49	33.95
Female	315	11457	26.4	24.14	28.89
<b>Form</b>					
Form 1	162	6026	32.1	29.10	35.27
Form 2	134	5561	30.6	25.81	35.87
Form 3	137	5054	28.3	23.46	33.61
Form 4	101	4114	25.3	21.21	29.87
Form 5	98	4634	28.6	24.88	32.57
<b>Ethnicity</b>					
Malay	432	17450	27.7	26.14	29.41
Chinese	87	3439	28.2	23.71	33.14
Indian	103	4063	36.6	32.04	41.41
Bumiputera Sabah	4	-	-	-	-
Bumiputera Sarawak	3	112	44.3	22.19	68.95
Others	3	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	381	15424	17.6	15.92	19.50
<b>Sex</b>					
Male	193	8580	19.5	17.39	21.73
Female	188	6844	15.8	13.10	18.90
<b>Form</b>					
Form 1	90	3429	18.2	15.41	21.43
Form 2	83	3415	18.7	13.53	25.26
Form 3	84	3101	17.3	13.97	21.32
Form 4	65	2644	16.3	12.38	21.06
Form 5	59	2834	17.5	12.62	23.69
<b>Ethnicity</b>					
Malay	271	10979	17.4	16.30	18.63
Chinese	41	1676	13.7	7.87	22.69
Indian	64	2537	22.9	16.05	31.46
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	3	-	-	-	-

- 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 Negeri Sembilan, 2022

Socio-demographic characteristics	Never consume fruit					Never consume vegetable					Never consume fruit and vegetable				
	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower	95 % CI Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower	95 % CI Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower	95 % CI Upper
<b>NEGERI SEMBILAN</b>	180	7230	8.3	6.89	9.91	185	7248	8.3	6.71	10.23	48	1947	2.2	1.53	3.24
<b>Sex</b>															
Male	94	4035	9.2	7.29	11.46	71	3077	7.0	5.34	9.12	22	965	2.2	1.19	3.99
Female	86	3196	7.4	5.56	9.72	114	4171	9.6	7.66	12.03	26	982	2.3	1.42	3.61
<b>Form</b>															
Form 1	54	2027	10.8	7.82	14.68	57	2154	11.5	8.34	15.60	18	-	-	-	-
Form 2	21	946	5.2	3.56	7.56	23	942	5.2	3.64	7.35	6	-	-	-	-
Form 3	50	1853	10.4	7.25	14.59	51	1882	10.5	7.57	14.45	14	-	-	-	-
Form 4	32	1324	8.1	5.51	11.87	35	1399	8.6	6.18	11.85	7	316	1.9	1.11	3.36
Form 5	23	1080	6.7	4.95	8.90	19	870	5.4	3.13	9.03	3	-	-	-	-
<b>Ethnicity</b>															
Malay	136	5487	8.7	7.04	10.75	157	6125	9.7	7.91	11.94	39	1585	2.5	1.63	3.87
Chinese	17	658	5.4	3.55	8.10	12	-	-	-	-	5	-	-	-	-
Indian	24	966	8.7	6.75	11.14	13	-	-	-	-	3	-	-	-	-
Bumiputera Sabah	3	-	-	-	-	1	-	-	-	-	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-	0	-	-	-	-	0	-	-	-	-
Others	0	-	-	-	-	2	-	-	-	-	0	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	677	27547	31.6	27.77	35.59
<b>Sex</b>					
Male	348	15485	35.2	30.90	39.71
Female	329	12062	27.9	22.78	33.59
<b>Form</b>					
Form 1	177	6666	35.4	29.45	41.91
Form 2	140	5954	32.8	25.97	40.39
Form 3	138	5176	29.0	23.36	35.36
Form 4	128	5247	32.3	26.15	39.04
Form 5	94	4505	27.8	19.51	37.91
<b>Ethnicity</b>					
Malay	482	19711	31.3	26.96	36.07
Chinese	88	3559	29.2	23.15	36.03
Indian	99	3945	35.5	26.10	46.26
Bumiputera Sabah	4	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	2	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	1011	39680	45.4	41.81	49.13
<b>Sex</b>					
Male	417	18098	41.1	34.86	47.67
Female	594	21581	49.9	45.04	54.67
<b>Form</b>					
Form 1	232	8426	44.8	39.04	50.69
Form 2	218	8782	48.3	42.06	54.68
Form 3	231	8446	47.3	41.61	53.08
Form 4	180	7235	44.5	36.73	52.51
Form 5	150	6791	41.9	32.76	51.58
<b>Ethnicity</b>					
Malay	717	28181	44.8	40.43	49.26
Chinese	158	6225	51.0	41.58	60.39
Indian	124	4814	43.4	33.49	53.81
Bumiputera Sabah	6	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	3	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	579	22812	26.1	23.19	29.31
<b>Sex</b>					
Male	258	11119	25.3	21.29	29.69
Female	321	11693	27.0	23.59	30.78
<b>Form</b>					
Form 1	143	5268	28.0	22.16	34.71
Form 2	99	3884	21.4	16.60	27.19
Form 3	143	5288	29.6	24.52	35.29
Form 4	106	4293	26.4	22.07	31.23
Form 5	88	4079	25.2	19.14	32.31
<b>Ethnicity</b>					
Malay	438	17337	27.6	24.61	30.76
Chinese	55	2103	17.2	11.24	25.51
Indian	79	3073	27.7	21.82	34.43
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	4	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	226	9247	10.6	8.98	12.52
<b>Sex</b>					
Male	111	4963	11.3	8.84	14.27
Female	115	4284	9.9	7.90	12.37
<b>Form</b>					
Form 1	49	1802	9.6	7.32	12.44
Form 2	45	1908	10.5	6.90	15.74
Form 3	45	1714	9.6	6.21	14.57
Form 4	44	1775	10.9	7.53	15.56
Form 5	43	2048	12.7	8.62	18.21
<b>Ethnicity</b>					
Malay	177	7211	11.5	9.65	13.60
Chinese	17	708	5.8	3.92	8.52
Indian	29	1211	10.9	7.01	16.57
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	1	-	-	-	-

- 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 childhood<sup>1</sup>. The nutritional status of adolescents is assessed using anthropometric measurements (weight and height) and interpreted using WHO 2007 Growth Reference Data for 5-19 years<sup>2</sup>. 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 5.8% (95% CI: 4.94, 6.90). Females [7.4%, (95% CI: 5.85, 9.23)] showed higher prevalence compared to males [4.3%, (95% CI: 3.03, 6.19)]. (Table 3.4.1).

##### BMI -for-Age z-score

According to the WHO 2007 Growth Reference Data for 5-19 years. The prevalence of stunting among adolescents was 9.8% (95% CI: 8.06, 11.83). The data showed that the prevalence of thinness was significantly higher among males [13.8%, (95% CI: 11.37, 16.60)] compared to females [5.7%, (95% CI: 4.20, 7.76)]. (Table 3.4.2).

##### Overweight and Obesity

The prevalence of overweight was 15.5% (95% CI: 13.69, 17.40). Comparing the sexes, females had a higher prevalence at 16.0% (95% CI: 13.84, 18.36)] compared to males [14.9% (95% CI: 11.95, 18.53)] (Table 3.4.3). For obesity, the prevalence was 16.2% (95% CI: 14.50, 18.15). Between the sexes, males had a higher prevalence of obesity at 19.0% (95% CI: 16.52, 21.78) compared to females [13.4% (95% CI: 10.99, 16.30)]. (Table 3.4.3).

#### 3.4.5 Discussion / Conclusion

Overall, the prevalence of overweight and obesity totalling 31.7% was higher than thinness (9.8%) and stunting (5.8%). It can be concluded that adolescents in Negeri Sembilan 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 &lt;-2SD) among adolescents in Negeri Sembilan, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	127	5102	5.8	4.94	6.90
<b>Sex</b>					
Male	44	1911	4.3	3.03	6.19
Female	83	3190	7.4	5.85	9.23
<b>Form</b>					
Form 1	19	733	3.9	2.33	6.46
Form 2	23	955	5.2	3.03	8.87
Form 3	19	652	3.7	2.31	5.74
Form 4	35	1426	8.8	6.25	12.17
Form 5	31	1335	8.3	6.03	11.22
<b>Ethnicity</b>					
Malay	100	3979	6.3	5.31	7.52
Chinese	7	-	-	-	-
Indian	19	813	7.3	4.98	10.65
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	0	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.4.2: Prevalence of thinness (BAZ &lt;-2SD) among adolescents in Negeri Sembilan, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	212	8538	9.8	8.06	11.83
<b>Sex</b>					
Male	142	6058	13.8	11.37	16.60
Female	70	2480	5.7	4.20	7.76
<b>Form</b>					
Form 1	38	1464	7.8	5.35	11.18
Form 2	37	1478	8.1	5.70	11.42
Form 3	51	1968	11.0	7.81	15.35
Form 4	47	1746	10.7	8.09	14.12
Form 5	39	1881	11.7	7.17	18.43
<b>Ethnicity</b>					
Malay	141	5822	9.3	7.16	11.91
Chinese	26	884	7.2	4.20	12.09
Indian	43	1733	15.7	10.09	23.56
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported



