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NATIONAL HEALTH & MORBIDITY SURVEY 2022

ADOLESCENT HEALTH SURVEY 2022

PAHANG

Contributors

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

(In alphabetical order)

Ahmad Ali Zainuddin, Ainan Nasrina Ismail, Anita Suleiman, Annapurny Venkiteswaran, Azli Baharudin@ Shaharudin, Chan Yee Mang, Chong Chean Tat, Chong Zhuo Lin, Eida Nurhadzira Muhammad, Faizul Akmal Abdul Rahim, Fatin Athira Tahir, Fazila Haryati Ahmad, Filza Noor Asari, Halizah Mat Rifin, Hamizatul Akmal Abd Hamid, Hasimah Ismail, Hazizi Abu Saad, Khairul Hasnan Amali, Khaw Wan-Fei, Kishwen Kanna Yoga Ratnam, Lai Wai Kent, Lalitha Palaniveloo, Liew Siaw Hun, Lim Kuang Kuay, Maznieda Mahjom, Mohamad Aznuddin Abd Razak, Mohamad Salleh Abdul Ghani, Mohd Amierul Fikri Mahmud, Mohd Azahadi Omar, Mohd Farihan Md Yatim, Mohd Haniff Bistari, Mohd Hatta Abdul Mutalip, Mohd Hairmanshah Mohd Shah, Mohd Hazrin Hasim@Hashim, Mohd Ruhaizie Riyadzi, Mohd Shaiful Azlan Kassim, Muhamad Khairul Nazrin Khalil, Muhammad Azri Adam Adnan, Muhammad Fadhli Mohd Yusoff, Muhammad Faiz Mohd Hashim, Muhammad Hanafi Bakri, Muhammad Solihin Rezali, Munawara Pardi, Murnizar Mokhtar, Musalnizan Mustalkah, Nazirah Alias, Nik Adilah Shahein, Nik Daliana Nik Farid, Nik Rubiah Nik Abdul Rashid, Nik Ruzyanei Nik Jaafar, Nizam Baharom, Noor Aliza Lodz, Noor Raihan Khamal, Noor Suraya Muhamad, Noor Syaqilah Shawaluddin, Nor Rahidah Abd Rahim, Nor'Ain Ab Wahab, Noraryana Hassan, Norhafizah Sahril, Norhayati Nordin, Norlaila Hamid, Norli Abd Jabbar, Norliana Ismail, Norliza Shamsuddin, Norsyamlina Che Abdul Rahim, Norzawati Yoep, Nur Faraeein Zainal Abidin, Nur Hamizah Nasaruddin, Nur Hidayatun Fadhilah Mohd Nor, Nurashikin Ibrahim, Nurul Haniyah Rosslan, Nurul Huda Ibrahim, Nurulasmak Mohamed, Nurzaime Zulaily, Rafidah Ali, Rusdi Abd Rashid, S Maria Awaluddin, Saidatul Norbaya Buang, Sheikh Shafizal Sheikh Ilman, Sherina Mohd Sidek, Shubash Shander Ganapathy, Siti Balkhis Shafie, Siti Adibah Ab Halim, Suhaila Abd Ghaffar, Sulhariza Husni Zain, Syafinaz Mohd Sallehuddin, Tan Lee Ann, Tania Gayle Robert Lourdes, Teh Wai Siew, Thamil Arasu Saminathan, Tuan Amin Tuan Lah, Ummi Nadiah Yusoff, Wan Kim Sui, Wan Sarifah Aini Wan Jusoh, Zamzaireen Zainal Abidin, Zulkarnain Ramli.

Editorial Reviewers

Khaw Wan-Fei, Mohd Hatta Abdul Mutalip, Muhammad Solihin Rezali, Tania Gayle Robert Lourdes, Thamil Arasu Saminathan

Editors

Lim Kuang Kuay, Noor Ani Ahmad

External Reviewer

Saidatul Norbaya Buang
Family Health Development Division, Ministry of Health Malaysia

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Blok B5 & B6, Kompleks NIH,
No1, Jalan Setia Murni U13/52,
Seksyen U13 Bandar Setia Alam,
40170 Shah Alam, Selangor.

Tel: +603-3362-7800 Fax: +603-3362-7801

Any inquiries or comments on this report should be directed to the following:

Principal Investigator
National Health and Morbidity Survey 2022: Adolescent Health Survey
Institute for Public Health
National Institutes of Health
Ministry of Health Malaysia
Blok B5 & B6, Kompleks NIH,
No1, Jalan Setia Murni U13/52,
Seksyen U13 Bandar Setia Alam,
40170 Shah Alam, Selangor.

Tel: +603-3362-7800 Fax: +603-3362-7801

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LIST OF ABBREVIATIONS

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

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EXECUTIVE SUMMARY

The Adolescent Health Survey (AHS) 2022 was conducted from June to July 2022 with the aim of determining the prevalence of health risk behaviours and protective factors among adolescents in Malaysia. This nationwide cross-sectional survey used a two-stage stratified sampling design and a validated self-administered questionnaire. Out of 2798 secondary schools under the Ministry of Education (MOE) and the Ministry of Rural and Regional Development (MARA), 240 schools were randomly selected and a total of 37,479 students were eligible to participate in the survey. The findings showed that a total of 239 schools with 33,523 adolescents were involved in this study, resulting in an overall response rate of 89.0%. In Pahang, 16 secondary schools were randomly selected, and out of 2382 eligible students, 2171 students completed the survey, yielding a response rate of 91.1%.

Pahang 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 Pahang was 18.4%, 8.9%, 5.9% and 15.0% respectively. 68.6% of adolescents had their first alcoholic beverage before the age of 14 years in Pahang. The prevalence of ever having sex and had sex in the past 30 days among adolescents was 7.7% and 5.8%, respectively. Of those who ever had sex, 33.2% had their first sexual experience before age 14, and 12.8% had at least two sexual partners. Only 13.7% of respondents or their partners had used condoms, while 13.9% used other birth control methods. A total of 22.2% 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, 15.7% 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, 9.2% reported having been bullied in the past 30 days. A total of 16.4% of adolescents in Pahang reported feeling lonely, 12.1% reported being unable to sleep "most of the time or always" due to worry in the 12 months prior to the survey. Prevalence of suicidal ideation, plan and attempt were 13.4%, 10.3%, and 9.8%, respectively. Overall, 26.2% of adolescents reported being depressed. The prevalence of truancy among adolescents in the past 30 days was 25.0%, and only 43.8% claimed to have peer support. Adolescents who reported having parental or guardian supervision, parental or guardian connectedness and parental or guardian bonding were 8.8%, 25.4% and 32.5%, respectively. Overall, 84.7% of adolescents reported brushing their teeth twice a day in the past 30 days. A total of 39.3% of adolescents reported not knowing whether their toothpaste contained fluoride while only 22.1% used dental floss. In the past 30 days, 69.9% always used soap when washing their hands, 87.8% always washed their hands before eating, and 84.9% reported that they always washed their hands after using the toilet. In relation to dietary behaviours, 2.7% reported being hungry most of the time or always in the past 30 days because there was not enough food at home. The consumption of fruits at least twice daily was 35.8% and vegetables at least thrice daily was 24.0% in the past 30 days. Consumption of carbonated drinks at least once daily in the past 30 days was reported at 29.4%, while 10.2% consumed food from fast food restaurants for at least three days in the past seven days. The prevalence of stunting and thinness among adolescents was 7.4% and 9.3%, respectively, while the prevalence of overweight was 16.5% and obesity was 14.5%. Prevalence of being physically active was 24.6% and 31.3% of adolescents reported active transportation to school. In addition, 66.6% of adolescents had spent at least three hours on a typical or usual day in sitting activities. Overall, 5.6% reported had ever used drug and the prevalence of current drug users was 2.7%. The prevalence of ever used marijuana was 1.0%. 3.3% reported had ever used kratom and the prevalence of current used kratom was 1.6%.

Malaysia Key Findings

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

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

A total of 16.2% of adolescents in Malaysia reported feeling lonely, and 4.2% said that they had no close friends. A total of 12.9% reported being unable to sleep "most of the time or always" due to worry in the 12 months prior to the survey. Prevalence of suicidal ideation, plan and attempt were 13.1%, 10.0%, and 9.5%, respectively. Overall, 26.9% of adolescents reported being depressed. The prevalence of truancy among adolescents in the past 30 days was 25.6%, and only 46.0% claimed to have peer support. Adolescents who reported having parental or guardian supervision, parental or guardian connectedness and parental or guardian bonding were 9.9%, 24.2% and 33.4%, respectively. Overall, 82.2% of adolescents reported brushing their teeth twice a day in the past 30 days. A total of 43.3% of adolescents reported not knowing whether their toothpaste contained fluoride while only 21.4% used dental floss. In the past 30 days, 69.3% always used soap when washing their hands, 84.5% always washed their hands before eating, and 86.5% reported that they always washed their hands after using the toilet.

In relation to dietary behaviours, 2.5% reported being hungry most of the time or always in the past 30 days because there was not enough food at home. The consumption of fruits at least twice daily was 37.3% and vegetables at least thrice daily was 27.1% in the past 30 days. Consumption of carbonated drinks at least once daily in the past 30 days was reported at 32.4%, while 10.6% consumed food from fast food restaurants for at least three days in the past seven days. The prevalence of stunting and thinness among adolescents was 6.8% and 8.3%, respectively, while the prevalence of overweight was 16.2% and obesity was 14.3%. Prevalence of being physically active for a total of at least 60 minutes daily for five days or more in the past seven days was 21.4% and 27.0% of adolescents reported active transportation to school. In addition, 66.7% of adolescents had spent at least three hours on a typical or usual day in sitting activities.