Table 3.4.3: Prevalence of overweight (BAZ >+1SD to ≤+2SD) and obesity (BAZ >+2SD) among adolescents' student in Negeri Sembilan, 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
<b>NEGERI SEMBILAN</b>	342	13483	15.5	13.69 17.40	352	14172	16.2	14.50 18.15
<b>Sex</b>								
Male	151	6570	14.9	11.95 18.53	191	8362	19.0	16.52 21.78
Female	191	6913	16.0	13.84 18.36	161	5810	13.4	10.99 16.30
<b>Form</b>								
Form 1	81	3003	16.0	13.18 19.21	96	3530	18.8	15.39 22.68
Form 2	77	3159	17.3	13.44 22.10	76	3268	17.9	14.58 21.88
Form 3	71	2547	14.3	10.46 19.16	70	2536	14.2	11.66 17.20
Form 4	65	2593	15.9	12.34 20.35	56	2204	13.6	10.19 17.80
Form 5	48	2181	13.5	10.88 16.71	54	2634	16.3	12.02 21.84
<b>Ethnicity</b>								
Malay	240	9515	15.1	12.74 17.91	266	10780	17.2	15.19 19.31
Chinese	52	2026	16.5	13.37 20.25	29	1229	10.0	7.70 12.94
Indian	48	1855	16.8	13.04 21.33	54	2012	18.2	15.30 21.52
Bumiputera Sabah	0	-	-	- -	0	-	-	- -
Bumiputera Sarawak	1	-	-	- -	0	-	-	- -
Others	1	-	-	- -	3	-	-	- -

- 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.<sup>1</sup> 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.<sup>1</sup> 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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, 6.0% (95% CI: 4.53, 7.88) of adolescents reported that they had ever used drug during their lifetime and it was significantly higher among males [7.2% (95%CI: 5.38, 9.58)] as compared to females [4.7% (95%CI: 3.22, 6.94)] (**Table 3.5.1**). The prevalence of current drug users was 3.5% (95%CI: 2.18, 5.47); males [4.3% (95%CI: 2.69, 6.93)] were significantly higher than females [2.6% (95%CI: 1.37, 4.78)] (**Table 3.5.2**). Overall, 2.6% (95% CI: 1.73, 3.82) of adolescents reported had ever used inhalant during their lifetime. Males was higher [2.7% (95% CI: 1.46, 4.92)] than females [2.5% (95% CI: 1.66, 3.63)] (**Table 3.5.3**).

Overall, 3.7% (95% CI: 2.47, 5.46) of adolescents reported had ever used kratom during their lifetime. Males was also significantly higher [5.5% (95% CI: 3.58, 8.30)] than females [1.9% (95% CI: 1.02, 3.37)] (**Table 3.5.4**). Overall, 2.3% (95% CI: 1.29, 3.97) of adolescents reported had current used kratom in the past 30 days and involvement among males was 3.3% (95% CI: 1.85, 5.92) (**Table 3.5.4**). Among current users, about 24.3% had stolen or got drugs without permission (**Table 3.5.5**). Among ever drug users, 69.0% (95% CI: 32.18, 91.26) of them had initiated before the age of 14 years old (**Table 3.5.6**).

### 3.5.5 Discussion / Conclusion

From this survey found that kratom use was most common among male adolescents. Among the ever drug user, the majority [69.0% (95% CI: 32.18, 91.26)] had initiated at the age before the age of 14 years old (**Table 3.5.6**).

### 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 Negeri Sembilan, 2022

Socio-demographic characteristics	Ever used drug* based on 2017					Ever used drug**				
	Unweighted count	Estimated population	Prevalence (%)	Lower	Upper	Unweighted count	Estimated population	Prevalence (%)	Lower	Upper
<b>NEGERI SEMBILAN</b>	76	3045	3.5	2.20	5.55	125	5198	6.0	4.53	7.88
<b>Sex</b>										
Male	34	1536	3.5	2.01	6.07	69	3155	7.2	5.38	9.58
Female	42	1509	3.5	2.11	5.77	56	2043	4.7	3.22	6.94
<b>Form</b>										
Form 1	21	-	-	-	-	27	965	5.1	3.08	8.45
Form 2	22	-	-	-	-	27	-	-	-	-
Form 3	15	577	3.3	1.86	5.62	27	1029	5.8	3.34	9.89
Form 4	7	-	-	-	-	16	630	3.9	2.41	6.23
Form 5	11	508	3.1	1.70	5.75	28	1361	8.4	5.37	12.93
<b>Ethnicity</b>										
Malay	36	1447	2.3	1.73	3.09	81	3413	5.5	4.39	6.76
Chinese	16	-	-	-	-	19	-	-	-	-
Indian	22	-	-	-	-	23	-	-	-	-
Bumiputera Sabah	1	-	-	-	-	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-	0	-	-	-	-
Others	1	-	-	-	-	1	-	-	-	-

- 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 current drug use among adolescents in Negeri Sembilan, 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
<b>NEGERI SEMBILAN</b>	53	-	-	-	71	3010	3.5	2.18 5.47
<b>Sex</b>								
Male	27	-	-	-	41	1900	4.3	2.69 6.93
Female	26	-	-	-	30	1109	2.6	1.37 4.78
<b>Form</b>								
Form 1	17	645	3.4	1.96 5.96	17	645	3.4	1.96 5.96
Form 2	20	-	-	-	22	-	-	-
Form 3	8	-	-	-	14	-	-	-
Form 4	4	-	-	-	9	-	-	-
Form 5	4	-	-	-	9	-	-	-
<b>Ethnicity</b>								
Malay	21	855	1.4	0.83 2.23	39	1626	2.6	1.78 3.78
Chinese	14	-	-	-	14	-	-	-
Indian	17	-	-	-	17	-	-	-
Bumiputera Sabah	1	-	-	-	1	-	-	-
Bumiputera Sarawak	0	-	-	-	0	-	-	-
Others	0	-	-	-	0	-	-	-

- 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 3.5.3: Prevalence of inhalant use among adolescents in Negeri Sembilan, 2022

Socio-demographic characteristics	Ever used inhalant in a lifetime			Current used inhalant in the past 30 days								
	Unweighted count	Estimated population	Prevalence (%)	Lower	Upper	95 % CI	Unweighted count	Estimated population	Prevalence (%)	Lower	Upper	95 % CI
<b>NEGERI SEMBILAN</b>	56	2239	2.6	1.73	3.82		34	-	-	-	-	-
<b>Sex</b>												
Male	26	1179	2.7	1.46	4.92		15	-	-	-	-	-
Female	30	1060	2.5	1.66	3.63		19	-	-	-	-	-
<b>Form</b>												
Form 1	16	527	2.8	1.59	4.93		9	-	-	-	-	-
Form 2	16	-	-	-	-		15	-	-	-	-	-
Form 3	11	425	2.4	1.38	4.11		5	-	-	-	-	-
Form 4	5	-	-	-	-		2	-	-	-	-	-
Form 5	8	-	-	-	-		3	-	-	-	-	-
<b>Ethnicity</b>												
Malay	29	1156	1.8	1.39	2.44		14	562	0.9	0.48	1.67	
Chinese	10	-	-	-	-		10	-	-	-	-	-
Indian	15	-	-	-	-		10	-	-	-	-	-
Bumiputera Sabah	1	-	-	-	-		0	-	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-		0	-	-	-	-	-
Others	1	-	-	-	-		0	-	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.5.4: Prevalence of kratom use among adolescents in Negeri Sembilan, 2022

Socio-demographic characteristics	Ever used kratom in a lifetime				Current used kratom in the past 30 days			
	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper	Unweighted count	Estimated population	Prevalence (%)	95 % CI Lower Upper
<b>NEGERI SEMBILAN</b>	72	3198	3.7	2.47 5.46	45	1976	2.3	1.29 3.97
<b>Sex</b>								
Male	51	2398	5.5	3.58 8.30	31	1457	3.3	1.85 5.92
Female	21	800	1.9	1.02 3.37	14	-	-	- -
<b>Form</b>								
Form 1	8	-	-	- -	7	-	-	- -
Form 2	18	-	-	- -	16	-	-	- -
Form 3	18	-	-	- -	9	-	-	- -
Form 4	11	-	-	- -	7	269	1.7	0.89 3.10
Form 5	17	-	-	- -	6	-	-	- -
<b>Ethnicity</b>								
Malay	53	2328	3.7	2.64 5.22	25	1079	1.7	1.19 2.49
Chinese	4	-	-	- -	5	-	-	- -
Indian	14	-	-	- -	14	-	-	- -
Bumiputera Sabah	1	-	-	- -	1	-	-	- -
Bumiputera Sarawak	0	-	-	- -	0	-	-	- -
Others	0	-	-	- -	0	-	-	- -

- Prevalence with high RSE, not reported

**Table 3.5.5: Source of getting drugs in the past 30 days among current drug users among adolescents in Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Percentage (%)
I bought them form someone	8	-
I give someone else money to buy it for me	7	-
I stole it or got it without permission	7	24.3
I got it from my friend	5	-
I got it from my family	1	-
I got it some other ways	1	-

- Prevalence with high RSE, not reported

**Table 3.5.6: Prevalence of first use of drug before the age of 14 years among ever used drug among adolescents in Negeri Sembilan, 2022**

Prevalence	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Yes	14	591	69.0	32.18	91.26
No	6	-	-	-	-

- 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 schools<sup>1</sup>. Empowering good oral hygiene habits during adolescence is important in sustaining this behaviour into adulthood<sup>2</sup>. 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-up<sup>3</sup>. 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 absenteeism<sup>4</sup>. Assessing practices on good hand washing among adolescents will help detect at-risk groups among school attendees<sup>4</sup>.