Recommendations:

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

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

1.0 INTRODUCTION

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

1.1 Objectives

1.1.1 General Objectives

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

1.1.2 Specific Objectives

To determine the prevalence of:

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

2.0 METHODOLOGY

2.1 Study Design

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

2.2 Sampling Frame and Target Population

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

2.3 Sample Size Calculation

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

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

Where:

i. Variance of proportion of the variable of interest (Based on AHS 2017 survey)
ii. Margin of error (e) (Between 0.01 to 0.05)
iii. 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:

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

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

Table 2.1: Distribution of secondary schools sampled, by state

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

2.4 Sampling Design

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

2.5 Ethical Approval and Consent Forms

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

2.6 Study Instrument

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

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

2.7 Data Collection

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

2.8 Quality Control

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

2.9 Data Processing and Quality Centre

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

2.10 Data Analysis

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

2.11 References

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

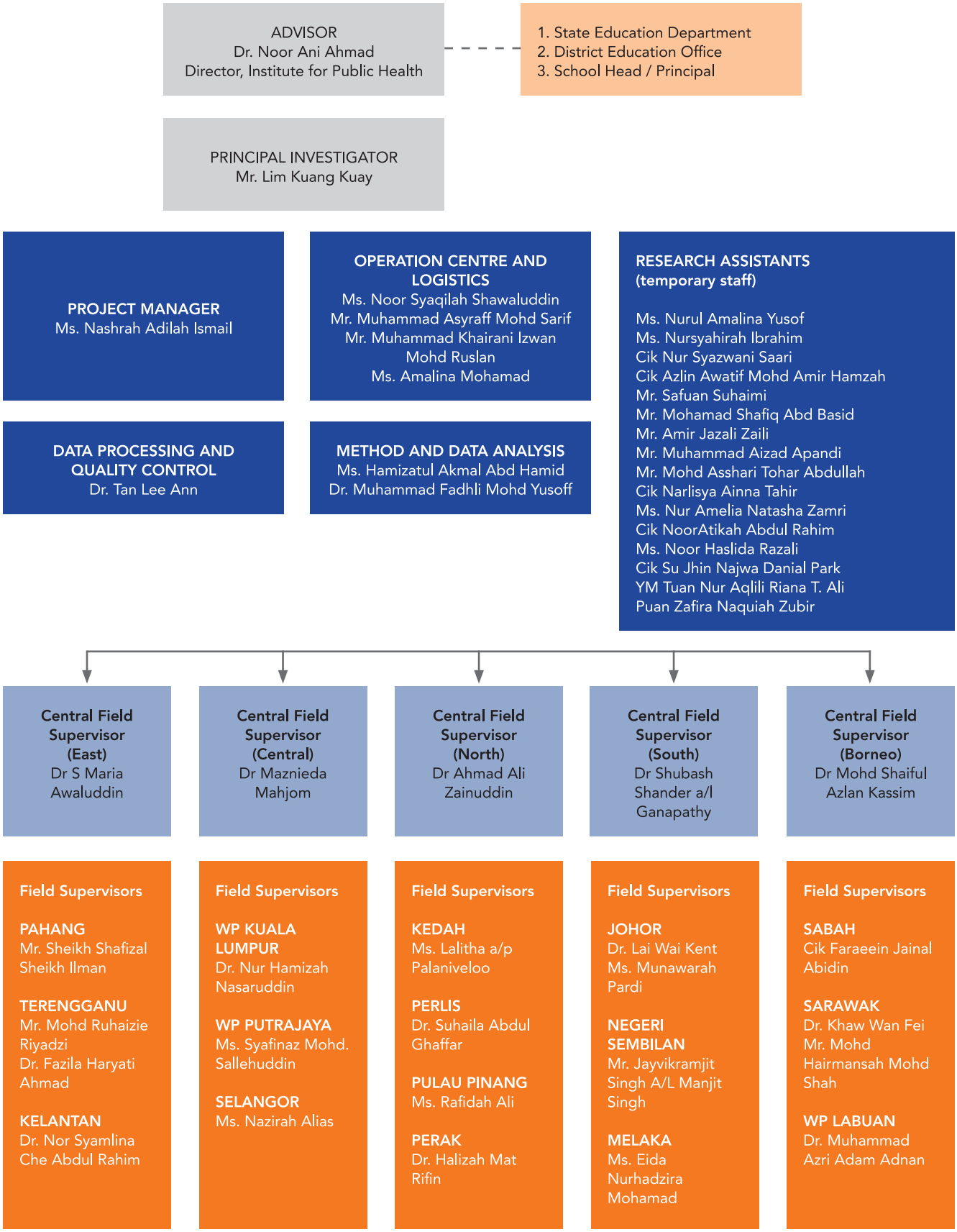

Figure 1: Organisation chart for data collection team NHMS 2022

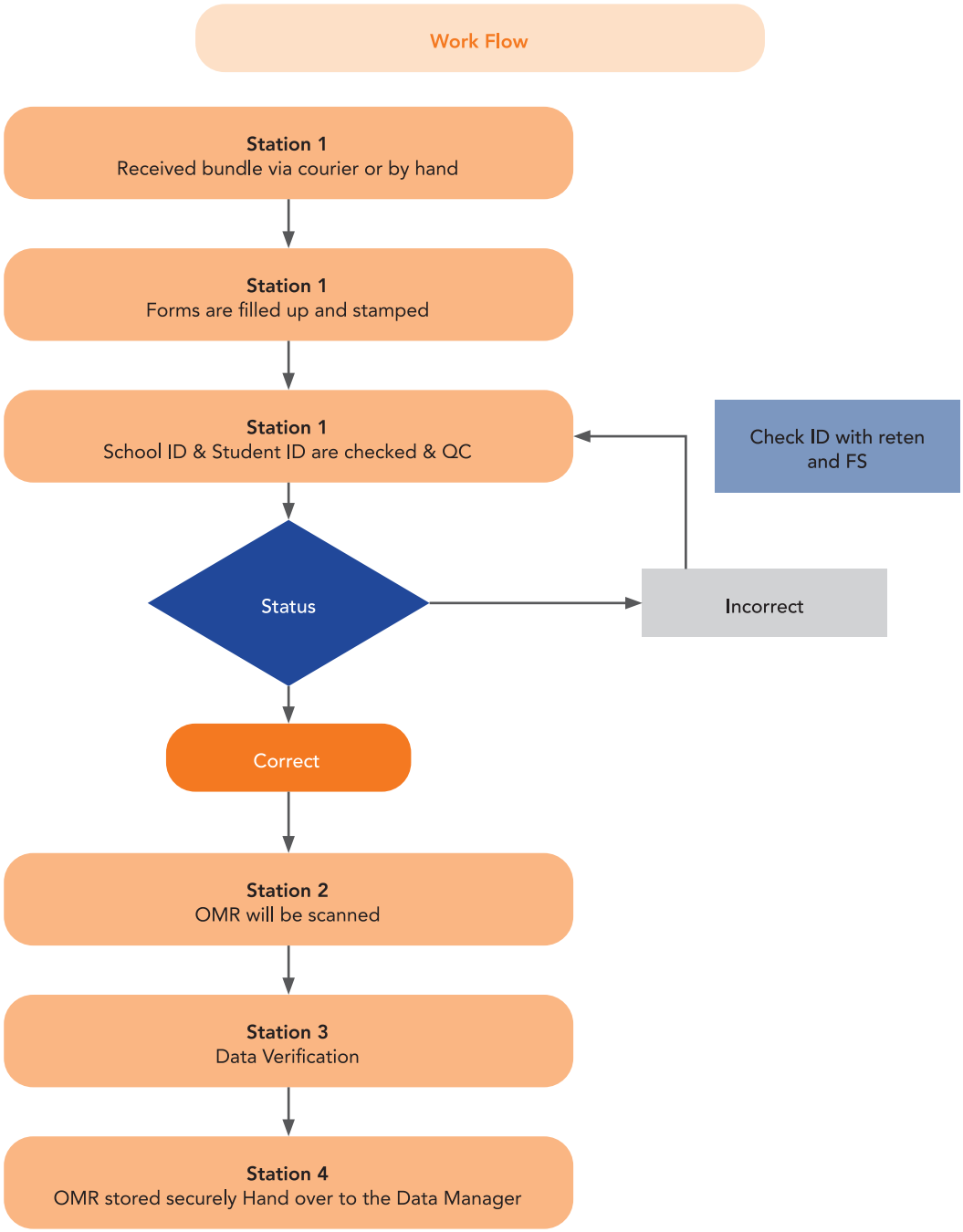

Figure 2: Workflow of Data Processing NHMS 2022

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
Total	**240**	**37479**	**33523**	**89.44**