### 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

3.1% (95%CI: 2.50, 3.80) of adolescents in Negeri Sembilan perceived their oral health as poor or very poor (**Table 3.6.1**). 82.3% (95%CI: 79.44, 84.85) brushed their teeth twice daily which was significantly higher in females [87.6% (95%CI: 83.91, 90.52)] (**Table 3.6.2**), 7.2% (95% CI: 5.72, 8.99) never performed daily tongue cleaning (**Table 3.6.3**), 36.6% (95%CI: 30.02, 43.77) reported not knowing whether their toothpaste contained fluoride (**Table 3.6.4**) and only 22.6% (95%CI: 19.74, 25.68) used dental floss for cleaning their teeth (**Table 3.6.5**). Only 28.9% (95%CI: 25.16, 32.96) reported to have their last dental visit in the past 12 months (**Table 3.6.6**), 11.2% (95% CI: 8.97, 13.88) had toothache in the past 12 months and had missed class or not participated with online learning (PdPR) (**Table 3.6.7**). 30.5% (95%CI: 28.03, 33.14) reported that they had avoided smiling or laughing due to the appearance of their teeth which was significantly higher among females [35.2% (95%CI: 31.77, 38.88)] (**Table 3.6.8**). The prevalence of Negeri Sembilan adolescents who used soap most of the time or always was 72.0% (95%CI: 67.53, 76.07) (**Table 3.6.9**). About 87.1% (95%CI: 81.87, 90.92) and 86.6% (95%CI: 82.83, 89.69) 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 54.3% (95%CI: 45.17, 63.15) 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

1. World Health Organization. (2022, October 10). Fact Sheets on Oral Health: WHO Response. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/oral-health>
2. Calderon S, Mallory C. Look at My Pearly White Teeth: Exploring Adolescents' Oral Health Behavior. *Public Health Nurs.* 2018; 1-8
3. Malaysian Dental Association. General Oral Health Care, Question 3: Teeth for Life? [Online]. 2020 [Updated 18 April 2020]. <https://web.mda.org.my/questions-3-teeth-for-life-contributed-by-prof-dr-ishak-abdul-razak/>. Accessed on 13 October 2022
4. Habib R. Effect of Hand Washing Practices and Prevalence of Related Diseases among Primary School Children in Tehsil Lalian, District Chiniot, Pakistan. *PriMera Scientific Medicine and Public Health.* 2022;1:15-26

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	71	2688	3.1	2.50	3.80
<b>Sex</b>					
Male	35	1435	3.3	2.38	4.46
Female	36	1253	2.9	1.84	4.54
<b>Form</b>					
Form 1	19	715	3.8	2.25	6.37
Form 2	18	690	3.8	2.11	6.83
Form 3	17	614	3.4	1.86	6.27
Form 4	13	472	2.9	1.61	5.16
Form 5	4	-	-	-	-
<b>Ethnicity</b>					
Malay	47	1795	2.9	2.48	3.29
Chinese	19	725	6.0	4.23	8.37
Indian	4	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	0	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	1820	71653	82.3	79.44	84.85
<b>Sex</b>					
Male	779	33866	77.1	73.16	80.65
Female	1041	37787	87.6	83.91	90.52
<b>Form</b>					
Form 1	416	15025	79.9	74.25	84.53
Form 2	364	14705	81.9	76.08	86.58
Form 3	407	14782	82.8	77.16	87.29
Form 4	331	13284	81.9	73.50	88.04
Form 5	302	13856	85.4	81.00	89.00
<b>Ethnicity</b>					
Malay	1322	52419	83.5	79.74	86.76
Chinese	237	9105	75.0	69.47	79.76
Indian	239	9214	83.3	79.55	86.51
Bumiputera Sabah	8	317	88.8	38.83	98.99
Bumiputera Sarawak	5	190	75.4	39.51	93.49
Others	9	409	81.8	46.62	95.87

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	150	6258	7.2	5.72	8.99
<b>Sex</b>					
Male	88	3911	8.9	7.10	11.13
Female	62	2347	5.4	3.55	8.23
<b>Form</b>					
Form 1	33	1298	6.9	4.36	10.75
Form 2	33	1478	8.2	4.68	14.05
Form 3	28	1054	5.9	3.76	9.19
Form 4	35	1383	8.5	5.64	12.63
Form 5	21	-	-	-	-
<b>Ethnicity</b>					
Malay	89	3671	5.9	4.37	7.79
Chinese	45	1877	15.5	10.45	22.26
Indian	15	670	6.0	3.82	9.40
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	0	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	816	31888	36.6	30.02	43.77
<b>Sex</b>					
Male	390	16642	37.9	31.06	45.29
Female	426	15246	35.3	26.76	44.91
<b>Form</b>					
Form 1	176	6471	34.4	27.07	42.55
Form 2	186	7283	40.5	32.50	48.96
Form 3	190	6831	38.4	29.44	48.27
Form 4	137	5320	32.7	23.50	43.47
Form 5	127	5984	36.9	26.14	49.15
<b>Ethnicity</b>					
Malay	528	21053	33.5	27.34	40.34
Chinese	182	6936	57.1	41.08	71.78
Indian	96	3533	31.9	22.57	43.02
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	4	-	-	-	-
Others	3	-	-	-	-

- Prevalence with high RSE, not reported

**Table 3.6.5: Prevalence of use of dental floss among adolescents in Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	499	19669	22.6	19.74	25.68
<b>Sex</b>					
Male	192	8607	19.6	15.83	24.00
Female	307	11062	25.6	22.28	29.23
<b>Form</b>					
Form 1	116	4067	21.6	17.15	26.87
Form 2	110	4393	24.4	19.98	29.34
Form 3	104	3796	21.3	16.07	27.69
Form 4	84	3460	21.3	16.33	27.22
Form 5	85	3954	24.4	18.32	31.67
<b>Ethnicity</b>					
Malay	333	13199	21.0	18.56	23.71
Chinese	66	2566	21.1	14.33	30.02
Indian	95	3688	33.2	25.06	42.53
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	635	25178	28.9	25.16	32.96
<b>Sex</b>					
Male	281	12261	27.9	23.19	33.19
Female	354	12917	29.9	25.21	35.09
<b>Form</b>					
Form 1	159	5711	30.4	25.69	35.48
Form 2	108	4297	23.9	19.50	28.87
Form 3	122	4519	25.4	19.99	31.63
Form 4	124	5099	31.3	22.75	41.45
Form 5	122	5551	34.2	27.79	41.32
<b>Ethnicity</b>					
Malay	473	18880	30.1	25.49	35.08
Chinese	75	2839	23.4	18.93	28.50
Indian	85	3374	30.4	22.04	40.29
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	136	5717	11.2	8.97	13.88
<b>Sex</b>					
Male	78	3565	13.3	9.86	17.67
Female	58	2152	8.9	6.36	12.26
<b>Form</b>					
Form 1	34	1334	11.4	8.03	15.97
Form 2	30	1364	12.8	7.82	20.35
Form 3	22	848	8.2	4.93	13.35
Form 4	26	1075	11.6	6.46	19.80
Form 5	24	-	-	-	-
<b>Ethnicity</b>					
Malay	92	3870	11.0	8.66	13.80
Chinese	7	-	-	-	-
Indian	35	1451	17.5	11.27	26.25
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	679	26527	30.5	28.03	33.14
<b>Sex</b>					
Male	259	11346	25.9	22.31	29.82
Female	420	15181	35.2	31.77	38.88
<b>Form</b>					
Form 1	156	5766	30.8	25.34	36.91
Form 2	144	5629	31.2	25.86	37.12
Form 3	164	5972	33.7	28.33	39.46
Form 4	104	4214	25.9	22.30	29.88
Form 5	111	4946	30.6	22.94	39.51
<b>Ethnicity</b>					
Malay	537	20937	33.5	30.08	37.00
Chinese	79	3092	25.5	18.70	33.86
Indian	52	2069	18.6	12.97	26.03
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	4	-	-	-	-
Others	4	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	1595	62740	72.0	67.53	76.07
<b>Sex</b>					
Male	686	29663	67.5	63.07	71.69
Female	909	33078	76.5	70.54	81.64
<b>Form</b>					
Form 1	357	12852	68.3	61.04	74.80
Form 2	319	12814	71.1	64.51	76.83
Form 3	350	12730	71.5	64.28	77.69
Form 4	303	12150	74.7	66.14	81.68
Form 5	266	12195	75.2	68.46	80.90
<b>Ethnicity</b>					
Malay	1138	45229	72.0	65.41	77.82
Chinese	200	7640	62.9	58.11	67.46
Indian	235	8987	81.0	73.31	86.81
Bumiputera Sabah	9	-	-	-	-
Bumiputera Sarawak	5	-	-	-	-
Others	8	353	70.5	44.39	87.79

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	1925	75859	87.1	81.87	90.92
<b>Sex</b>					
Male	860	37204	84.7	78.96	89.08
Female	1065	38655	89.4	83.41	93.46
<b>Form</b>					
Form 1	447	16200	86.1	79.77	90.70
Form 2	378	15363	85.2	77.21	90.72
Form 3	418	15218	85.4	78.55	90.36
Form 4	372	14836	91.2	85.42	94.84
Form 5	310	14242	87.8	76.74	94.04
<b>Ethnicity</b>					
Malay	1426	56835	90.5	86.73	93.31
Chinese	213	8044	66.2	58.88	72.87
Indian	260	9912	89.3	81.67	93.98
Bumiputera Sabah	8	317	88.8	38.83	98.99
Bumiputera Sarawak	7	-	-	-	-
Others	11	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	1916	75392	86.6	82.83	89.69
<b>Sex</b>					
Male	841	36361	82.9	77.93	86.86
Female	1075	39031	90.5	86.38	93.42
<b>Form</b>					
Form 1	438	15927	84.8	79.53	88.91
Form 2	374	15066	83.5	74.49	89.83
Form 3	427	15452	86.9	81.73	90.81
Form 4	357	14204	87.5	80.86	92.11
Form 5	320	14744	90.9	84.88	94.71
<b>Ethnicity</b>					
Malay	1345	53471	85.3	80.41	89.07
Chinese	294	11269	92.8	83.82	96.97
Indian	253	9677	87.5	81.32	91.83
Bumiputera Sabah	7	276	77.4	48.68	92.51
Bumiputera Sarawak	7	-	-	-	-
Others	10	446	89.3	48.99	98.63

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	1205	47212	54.3	45.17	63.15
<b>Sex</b>					
Male	524	22513	51.3	41.82	60.78
Female	681	24699	57.3	44.92	68.83
<b>Form</b>					
Form 1	245	8739	46.5	37.38	55.93
Form 2	208	8310	46.1	35.97	56.53
Form 3	280	10125	57.0	45.49	67.74
Form 4	246	9725	60.2	44.09	74.43
Form 5	226	10313	63.6	50.73	74.77
<b>Ethnicity</b>					
Malay	1010	39961	63.8	54.73	71.98
Chinese	102	3855	31.7	24.61	39.85
Indian	83	2998	27.1	17.73	39.10
Bumiputera Sabah	4	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	5	-	-	-	-

- 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> In particular, WHO reported that suicide is the fourth leading cause of death among 15-19 year-olds.<sup>1</sup> In 2017, 10.0% of secondary school adolescents reported suicidal ideation, according to the NHMS.<sup>4</sup>

#### 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, 15.4% (95%CI: 13.99, 16.97) of adolescents in Negeri Sembilan reported feeling lonely “most of the time or always” (Table 3.7.1). A total of 12.7% (95% CI: 11.00, 14.72) 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 12.1% (95% CI: 10.81, 13.47), 9.7% (95% CI: 8.44, 11.05), and 9.6% (95% CI: 7.82, 11.71), respectively (Table 3.7.3), (Table 3.7.4) (Table 3.7.5). The survey also observed that 3.6% (95% CI: 2.92, 4.49) 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 Negeri Sembilan (12.1%) was higher than GSHS 2012 (5.6%) and GSHS 2017 (9.5%). However, this figure was lower in comparison to national prevalence of 13.1%. Prevalence of suicidal plan in this survey (9.7%) was also higher compared to the prevalence in GSHS 2012 (4.8%) and GSHS 2017 (6.8%). Nonetheless, this prevalence was slightly lower compared to the national prevalence of 10.0%. Prevalence of suicidal attempts in this survey (9.6%) was reported higher compared to the prevalence in GSHS 2012 (5.3%) and GSHS 2017 (7.2%). This prevalence was also slightly higher compared to national prevalence (9.5%). In addition to these, more students (3.6%) in Negeri Sembilan reported having no close friends as compared to previous GSHS 2012 (2.8%) and GSHS 2017 (2.9%). 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 Negeri Sembilan**

	NHMS 2012	NHMS 2017	NHMS 2022
Loneliness	8.1	8.2	15.4
Inability to sleep due to worry	4.9	7.6	12.7
Suicidal ideation	5.6	9.5	12.1
Suicidal plan	4.8	6.8	9.7
Suicidal attempt	5.3	7.2	9.6
Not having any close friend	2.8	2.9	3.6

**3.7.1.7 References**

1. WHO Fact Sheet. Adolescent mental health. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>. Updated on 17 November 2021
2. Institute for Public Health (IPH). 2015. National Health and Morbidity Survey, NHMS 2015. Ministry of Health Malaysia
3. Institute for Public Health (IPH). 2019. National Health and Morbidity Survey, NHMS 2019. Ministry of Health Malaysia
4. Institute for Public Health (IPH). 2017. National Health and Morbidity Survey, NHMS 2017. Ministry of Health Malaysia

### 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.<sup>1</sup> Furthermore, depression can cause individual problems such as difficulty sleeping, loss of appetite, lack of energy, and easy despair, leading to suicidal ideation.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup>

#### 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, 25.9% (95% CI: 23.59, 28.29) of Negeri Sembilan adolescents reported depression. The prevalence of depression was significantly higher in female students 33.3% (95% CI: 29.80, 37.00) compared to males 18.6% (95% CI: 15.63, 21.93) (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 Negeri Sembilan 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

1. Aquino JP, Londono A, Carvalho AF. An update on the epidemiology of major depressive disorder across cultures. In *Understanding depression 2018* (pp. 309-315). Springer, Singapore
2. Kaur J, Cheong SM, Mahadir Naidu B, Kaur G, Manickam MA, Mat Noor M, Ibrahim N, Rosman A. Prevalence and correlates of depression among adolescents in Malaysia. *Asia Pac J Public Health*. 2014 Sep;26(5\_suppl):53S-62S
3. WHO Fact Sheet. Adolescent mental health. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>. Updated on 17 November 2021
4. Institute for Public Health (IPH). 2019. National Health and Morbidity Survey, NHMS 2019. Ministry of Health Malaysia

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	352	13484	15.4	13.99	16.97
<b>Sex</b>					
Male	119	5167	11.7	9.41	14.52
Female	233	8317	19.2	16.73	21.90
<b>Form</b>					
Form 1	80	2828	15.0	11.99	18.69
Form 2	80	3074	16.8	12.76	21.88
Form 3	91	3194	17.9	13.96	22.57
Form 4	50	2026	12.5	8.90	17.16
Form 5	51	2363	14.6	12.01	17.57
<b>Ethnicity</b>					
Malay	272	10436	16.6	15.07	18.19
Chinese	42	1666	13.6	9.21	19.61
Indian	31	1099	9.9	6.88	14.05
Bumiputera Sabah	4	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	284	11144	12.7	11.00	14.72
<b>Sex</b>					
Male	100	4409	10.0	7.69	12.92
Female	184	6735	15.5	12.63	18.96
<b>Form</b>					
Form 1	61	2156	11.5	8.17	15.84
Form 2	56	2134	11.7	8.56	15.74
Form 3	65	2329	13.0	10.28	16.37
Form 4	41	1662	10.2	7.48	13.80
Form 5	61	2863	17.7	13.47	22.80
<b>Ethnicity</b>					
Malay	199	7855	12.5	10.51	14.75
Chinese	50	1927	15.7	10.73	22.46
Indian	30	1168	10.5	8.54	12.90
Bumiputera Sabah	5	193	54.2	26.60	79.49
Bumiputera Sarawak	0	-	-	-	-
Others	0	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	273	10559	12.1	10.81	13.47
<b>Sex</b>					
Male	81	3500	7.9	6.33	9.91
Female	192	7059	16.3	14.03	18.81
<b>Form</b>					
Form 1	61	2200	11.7	8.39	16.07
Form 2	68	2593	14.2	10.83	18.40
Form 3	64	2282	12.8	9.65	16.68
Form 4	36	1498	9.2	6.31	13.25
Form 5	44	1986	12.2	9.92	15.03
<b>Ethnicity</b>					
Malay	196	7452	11.8	10.33	13.53
Chinese	38	1548	12.6	8.21	18.93
Indian	32	1261	11.4	8.29	15.37
Bumiputera Sabah	5	210	59.0	24.14	86.66
Bumiputera Sarawak	1	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	222	8451	9.7	8.44	11.05
<b>Sex</b>					
Male	59	2517	5.7	4.34	7.48
Female	163	5934	13.7	11.03	16.86
<b>Form</b>					
Form 1	44	1529	8.1	5.95	11.01
Form 2	60	2318	12.7	9.46	16.83
Form 3	59	2084	11.7	9.25	14.58
Form 4	30	1243	7.6	5.17	11.16
Form 5	29	1278	7.9	4.97	12.27
<b>Ethnicity</b>					
Malay	160	6054	9.6	8.03	11.48
Chinese	37	1431	11.7	10.22	13.31
Indian	21	791	7.1	4.37	11.40
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	1	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	216	8380	9.6	7.82	11.71
<b>Sex</b>					
Male	62	2743	6.2	4.42	8.70
Female	154	5637	13.0	10.01	16.71
<b>Form</b>					
Form 1	56	2029	10.8	6.67	17.05
Form 2	53	2130	11.7	7.72	17.24
Form 3	55	1994	11.1	8.00	15.33
Form 4	31	1272	7.8	5.16	11.68
Form 5	21	955	5.9	3.93	8.74
<b>Ethnicity</b>					
Malay	139	5322	8.5	6.67	10.67
Chinese	46	1830	14.9	7.82	26.63
Indian	26	1000	9.0	5.55	14.30
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

**Table 3.7.6: Prevalence of not having any close friends among adolescents in Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	81	3161	3.6	2.92	4.49
<b>Sex</b>					
Male	31	1458	3.3	2.26	4.85
Female	50	1703	3.9	3.04	5.07
<b>Form</b>					
Form 1	25	865	4.6	2.97	7.05
Form 2	19	813	4.5	3.04	6.48
Form 3	19	688	3.9	2.45	6.00
Form 4	7	-	-	-	-
Form 5	11	501	3.1	1.67	5.68
<b>Ethnicity</b>					
Malay	58	2319	3.7	2.77	4.90
Chinese	7	311	2.5	1.49	4.28
Indian	16	531	4.8	3.28	6.96
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	0	-	-	-	-

- Prevalence with high RSE, not reported

**Table 3.7.7: Prevalence of depression among adolescents in Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	577	22553	25.9	23.59	28.29
<b>Sex</b>					
Male	181	8169	18.6	15.63	21.93
Female	396	14384	33.3	29.80	37.00
<b>Form</b>					
Form 1	112	3978	21.2	17.65	25.22
Form 2	133	5136	28.3	23.16	33.98
Form 3	138	4949	27.8	22.50	33.90
Form 4	85	3493	21.5	18.20	25.28
Form 5	109	4997	30.8	26.70	35.26
<b>Ethnicity</b>					
Malay	450	17437	27.8	24.68	31.14
Chinese	68	2727	22.2	14.63	32.32
Indian	49	1977	17.9	14.60	21.68
Bumiputera Sabah	7	283	79.3	40.95	95.47
Bumiputera Sarawak	1	-	-	-	-
Others	2	-	-	-	-

- 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.<sup>1</sup> 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> Thus, this study will provide more information regarding physical activity among adolescents in Negeri Sembilan.