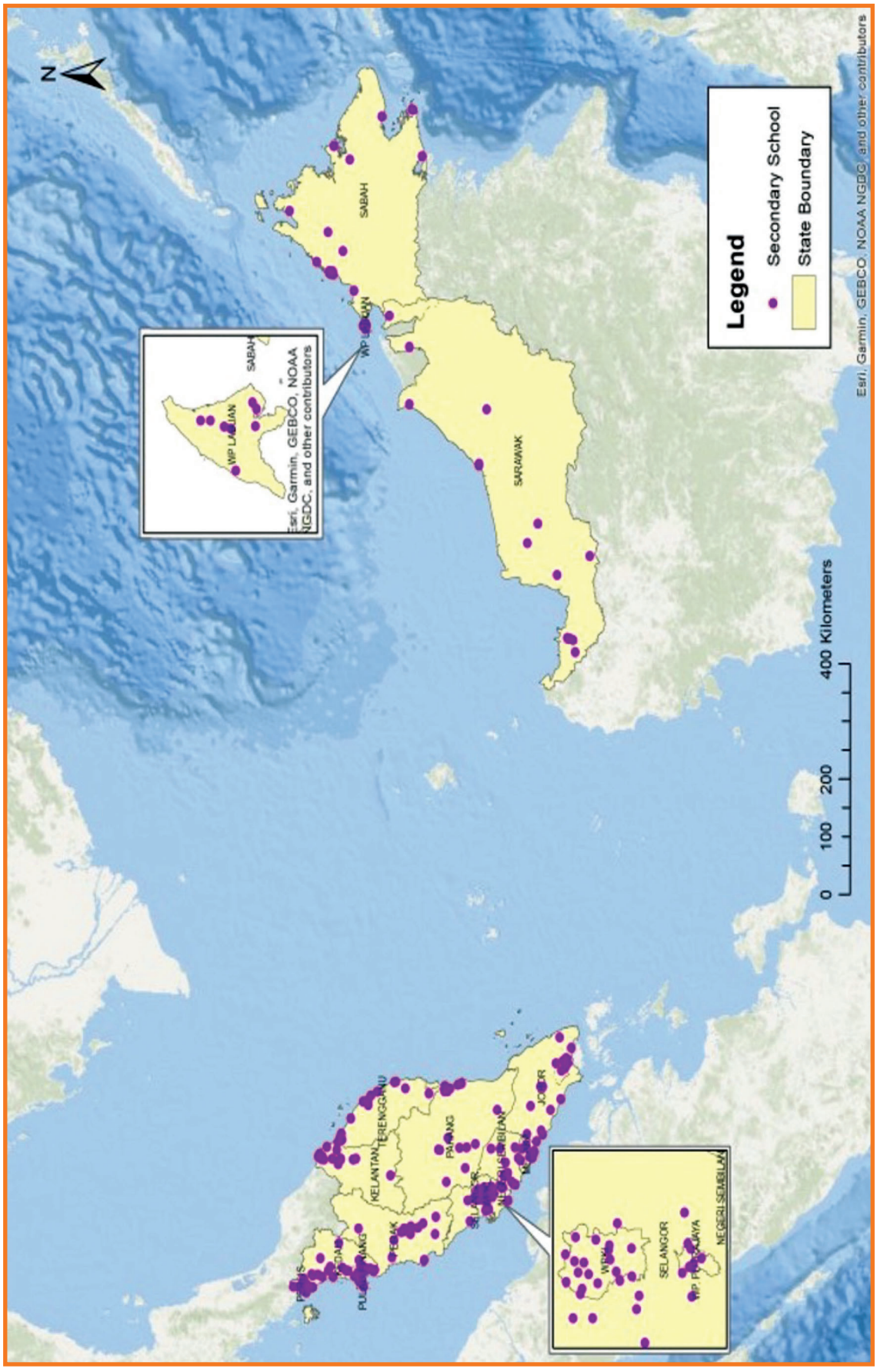

Figure 3: GIS mapping of the selected secondary schools

3.2 Alcohol Consumption

Contributors: Tania Gayle Robert, Hamizatul Akmal Abd Hamid, Mohd Hatta Abdul Mutalip, Halizah Mat Rifin, Norli Abdul Jabbar, Rusdi Abd Rashid, Thamil Arasu Saminathan, Muhammad Fadhli Mohd Yusoff, Chong Zhuo Lin, Faizul Akmal Abdul Rahim

3.2.1 Introduction

Annually, the harmful use of alcohol results in approximately 3 million deaths worldwide[1]. Alcohol is responsible for 5.1% of the global burden of disease and injury, as measured by disability-adjusted life years (DALYs)[1]. It is the main cause of premature death and disability in individuals aged 15 to 49, accounting for 10% of all deaths in this age group[2].

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, 68.6% 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, 51.7% of adolescents obtained their alcoholic beverages from their family, followed by 7.4% of them obtained it from some other way. **(Table 3.2.2)**

Social Problems as a Result of Alcohol Drinking
Overall, the majority (83.1%) of 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 Pahang was reported as 69.3%, while peer drinking was 84.2%.

Drunkenness
Among ever alcohol drinkers, only 22.92% reported drunkenness.

3.2.5 Discussion / Conclusion

According to this study, at 68.6%, the proportion of adolescents who drank alcohol for the first time before turning 14 years old remained high. As in surveys, family members remained the primary source of acquiring alcoholic beverages. 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 Pahang, 2022

Initiation age of alcohol drinking	Unweighted count	Percentage (%)
Below 14 years old	145	68.6
14 years old and above	75	31.4

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

Sources of obtaining alcohol	Unweighted count	Percentage (%)
I bought from a store, shop or from a street vendor	22	-
I gave someone else money to buy it for me	2	-
I got it from my friend	14	-
I got it from my family	46	51.7
I stole it or got it without permission	1	-
I got it some other way	7	7.4

- 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 Pahang, 2022

Number of times	Unweighted count	Percentage (%)
0 times	211	83.1
1 to 2 times	31	11.2
3 to 9 times	9	-
10 or more times	5	-

- Prevalence with high RSE, not reported

3.3 Dietary Behaviours

Contributors: Lai Wai Kent, Suhaila Abdul Ghaffar, Chong Chean Tat, Munawara Pardi, Nurul Huda Ibrahim, Syafinaz Mohd Sallehuddin, Siti Adibah Ab. Halim, Ainan Nasrina Ismail, Teh Wai Siew

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[1]. 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[2]. 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 Pahang. 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[3].