#### 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 Negeri Sembilan
- ii. To identify the prevalence of active transportation or commuting among adolescents in Negeri Sembilan
- iii. To identify the prevalence of sitting behavior among adolescents in Negeri Sembilan

#### 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 24.7% (95% CI: 21.36, 28.44) among adolescents in Negeri Sembilan. The prevalence was significantly higher in males [31.5% (95% CI: 27.78, 35.37)] than in females [17.9% (95% CI: 10.92, 27.90)]. (Table 3.8.1).

##### Active Transportation / Commuting

Overall, 26.6% (95% CI: 18.91, 36.09) adolescents in Negeri Sembilan reported active transportation to school. The prevalence in females [29.6% (95% CI: 15.73, 48.69)] was higher than in males (Table 3.8.2).

##### Sitting behaviour

A total of 64.0% (95% CI: 60.28, 67.64) had spent at least three hours in a typical or usual day engaging in sitting activities. The higher prevalence was observed in females [64.1% (95% CI: 58.05, 69.71)] compared to males (Table 3.8.3).

#### 3.8.5 Discussion / Conclusion

The prevalence of being physically active among school adolescents in Negeri Sembilan was higher compared to the national findings (24.7% vs. 21.4%). The prevalence of active commuting was lower compared to the national findings (26.2% vs. 27.0%). In addition, the prevalence of sitting behaviour was lower than the national finding (64.0% vs. 66.7%). Compared to previous NHMS findings, the prevalence of being physically active in the current study was lower than in the previous Negeri Sembilan AHS 2017 (24.7% vs. 25.6%). The prevalence of sitting behaviour increased from 2012 to the current survey (46.2% in 2012, 51.7% in 2017, and 64.0% 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 Negeri Sembilan 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.
3. 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 Negeri Sembilan**

	NHMS 2012	NHMS 2017	NHMS 2022
Physical activity	29.5%	25.6%	24.7%
Active commuting	-	-	26.2%
Sitting behavior	46.2%	51.7%	64.0%

### 3.8.7 References

1. The World Health Organization. Physical Activity 2022 [Available from: <https://www.who.int/newsroom/fact-sheets/detail/physical-activity>]
2. Ekelund U, Luan Ja, Sherar LB, Esliger DW, Griew P, Cooper A, et al. Moderate to vigorous physical activity and sedentary time and cardiometabolic risk factors in children and adolescents. *JAMA*. 2012;307(7):704-12
3. Xu G, Sun N, Li L, Qi W, Li C, Zhou M, et al. Physical behaviors of 12-15 year-old adolescents in 54 low and middle-income countries: Results from the Global School-based Student Health Survey. *J. Glob. Health*. 2020;10(1)
4. Ministry of Health Malaysia. National Strategic Plan for Active Living (NASPAL) 2017-2025. Malaysia 2018

**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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	542	21569	24.7	21.36	28.44
<b>Sex</b>					
Male	320	13832	31.5	27.78	35.37
Female	222	7738	17.9	10.92	27.90
<b>Form</b>					
Form 1	134	5007	26.6	22.23	31.52
Form 2	101	4043	22.3	16.45	29.50
Form 3	131	4876	27.4	21.47	34.22
Form 4	98	3851	23.7	18.46	29.81
Form 5	78	3793	23.4	17.78	30.11
<b>Ethnicity</b>					
Malay	402	16324	26.0	21.74	30.73
Chinese	46	1720	14.1	11.58	17.06
Indian	88	3283	29.6	22.29	38.07
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	2	91	18.1	6.25	42.33

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	583	23199	26.6	18.91	36.09
<b>Sex</b>					
Male	236	10411	23.7	19.50	28.45
Female	347	12788	29.6	15.73	48.69
<b>Form</b>					
Form 1	124	4584	24.4	17.66	32.72
Form 2	116	4758	26.3	16.53	39.21
Form 3	116	4199	23.5	15.06	34.79
Form 4	123	5036	31.0	21.03	43.21
Form 5	104	4623	28.5	18.23	41.64
<b>Ethnicity</b>					
Malay	481	18890	30.1	19.72	42.99
Chinese	46	2006	16.4	9.44	27.07
Indian	51	2103	19.0	14.47	24.65
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	3	-	-	-	-

- Prevalence with high RSE, not reported

**Table 3.8.3: Prevalence of spending at least 3 hours in sitting activities in Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	1410	55833	64.0	60.28	67.64
<b>Sex</b>					
Male	653	28136	64.0	60.28	67.56
Female	757	27697	64.1	58.05	69.71
<b>Form</b>					
Form 1	250	9222	49.0	44.55	53.51
Form 2	273	11023	61.1	55.88	66.13
Form 3	341	12253	68.6	61.23	75.21
Form 4	291	11499	70.7	60.91	78.87
Form 5	255	11836	73.0	64.20	80.29
<b>Ethnicity</b>					
Malay	1043	41790	66.5	62.14	70.63
Chinese	232	8962	73.5	69.98	76.66
Indian	120	4489	40.7	31.09	50.98
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	7	-	-	-	-
Others	6	-	-	-	-

- 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-being<sup>1</sup>. 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 health<sup>2</sup>. 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 Negeri Sembilan.

#### 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 23.8% (95% CI: 18.92, 29.49). It was higher in males (26.1%, 95% CI: 20.49, 32.68) compared to females (21.4%, 95% CI: 15.64, 28.63). Truancy was highest among Form 5 students (32.5%, 95% CI: 22.79, 43.92) (**Table 3.9.1**).

##### Having Peer Support

The prevalence of having peer support in the past 30 days among adolescents was 44.4% (95% CI: 37.38, 51.59). It was higher in females (50.5%, 95% CI: 40.94, 60.04) compared to males (38.3%, 95% CI: 31.01, 46.25). Having peer support was highest among Form 5 students (52.0%, 95% CI: 43.19, 60.76) (**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 10.9% (95% CI: 8.78, 13.50). It was higher in males (12.3%, 95% CI: 9.66, 15.58) compared to females (9.5%, 95% CI: 6.98, 12.78). Having parental or guardian supervision was highest among Form 1 students (16.6%; 95% CI: 12.14, 22.33) (**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 25.5% (95% CI: 21.89, 29.50). It was higher in females (25.8%, 95% CI: 19.53, 33.26) compared to males (25.2%, 95% CI: 21.45, 29.41). Having parental or guardian connectedness was highest among Form 1 students (27.6%; 95% CI: 20.62, 35.88). (**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 32.9% (95% CI: 29.14, 36.81). It was higher in males (33.6%, 95% CI: 27.63, 40.11) compared to females (32.1%, 95% CI: 28.52, 35.96). Having parental or guardian bonding was highest among Form 5 students (41.3%; 95% CI: 35.80, 47.04) (**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 80.5% (95% CI: 78.58, 82.33). It was higher in females (82.4%, 95% CI: 79.98, 84.63) compared to males (78.7%, 95% CI: 75.79, 81.26). Having parental or guardian respect for privacy was highest among Form 3 students (82.7%; 95% CI: 77.31, 87.04) (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**

1. Anthony, E. K., & Stone, S. I. (2010). Individual and contextual correlates of adolescent health and well-being. *Families in Society*, 91(3), 225–233. <https://doi.org/10.1606/1044-3894.3999>
2. Henson, M., Sabo, S., Trujillo, A., & Teufel-Shone, N. (2017). Identifying Protective Factors to Promote Health in American Indian and Alaska Native Adolescents: A Literature Review. *The journal of primary prevention*, 38(1-2), 5–26.

**Table: Protective Factors Trend in Negeri Sembilan**

	NHMS 2012	NHMS 2017	NHMS 2022
Truancy	24.7	31.3	23.8
Having peer support	52.4	47.2	44.4
Having parental or guardian supervision	18.2	14.2	10.9
Having parental or guardian connectedness	41.5	35.6	25.5
Having parental or guardian bonding	46.5	46.8	32.9
Having parental or guardian respect for privacy	72.4	75.8	80.5

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	500	20686	23.8	18.92	29.49
<b>Sex</b>					
Male	259	11457	26.1	20.49	32.68
Female	241	9229	21.4	15.64	28.63
<b>Form</b>					
Form 1	98	3683	19.6	13.34	27.89
Form 2	77	3339	18.6	12.84	26.15
Form 3	104	3935	22.1	16.14	29.54
Form 4	110	4464	27.6	21.07	35.21
Form 5	111	5265	32.5	22.79	43.92
<b>Ethnicity</b>					
Malay	404	16695	26.7	21.38	32.68
Chinese	37	-	-	-	-
Indian	53	2206	20.0	13.38	28.88
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	2	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	999	38566	44.4	37.38	51.59
<b>Sex</b>					
Male	394	16813	38.3	31.01	46.25
Female	605	21753	50.5	40.94	60.04
<b>Form</b>					
Form 1	208	7301	38.9	29.90	48.69
Form 2	188	7148	39.8	28.31	52.56
Form 3	232	8295	46.6	34.37	59.34
Form 4	186	7383	45.6	33.33	58.47
Form 5	185	8438	52.0	43.19	60.76
<b>Ethnicity</b>					
Malay	739	28820	46.0	37.77	54.47
Chinese	138	5266	43.4	31.50	56.04
Indian	113	4138	37.6	26.20	50.47
Bumiputera Sabah	4	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	3	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	246	9481	10.9	8.78	13.50
<b>Sex</b>					
Male	125	5398	12.3	9.66	15.58
Female	121	4083	9.5	6.98	12.78
<b>Form</b>					
Form 1	91	3114	16.6	12.14	22.33
Form 2	47	1983	11.0	8.02	15.02
Form 3	51	1873	10.5	6.91	15.78
Form 4	34	1410	8.7	5.53	13.45
Form 5	23	1101	6.8	4.40	10.32
<b>Ethnicity</b>					
Malay	123	4963	7.9	5.86	10.63
Chinese	33	1270	10.5	8.27	13.27
Indian	86	3081	28.0	19.22	38.77
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	3	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	570	22171	25.5	21.89	29.50
<b>Sex</b>					
Male	257	11059	25.2	21.45	29.41
Female	313	11112	25.8	19.53	33.26
<b>Form</b>					
Form 1	149	5182	27.6	20.62	35.88
Form 2	116	4566	25.4	18.30	34.17
Form 3	121	4463	25.1	19.58	31.56
Form 4	94	3783	23.4	18.18	29.51
Form 5	90	4178	25.8	18.59	34.53
<b>Ethnicity</b>					
Malay	389	15421	24.6	19.79	30.18
Chinese	68	2564	21.1	15.78	27.66
Indian	109	4022	36.5	29.06	44.65
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	2	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	727	28543	32.9	29.14	36.81
<b>Sex</b>					
Male	342	14711	33.6	27.63	40.11
Female	385	13832	32.1	28.52	35.96
<b>Form</b>					
Form 1	167	5874	31.3	24.61	38.90
Form 2	137	5434	30.3	22.39	39.49
Form 3	153	5504	31.0	24.78	37.88
Form 4	127	5033	31.2	23.81	39.65
Form 5	143	6698	41.3	35.80	47.04
<b>Ethnicity</b>					
Malay	485	19530	31.2	26.97	35.77
Chinese	112	4107	33.8	24.75	44.26
Indian	124	4680	42.5	34.97	50.49
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	3	114	45.3	22.82	69.86
Others	2	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	1773	69956	80.5	78.58	82.33
<b>Sex</b>					
Male	797	34455	78.7	75.79	81.26
Female	976	35501	82.4	79.98	84.63
<b>Form</b>					
Form 1	412	15131	80.6	76.59	84.05
Form 2	349	14176	78.9	71.54	84.84
Form 3	404	14708	82.7	77.31	87.04
Form 4	332	13207	81.8	77.78	85.22
Form 5	276	12734	78.5	71.17	84.42
<b>Ethnicity</b>					
Malay	1283	51148	81.7	79.25	83.91
Chinese	254	9790	80.6	77.55	83.33
Indian	212	8037	72.9	64.62	79.92
Bumiputera Sabah	7	266	74.5	26.35	95.99
Bumiputera Sarawak	7	-	-	-	-
Others	10	464	92.9	66.33	98.85

- 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 HIV<sup>1</sup>. It was also reported that the highest rate of sexual transmitted illness (STI) worldwide is among young people aged 15 to 24 years<sup>2</sup>. 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 years<sup>2</sup>. 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 2019<sup>3</sup>. 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 population<sup>4</sup>. Good knowledge on HIV transmission was also associated with intention to engage in low-risk sexual behaviour<sup>5</sup>. 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 Negeri Sembilan was 8.8% (95% CI: 6.95, 11.16). Male adolescents showed significantly higher prevalence 10.5% (95% CI: 7.86, 13.99) compared to females, 7.1% (95% CI: 5.23, 9.57). **(Table 3.10.1).** Prevalence of current sexual intercourse among adolescents in Negeri Sembilan was 6.5% (95% CI: 5.14, 8.12), male adolescents had significantly higher prevalence of currently having sexual intercourse which was 7.4% (95% CI: 5.46, 10.00) compared to female; 5.5% (95% CI: 4.30, 7.03). **(Table 3.10.2).** Of those who ever had sex, 39.3% had sex before the age of 14. It was noted that 12.5% of them used condom during their last sexual intercourse and 12.5% used other birth control methods during their last sexual intercourse while 10.2% of them who ever had sex, had at least two sexual partners. **(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 30.9%. Followed by question "Can a healthy-looking person have HIV?" with 28.3%. Next item was "Can a person get HIV by sharing food with someone who is infected?" with the percentage of 24.1%. For the question "Can a person reduce the risk of getting HIV using a condom every time they have sex?" the percentage was only 16.6%. While the least was 13.9% 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>
2. WHO fact sheet: Adolescent pregnancy. 2022. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
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
4. T Carine Ronsmans, Wendy J Graham, on behalf of The Lancet Maternal Survival Series steering group, 2006. Maternal mortality: who, when, where, and why. *The Lancet's Maternal Survival and Women Deliver Series 2006/2007: 2005 World Health Report*
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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	185	7675	8.8	6.95	11.16
<b>Sex</b>					
Male	102	4620	10.5	7.86	13.99
Female	83	3054	7.1	5.23	9.57
<b>Form</b>					
Form 1	65	2455	13.1	9.41	17.88
Form 2	37	-	-	-	-
Form 3	33	1243	7.0	4.73	10.21
Form 4	32	1338	8.3	4.86	13.72
Form 5	18	845	5.2	3.36	7.99
<b>Ethnicity</b>					
Malay	127	5180	8.3	6.30	10.79
Chinese	22	994	8.2	5.10	12.86
Indian	31	-	-	-	-
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	137	5621	6.5	5.14	8.12
<b>Sex</b>					
Male	73	3251	7.4	5.46	10.00
Female	64	2370	5.5	4.30	7.03
<b>Form</b>					
Form 1	50	1897	10.1	6.98	14.41
Form 2	25	1158	6.5	3.45	11.79
Form 3	22	813	4.6	2.52	8.15
Form 4	24	1007	6.2	3.64	10.45
Form 5	16	747	4.6	2.97	7.07
<b>Ethnicity</b>					
Malay	98	3970	6.3	4.71	8.47
Chinese	14	626	5.2	3.58	7.39
Indian	22	891	8.1	4.40	14.49
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

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

Sexual Practices	Unweighted count	Percentage (%)
Percentage of first sex before the age 14 years	70	39.3
Percentage of having at least two sexual partners	18	10.2
Percentage of reported condom use during last sexual intercourse	23	12.5
Percentage of reported using other birth control method during last sexual intercourse	23	12.5

**Table 3.10.4: Percentage of Correct Responses by item of UNGASS Indicator among adolescents in Negeri Sembilan, 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?	312	13.9
Can a person reduce the risk of getting HIV using a condom every time they have sex?	361	16.6
Can a healthy-looking person have HIV?	629	28.3
Can a person get HIV from mosquito bites?	673	30.9
Can a person get HIV by sharing food with someone who is infected?	523	24.1

### 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 2040<sup>1</sup>. 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 Negeri Sembilan, specifically.

#### 3.11.2 Objectives

##### General objective:

To determine the use of tobacco among adolescents in Negeri Sembilan.

##### Specific objectives:

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

#### 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 Negeri Sembilan, the prevalence of current use of any tobacco products was 18.5% (95%CI: 14.60, 23.09), which it was similar to the national level [18.5% (95%CI: 17.09, 19.92)]. Males has almost four times higher prevalence [28.9% (95%CI: 22.67, 36.15)] as compared to females [7.8% (95%CI: 5.69, 10.67)] (**Table 3.11.1**). The prevalence of current smokers in Negeri Sembilan was 8.7% (95%CI: 6.42, 11.70) with male have prevalence of four times higher when compared to female [13.9% (95%CI: 10.29, 18.61) vs. 3.4% (95%CI: 2.12, 5.38)] (**Table 3.11.2**), while the current cigarettes smoker prevalence was 5.7% (95%CI: 4.14, 7.78) (**Table 3.11.3**). The prevalence of the e-cig/vape user among adolescents in Negeri Sembilan was 14.4% (95%CI: 10.85, 18.85) with males have more than four times higher prevalence compared to females [23.6% (95%CI: 17.91, 30.40) vs. 5.1% (95%CI: 3.26, 7.75)] (**Table 3.11.4**).

Most of the cigarettes obtained by buying them from static premises (32.5%), followed by getting it from friends (25.0%) and by buying them from non-static premises (20.7%) (**Table 3.11.5**). Most of the e-cig/vape were obtained by getting it from friends (36.9%) and buying it from e-cig/vape shops (34.6%) (**Table 3.11.6**). Two out of five adolescents [41.5% (95%CI: 36.21, 47.00)] reported they have parent or guardian who smoked or used any type of tobacco products, with half of them [21.6% (95%CI: 18.70, 24.92)] reported they have e-cig/vape used parent or guardians, while 36.2% (95%CI: 29.79, 43.21) 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**). Almost one-fifth of the adolescents claimed they were exposed to the tobacco products point-of-sale advertising and promotion for the past 30 days [18.4% (95%CI: 15.20, 22.10)] (**Table 3.11.8**).