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 2.7% (95% CI: 2.13, 3.51) 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 female (3.8%, 95% CI: 2.62, 5.43) as compared to male counterparts (1.7%, 95% CI: 1.00, 2.81).

Fruit consumption
A total of 35.8% (95% CI: 33.17, 38.53) of adolescents consumed fruit at least twice daily in the past 30 days **(Table 3.3.2)**. There were 36.3% (95% CI: 32.37, 39.95) of males and 35.3% (95% CI: 32.43, 38.35) of females who reported consuming fruit at least twice daily.

Vegetable consumption
About 24.0% (95% CI: 20.76, 27.57) of adolescents consumed vegetables at least three times daily in the past 30 days **(Table 3.3.3)**. There were 27.1% (95% CI: 23.14, 31.55) of males and 20.9% (95% CI: 17.54, 24.67) of females who reported consuming vegetables at least three times daily.

Fruits and vegetables intake
About 13.7% (95% CI: 11.87, 15.80) of adolescents consumed fruits and vegetables at least five times daily in the past 30 days **(Table 3.3.4)**. There were 15.2% (95% CI: 12.71, 18.04) of males and 12.3% (95% CI: 10.13, 14.76) of females who reported consuming fruits and vegetables of at least five times daily.

Never Consume Fruit
About 9.1% (95% CI: 7.51, 11.09) of adolescents reported never consume fruit in the past 30 days **(Table 3.3.5)**. Prevalence on never consume fruit was 9.2% (95% CI: 7.35, 11.46) among males and 9.1% (95% CI: 7.16, 11.46) among females.

Never Consume Vegetable
About 10.3% (95% CI: 8.58, 12.27) of adolescents never consume vegetable in the past 30 days **(Table 3.3.5)**. Prevalence of never consume vegetable was 9.7% (95% CI: 7.96,11.69) among males and 10.9% (95% CI: 8.60, 13.70) among females. Never Consume

Fruit and Vegetable
A total of 2.7% (95% CI: 2.29, 3.28) of adolescents never consume fruit and vegetable in the past 30 days **(Table 3.3.5)**. Prevalence of never consume fruit and vegetable was 2.9% (95% CI: 2.16, 4.00) among males and 2.5% (95% CI: 1.80, 3.57) among females.

Carbonated soft drinks intake

Overall, 29.4% (95% CI: 26.06, 33.02) of adolescents consumed carbonated soft drinks at least once daily in the past 30 days **(Table 3.3.6)**. There were 30.8% (95% CI: 26.38, 35.65) of males and 28.0% (95% CI: 23.87, 32.59) of females who reported consuming carbonated soft drinks at least once daily.

Plain water intake

About 49.4% (95% CI: 46.62, 52.20) 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 (53.8%, 95% CI: 49.61, 57.92) was significantly higher than males (45.0%, 95% CI: 42.54, 47.48).

Milk and milk products intake

About 24.8% (95% CI: 22.43, 27.27) of adolescents consumed milk/milk products at least two times per day in the past 30 days **(Table 3.3.8)**. There were 24.4% (95% CI: 20.95, 28.25) of males and 25.1% (95% CI: 22.79, 27.63) of females who reported consuming milk/milk products at least two times daily.

Fast food intake

About 10.2% (95% CI: 8.48, 12.18) 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 11.1% (95% CI: 8.91, 13.86) among male and 9.2% (95% CI: 7.21, 11.73) among females.

3.3.5 Discussions / Conclusion

In Pahang, there were 2.7% 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 35.8% and 24.0%, respectively. However, only 13.7% of them consumed fruits and vegetables five times daily. About 49.4% of adolescents reported drinking plain water less than 6 glasses and 24.8% consumed milk/milk products at least two times daily. The consumption of carbonated soft drinks of at least once daily in the past 30 days was reported at 29.4% while 10.2% consumed food from fast food restaurants for at least three days in the past seven days.