### 3.11.5 Discussion / Conclusion

The prevalence of tobacco use among adolescents in Negeri Sembilan 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 2017<sup>2</sup>. This indicates a switch in the preference of nicotine delivery among adolescents in Malaysia, as well as in Negeri Sembilan 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 2017<sup>2</sup>.

### 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	376	16086	18.5	14.60	23.09
<b>Sex</b>					
Male	285	12704	28.9	22.67	36.15
Female	91	3382	7.8	5.69	10.67
<b>Form</b>					
Form 1	79	3154	16.8	11.52	23.76
Form 2	53	2470	13.7	8.95	20.41
Form 3	73	2851	16.0	11.60	21.66
Form 4	91	3573	22.0	14.38	32.20
Form 5	80	4038	24.9	16.63	35.54
<b>Ethnicity</b>					
Malay	306	12987	20.7	16.02	26.28
Chinese	26	1167	9.6	6.39	14.19
Indian	38	1689	15.3	7.93	27.40
Bumiputera Sabah	5	190	53.2	26.70	78.07
Bumiputera Sarawak	0	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

**Table 3.11.2: Prevalence of current tobacco smoker among adolescents in Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	176	7582	8.7	6.42	11.70
<b>Sex</b>					
Male	137	6116	13.9	10.29	18.61
Female	39	1466	3.4	2.12	5.38
<b>Form</b>					
Form 1	36	1448	7.7	4.58	12.66
Form 2	27	1259	7.0	3.93	12.11
Form 3	33	1287	7.2	4.25	12.02
Form 4	41	1619	10.0	5.64	17.04
Form 5	39	1969	12.1	7.10	20.01
<b>Ethnicity</b>					
Malay	128	5510	8.8	6.12	12.43
Chinese	17	729	6.0	3.95	9.02
Indian	27	-	-	-	-
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	113	4958	5.7	4.14	7.78
<b>Sex</b>					
Male	99	4445	10.1	7.53	13.49
Female	14	513	1.2	0.67	2.10
<b>Form</b>					
Form 1	20	-	-	-	-
Form 2	13	618	3.4	1.88	6.17
Form 3	21	833	4.7	2.49	8.61
Form 4	27	1046	6.4	3.40	11.90
Form 5	32	1645	10.1	6.06	16.50
<b>Ethnicity</b>					
Malay	89	3896	6.2	4.19	9.10
Chinese	9	416	3.4	2.23	5.22
Indian	12	-	-	-	-
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	0	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.11.4: Prevalence of current e-cigarette/vape user among adolescents in Negeri Sembilan, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	292	12535	14.4	10.85	18.85
<b>Sex</b>					
Male	234	10351	23.6	17.91	30.40
Female	58	2184	5.1	3.26	7.75
<b>Form</b>					
Form 1	50	2056	10.9	6.14	18.72
Form 2	38	1747	9.7	5.28	17.11
Form 3	58	2248	12.6	8.37	18.60
Form 4	80	3133	19.3	11.77	30.04
Form 5	66	3351	20.7	12.78	31.65
<b>Ethnicity</b>					
Malay	235	10014	15.9	11.77	21.25
Chinese	21	927	7.6	4.85	11.81
Indian	32	-	-	-	-
Bumiputera Sabah	4	151	42.3	19.25	69.29
Bumiputera Sarawak	0	-	-	-	-
Others	0	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Percentage (%)
Bought from static premises	43	32.5
Bought from non-static premises	26	20.7
Food establishment	6	-
Bought online	6	-
Get from friends	33	25.0
Get from family members	8	-
Got some other ways	10	7.1

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Percentage (%)
Bought from specific e-cig/vape shop	86	34.6
Bought from pharmacy	6	-
Bought from specific non-static premises	17	6.9
Bought online	14	5.4
Got from friends	95	36.9
Got from family member	18	7.1
Got some other ways	17	6.4

- Prevalence with high RSE, not reported

**Table 3.11.7: Prevalence of exposure to second hand smoke among adolescents in Negeri Sembilan, 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	849	34120	41.5	36.21	47.00
Having e-cigarette/vape use parent or guardian	446	17752	21.6	18.70	24.92
Someone smoking nearby in the presence of respondent in the past 7 days	786	31529	36.2	29.79	43.21

**Table 3.11.8: Prevalence of currently see or notice any tobacco products advertising or promotion in the past 30 days among adolescents in Negeri Sembilan, 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	393	16030	18.4	15.2	22.1

## 3.12 Violence and Unintentional Injury

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### 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 bullying<sup>1</sup>. 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 aggressors<sup>2</sup>. In addition, cyberbullying is another issue of concern that is closely related to adolescents' mental health and development<sup>3</sup>.

### 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 16.0% (95% CI: 13.60, 18.77) and this was significantly higher in male [19.8% (95% CI: 16.54, 23.59)] compared to female [12.1% (95% CI: 8.89, 16.37)]. (Table 3.12.1). Overall, 16.9% (95% CI: 13.99, 20.37) adolescents claimed to have been involved in a physical fight, which was significantly higher in male [21.8% (95% CI: 17.58, 26.65)] compared to female [12.0% (95% CI: 8.95, 15.95)]. (Table 3.12.1).

The prevalence of adolescents who had a serious injury in the past 12 months was 19.2% (95% CI: 16.43, 22.29). Male adolescents showed a significantly higher prevalence [23.8% (95% CI: 20.2, 27.90)] compared to female [14.5% (95% CI: 11.10, 18.60)]. (Table 3.12.2). However, among those who had been seriously injured, the two most common causes of serious injury were falls [8.2% (95% CI: 6.69, 9.94)] and motor vehicle accidents [3.8% (95% CI: 2.66, 5.38)]. (Table 3.12.3).

The prevalence of adolescents reported had experienced physical abuse at home was 6.8% (95% CI: 5.20, 8.81) which was higher among male at 7.9% (95% CI: 5.29, 11.63) compared to female at 5.7% (95% CI: 3.93, 8.07)]. (Table 3.12.4). Overall, 39.2% (95% CI: 35.27, 43.32) adolescents reported being abused verbally at home and it was significantly higher among female [49.1% (95% CI: 43.00, 55.20)] compared to male [29.5% (95% CI: 24.00, 35.80)]. (Table 3.12.4).

In terms of bullying, 8.4% (95% CI: 7.10, 10.00) adolescents reported having been bullied. This was higher among male [9.8% (95% CI: 7.58, 12.46)] compared to female [7.1% (95% CI: 5.68, 8.82)]. (Table 3.12.5). The most common

form of bullying was, 'Making fun of how my body or face looks' [1.5% (95% CI: 1.00, 2.19)]. (Table 3.12.6).

With regards to involvement in cyberbullying activities from the perspective of the perpetrator, 15.2% (95% CI: 13.51, 16.95) 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 [18.5% (95% CI: 15.36, 22.01)] compared to female [11.8% (95% CI: 10.08, 13.76)]. (Table 3.12.7). The two most common forms of adolescents' involvement in cyberbullying activities were 'Ever made rude comments to anyone online' [9.4% (95% CI: 7.69, 11.42)] and 'Ever spread rumours about someone online' [5.7% (95% CI: 4.54, 7.02)]. (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 Negeri Sembilan, 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
<b>NEGERI SEMBILAN</b>	339	13931	16.0	13.60 18.77	358	14734	16.9	13.99 20.37
<b>Sex</b>								
Male	195	8703	19.8	16.54 23.59	216	9557	21.8	17.58 26.65
Female	144	5228	12.1	8.89 16.37	142	5177	12.0	8.95 15.95
<b>Form</b>								
Form 1	89	3409	18.2	13.97 23.25	102	3839	20.4	15.55 26.40
Form 2	72	3154	17.6	12.76 23.69	74	3294	18.3	12.74 25.70
Form 3	73	2792	15.7	11.80 20.58	76	2947	16.6	12.23 22.07
Form 4	56	2247	13.8	9.90 19.05	53	2147	13.2	9.40 18.30
Form 5	49	2329	14.4	8.23 23.89	53	2507	15.5	8.29 26.99
<b>Ethnicity</b>								
Malay	233	9473	15.1	12.31 18.44	251	10214	16.3	12.99 20.27
Chinese	56	2219	18.3	15.34 21.60	46	1861	15.3	11.98 19.40
Indian	43	1940	17.5	10.75 27.30	57	2489	22.5	14.85 32.61
Bumiputera Sabah	3	-	-	- -	1	-	-	- -
Bumiputera Sarawak	2	-	-	- -	1	-	-	- -
Others	2	-	-	- -	2	-	-	- -

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	406	16686	19.2	16.43	22.29
<b>Sex</b>					
Male	233	10456	23.8	20.20	27.87
Female	173	6231	14.5	11.13	18.60
<b>Form</b>					
Form 1	101	3729	19.9	15.87	24.57
Form 2	84	3745	20.9	14.53	29.01
Form 3	93	3481	19.6	14.54	25.82
Form 4	68	2740	16.9	12.83	21.90
Form 5	60	2991	18.4	12.66	26.08
<b>Ethnicity</b>					
Malay	288	11960	19.1	15.33	23.52
Chinese	62	2508	20.7	14.61	28.37
Indian	49	1911	17.3	14.09	21.01
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	3	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
In a motor vehicle accident or hit by a motor vehicle	70	2975	3.8	2.66	5.38
Fell	156	6400	8.2	6.69	9.94
Something fell or hit him/her	30	1212	1.5	0.94	2.54
Attacked or abused or fighting with someone	8	-	-	-	-
In a fire or too near a flame or something hot	1	-	-	-	-
Inhaled or swallowed something bad	4	-	-	-	-