3.3.6 Recommendations

The research finding shows that there is a crucial need to alter the behaviours of Pahang 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 Pahang

	NHMS 2012	NHMS 2017	NHMS 2022
Most of the time or always went hungry	5.2	3.7	2.7
Fruits intake of at least twice daily	43.2	50.5	35.8
Vegetables intake of at least three times daily	26.5	34.5	24.0
Fruits and vegetables intake of at least five times daily	27.1	24.1	13.7
Carbonated soft drinks consumption at least once daily	29.9	35.9	29.4
Milk/milk products intake of at least two times daily	Not reported	34.2	24.8
Fast food intake of at least three days in the past seven days	6.6	11.3	10.2

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 Pahang 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
PAHANG	61	2785	2.7	2.13	3.51
Sex					
Male	19	854	1.7	1.00	2.81
Female	42	1932	3.8	2.62	5.43
Form					
Form 1	9	-	-	-	-
Form 2	13	-	-	-	-
Form 3	12	635	3.1	1.90	5.14
Form 4	13	-	-	-	-
Form 5	14	624	3.4	1.95	5.73
Ethnicity					
Malay	49	2220	2.7	2.12	3.52
Chinese	6	-	-	-	-
Indian	5	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	770	36500	35.8	33.17	38.53
Sex					
Male	374	18447	36.3	32.77	39.95
Female	396	18053	35.3	32.43	38.35
Form					
Form 1	189	9295	41.1	35.78	46.65
Form 2	167	8365	39.2	34.24	44.47
Form 3	132	7055	34.8	30.00	39.83
Form 4	138	5650	29.6	23.98	35.82
Form 5	144	6136	33.0	29.31	36.90
Ethnicity					
Malay	636	30038	37.0	34.12	40.01
Chinese	89	4407	28.2	23.62	33.18
Indian	24	1129	39.4	23.32	58.14
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	16	706	40.2	28.38	53.38

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	517	24458	24.0	20.76	27.57
Sex					
Male	280	13787	27.1	23.14	31.55
Female	237	10671	20.9	17.54	24.67
Form					
Form 1	123	6071	26.9	21.55	33.03
Form 2	107	5485	25.7	20.40	31.90
Form 3	75	4034	19.9	14.12	27.23
Form 4	118	4786	25.0	20.26	30.50
Form 5	94	4082	22.0	17.78	26.78
Ethnicity					
Malay	378	17837	22.0	18.79	25.57
Chinese	110	5332	34.1	31.02	37.24
Indian	14	627	21.9	12.56	35.28
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	13	580	33.0	17.13	54.10

- 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 adolescent in Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	294	13990	13.7	11.87	15.80
Sex					
Male	155	7726	15.2	12.71	18.04
Female	139	6264	12.3	10.13	14.76
Form					
Form 1	77	3810	16.8	13.06	21.40
Form 2	67	3474	16.3	12.94	20.31
Form 3	40	2133	10.5	6.47	16.62
Form 4	59	2381	12.5	9.09	16.84
Form 5	51	2192	11.8	9.29	14.86
Ethnicity					
Malay	217	10254	12.6	10.80	14.72
Chinese	58	2880	18.4	16.84	20.06
Indian	9	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	9	402	22.9	12.45	38.32

- 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 Pahang, 2022

Socio-demographic characteristics	Never consume fruit					Never consume vegetable					Never consume fruit and vegetable				
	Unweighted count	Estimated population	Prevalence (%)	95 % CI		Unweighted count	Estimated population	Prevalence (%)	95 % CI		Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper				Lower	Upper				Lower	Upper
PAHANG	199	9321	9.1	7.51	11.09	221	10474	10.3	8.58	12.27	59	2794	2.7	2.29	3.28
Sex															
Male	98	4679	9.2	7.35	11.46	100	4910	9.7	7.96	11.69	31	1496	2.9	2.16	4.00
Female	101	4641	9.1	7.16	11.46	121	5564	10.9	8.60	13.70	28	1298	2.5	1.80	3.57
Form															
Form 1	49	2331	10.3	7.46	14.07	54	2630	11.7	9.14	14.75	18	883	3.9	2.52	5.99
Form 2	34	1659	7.8	5.90	10.19	44	2151	10.1	7.07	14.20	9	-	-	-	-
Form 3	42	2283	11.2	8.39	14.92	42	2298	11.3	8.58	14.78	14	774	3.8	2.29	6.27
Form 4	40	1644	8.6	5.95	12.29	47	1944	10.2	7.25	14.09	11	440	2.3	1.39	3.79
Form 5	34	1404	7.5	5.53	10.22	34	1451	7.8	5.62	10.73	7	-	-	-	-
Ethnicity															
Malay	172	7979	9.8	8.10	11.89	195	9145	11.3	9.60	13.20	49	2242	2.8	2.24	3.40
Chinese	19	985	6.3	3.71	10.46	14	-	-	-	-	8	-	-	-	-
Indian	6	-	-	-	-	5	-	-	-	-	1	-	-	-	-
Bumiputera Sabah	1	-	-	-	-	0	-	-	-	-	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-	3	127	42.4	27.47	58.83	0	-	-	-	-
Others	1	-	-	-	-	4	-	-	-	-	1	-	-	-	-