- 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 Negeri Sembilan, 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
<b>NEGERI SEMBILAN</b>	147	5899	6.8	5.20      8.81	876	34073	39.2	35.27      43.32
<b>Sex</b>								
Male	78	3465	7.9	5.29      11.63	298	12956	29.5	23.99      35.79
Female	69	2435	5.7	3.93      8.07	578	21116	49.1	42.99      55.18
<b>Form</b>								
Form 1	41	1493	8.0	5.29      11.78	183	6456	34.5	30.59      38.54
Form 2	41	1786	9.9	5.67      16.87	178	7063	39.3	31.19      48.13
Form 3	28	1074	6.0	3.47      10.32	208	7484	42.2	32.67      52.29
Form 4	24	947	5.8	3.51      9.56	165	6674	41.1	33.40      49.33
Form 5	13	599	3.7	1.93      6.95	142	6396	39.4	29.98      49.77
<b>Ethnicity</b>								
Malay	100	3963	6.3	4.56      8.71	700	27423	43.8	39.99      47.69
Chinese	22	-	-	-      -	82	2998	24.7	23.48      25.94
Indian	24	1007	9.1	5.81      13.99	82	3180	28.8	20.85      38.21
Bumiputera Sabah	1	-	-	-      -	5	195	61.5	31.27      84.86
Bumiputera Sarawak	0	-	-	-      -	3	-	-	-      -
Others	0	-	-	-      -	4	-	-	-      -

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	184	7332	8.4	7.10	10.00
<b>Sex</b>					
Male	96	4277	9.8	7.58	12.46
Female	88	3055	7.1	5.68	8.82
<b>Form</b>					
Form 1	52	1892	10.1	7.05	14.26
Form 2	46	2061	11.5	7.70	16.78
Form 3	48	1795	10.1	6.94	14.46
Form 4	20	772	4.8	2.39	9.23
Form 5	18	811	5.0	3.05	8.09
<b>Ethnicity</b>					
Malay	124	4934	7.9	6.23	9.93
Chinese	23	878	7.2	4.71	10.94
Indian	33	1360	12.3	9.83	15.28
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	2	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Hit, kicked, pushed, shoved around or locked indoor	9	-	-	-	-
Made fun of race, nationality or color	20	863	1.0	0.59	1.86
Made fun because of religion	4	-	-	-	-
Made fun with sexual jokes, comments of gestures	17	731	0.9	0.52	1.49
Left out activities on purpose of completely ignored	20	693	0.8	0.47	1.49
Made fun of how body or face looks	33	1222	1.5	1.00	2.19

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
<b>NEGERI SEMBILAN</b>	327	13247	15.2	13.51	16.95
<b>Sex</b>					
Male	187	8133	18.5	15.36	22.01
Female	140	5114	11.8	10.08	13.76
<b>Form</b>					
Form 1	60	2288	12.2	7.77	18.55
Form 2	67	2901	15.9	10.97	22.45
Form 3	75	2774	15.5	12.16	19.57
Form 4	81	3164	19.4	14.85	25.06
Form 5	44	2120	13.1	8.46	19.67
<b>Ethnicity</b>					
Malay	247	10009	15.9	13.69	18.38
Chinese	46	1789	14.6	10.08	20.67
Indian	31	1338	12.1	6.23	22.03
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	0	-	-	-	-

- 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 Negeri Sembilan, 2022**

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Ever made rude comments to anyone online	199	8164	9.4	7.69	11.42
Ever sent or posted others' embarrassing photos online	83	3476	4.0	2.68	5.92
Ever spread rumours about someone online	123	4914	5.7	4.54	7.02
Ever made threatening comments to hurt someone online	33	1399	1.6	1.00	2.58
Ever asked someone to talk about sex online	26	1095	1.3	0.67	2.36
Ever asked someone to do something sexual online	14	-	-	-	-



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

Contributors: S Maria Awaluddin, Lim Kuang Kuay, Noor Syaqlilah 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 disease<sup>1</sup>. Adolescents may have many positive and negative perspectives towards the government restrictions on gathering and outdoor activities, which will affect their mental health status<sup>2</sup>.

#### 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 Negeri Sembilan reported that parents lost their job due to the COVID-19 pandemic was 9.4% (95% CI: 7.47, 11.67). Adolescents also reported that their family had to cut their expenses, needed to move to a less expensive rental house and had to sell properties, 36.0% (95% CI: 32.35, 39.72), 3.5% (95% CI: 2.36, 5.10) and 2.4% (95% CI: 1.74, 3.41), respectively. The prevalence of adolescents reported that family relationships became strained was 6.4% (95% CI: 5.07, 7.99). About 58.3% (95% CI: 54.08, 62.33) 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 58.9% (95% CI: 55.52, 62.24). (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 Negeri Sembilan, 2022**

Categories of COVID-19 impact	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Parents lost job	202	8186	9.4	7.47	11.67
Family had to cut their expenses	779	31423	36.0	32.35	39.72
Family needed to move to less expensive rental house	72	3044	3.5	2.36	5.10
Family had to sell properties	54	2135	2.4	1.74	3.41
Family relationships became strain	142	5578	6.4	5.07	7.99
Family had no changes	1299	50943	58.3	54.08	62.33

## 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 Syaqlah 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"> <li>• Work closely with recruitment group for employment of temporary Research Assistant</li> <li>• Prepare Questionnaires manual, Data collection manual</li> <li>• Meeting with research team members, and stakeholders</li> <li>• Planning for data collection training</li> <li>• Prepare security cards/name tags for research team Arrangement for advanced payment for survey research teams</li> <li>• Process claims of Field Supervisors</li> <li>• Monitor the expenditure/budget</li> </ul>	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><b>Before Data Collection</b></p> <ul style="list-style-type: none"> <li>• Calculate the sample size</li> <li>• Determine the sample distribution by state</li> <li>• Selection of schools samples for each state</li> <li>• Selection of class samples from the selected school</li> <li>• Prepare unique ID for the selected schools and classes</li> <li>• Check module cover and dummy table prepared by key module</li> </ul> <p><b>During Data Collection</b></p> <ul style="list-style-type: none"> <li>• Monitoring the quality of data received from data processing team</li> <li>• Conducting daily data cleaning</li> <li>• Merge the clean dataset</li> <li>• Updating the monitoring board for data processing and data quality during CCT meeting</li> <li>• Analyst the estimate prevalence for each module during data collection</li> </ul> <p><b>After Data Collection</b></p> <ul style="list-style-type: none"> <li>• Check syntax analysis to ensure the analysis meet the module objectives</li> <li>• Prepare sampling weight for complex sample analysis</li> <li>• Check the table analysis for technical report</li> <li>• Prepare final database</li> <li>• Prepare data dictionary for reference</li> </ul>	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"> <li>• Setting up data processing facility Development of directory of variables database</li> <li>• Development of quality control (QC) manual for data processing Specify data structure for data processing and data output requirement</li> <li>• Responsible for data entry and data cleaning</li> <li>• Monitoring and evaluation of QC performance for data processing Maintenance of the scanning machine</li> <li>• Daily back up for databases</li> </ul>	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><b>Before Data Collection</b></p> <ul style="list-style-type: none"> <li>Central Field Supervisors are expected to prepare for the initiation of data collection. The preparation tasks include: <ul style="list-style-type: none"> <li>Conduct meeting with State Education Office, School Principals, Teacher in-charged for the selected schools.</li> <li>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"> <li>Human resources are available: Field Supervisors, Team leaders, Research Assistants and drivers.</li> <li>Manage transport: Vehicles</li> <li>Manage survey instruments and relevant form</li> <li>Manage lodging for data collectors</li> </ul> </li> </ul> </li> </ul> <p><b>During Data Collection</b></p> <ul style="list-style-type: none"> <li>Gather feedback from the field on the data collection status and problems related to logistics.</li> <li>Visit the field to help data collectors solve the problem if necessary.</li> <li>To ensure all data collection monitoring forms have been received on time.</li> <li>To ensure bundle from field received by the Operation Centre by hand and by post.</li> <li>Updating the monitoring board for state achievement and attending CCT meeting.</li> </ul>	<p>Dr. Ahmad Ali Zainuddin  Dr. Maznieda Mahjom  Dr. Mohd Shaiful Azlan Kassim  Dr. S Maria Awaluddin  Dr. Shubash Shander Ganapathy</p>
5	Operation Centre	<ul style="list-style-type: none"> <li>Arrange date and place of meeting</li> <li>Prepare and circulate briefing materials</li> <li>Prepare and circulate minutes of CCT meeting</li> <li>Prepare letters of appointment for Central Field Supervisors, Field Supervisors and data collectors</li> <li>Prepare advertisement material for recruitment of data collectors</li> <li>Prepare letters of notifications for data collections</li> <li>Prepare manuals for field Supervisors and data collectors</li> <li>Develop a system/format and monitor the distribution of materials/ equipment for field work</li> </ul>	<p>Mr. Lim Kuang Kuay  Ms. Nashrah Adilah Ismail</p>

**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@ Shahrudin
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@ Shahrudin
11. Mr. Mohd Hairmansah Mohd Shah
12. Ms. Nor'Ain Ab Wahab
13. Ms. Norliza Shamsuddin
14. Ms. Nazirah Alias
15. Ms. Nurul Haniyah Rosslan

**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 Syaqilah 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 Zaquan 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 Syafiqah 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. Hasziewatul Affidah Hasnan
6. Mr. Amirul Amin Mohamed Tarmizi

**PERLIS**

**Field Supervisor**

Dr. Suhaila Abdul Ghaffar

**Drivers**

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

**Research Assistants**

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

**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
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