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	630	29975	29.4	26.06	33.02
Sex					
Male	318	15656	30.8	26.38	35.65
Female	312	14319	28.0	23.87	32.59
Form					
Form 1	152	7379	32.7	27.55	38.31
Form 2	134	6608	31.0	24.05	38.92
Form 3	113	6160	30.3	24.49	36.90
Form 4	129	5360	28.0	23.10	33.59
Form 5	102	4468	24.0	18.40	30.73
Ethnicity					
Malay	514	24427	30.1	25.96	34.59
Chinese	69	3448	22.0	20.40	23.75
Indian	26	1176	41.8	21.02	65.88
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	4	176	59.1	30.37	82.67
Others	16	712	40.6	24.44	59.07

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	1063	50366	49.4	46.62	52.20
Sex					
Male	462	22879	45.0	42.54	47.48
Female	601	27487	53.8	49.61	57.92
Form					
Form 1	236	11496	50.8	46.02	55.64
Form 2	228	11442	53.7	47.39	59.84
Form 3	197	10486	51.7	45.59	57.66
Form 4	210	8728	45.7	39.90	51.54
Form 5	192	8213	44.2	37.64	50.91
Ethnicity					
Malay	859	40395	49.8	46.27	53.28
Chinese	145	7331	46.8	35.93	58.04
Indian	33	1449	50.6	38.23	62.81
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	7	-	-	-	-
Others	17	810	46.2	36.23	56.47

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	538	25233	24.8	22.43	27.27
Sex					
Male	255	12402	24.4	20.95	28.25
Female	283	12830	25.1	22.79	27.63
Form					
Form 1	125	6072	26.9	21.78	32.74
Form 2	100	4956	23.2	17.88	29.65
Form 3	104	5536	27.3	22.58	32.66
Form 4	110	4496	23.5	19.29	28.36
Form 5	99	4172	22.4	18.56	26.87
Ethnicity					
Malay	439	20578	25.4	22.70	28.28
Chinese	66	3275	20.9	17.75	24.49
Indian	20	848	29.6	18.28	44.14
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	3	135	45.2	28.52	62.98
Others	8	-	-	-	-

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	217	10378	10.2	8.48	12.18
Sex					
Male	112	5668	11.1	8.91	13.86
Female	105	4711	9.2	7.21	11.73
Form					
Form 1	51	2400	10.6	7.77	14.40
Form 2	43	2179	10.2	7.26	14.20
Form 3	41	2251	11.1	7.27	16.54
Form 4	39	1662	8.7	5.47	13.54
Form 5	43	1888	10.2	6.96	14.57
Ethnicity					
Malay	189	9024	11.1	9.18	13.43
Chinese	12	-	-	-	-
Indian	7	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	4	174	58.3	41.00	73.83
Others	5	-	-	-	-

- Prevalence with high RSE, not reported

3.4 Nutritional Status

Contributors: Ahmad Ali Zainuddin, Lalitha Palaniveloo, Khairul Hasnan Amali, Siti Adibah Ab. Halim, Ainan Nasrina Ismail

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[1]. 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[2]. The indicators include stunting, thinness, overweight and obesity.

3.4.2 Objectives

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

3.4.3 Variable definitions

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

3.4.4 Findings

Height-for-Age z-score
The prevalence of stunting among adolescents was 7.4% (95% CI: 6.00, 9.05. Females [8.9%, (95% CI: 7.25, 10.99)] showed higher prevalence compared to males [5.8%, (95% CI: 4.09, 8.21)]. **(Table 3.4.1)**.

BMI -for-Age z-score
According to the WHO 2007 Growth Reference Data for 5-19 years, the prevalence of thinness among adolescents was 9.3% (95% CI: 7.81, 11.01) The data showed that the prevalence of thinness was significantly higher among males [13.4%, (95% CI: 10.69, 16.61)] compared to females [5.2%, (95% CI: 3.64, 7.40)]. **(Table 3.4.2)**.

Overweight and Obesity
The prevalence of overweight was 16.5% (95% CI: 14.99, 18.16). Comparing the sexes, females had a higher prevalence at 19.1% (95% CI: 16.34, 22.12)] compared to males [14.0% (95% CI: 11.70, 16.58]. (Table 3.4.3). For obesity, the prevalence was 14.5% (95% CI: 12.79, 16.49). Between the sexes, males had a higher prevalence of obesity at 15.7% (95% CI: 13.46, 18.19) compared to females [13.4% (95% CI: 13.46, 18.19)]. **(Table 3.4.3)**.

3.4.5 Discussion / Conclusion

Overall, the prevalence of overweight and obesity totalling 31% was higher than thinness (9.3%) and stunting (7%). It can be concluded that adolescents in Pahang is facing a dual burden of malnutrition, with overnutrition appearing to be a larger problem than undernutrition.

3.4.6 Recommendations

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

3.4.7 References

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

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	163	7526	7.4	6.00	9.05
Sex					
Male	62	2958	5.8	4.09	8.21
Female	101	4567	8.9	7.25	10.99
Form					
Form 1	23	1074	4.7	2.64	8.38
Form 2	26	1306	6.1	3.63	10.15
Form 3	27	1445	7.1	4.63	10.79
Form 4	30	1264	6.6	4.40	9.86
Form 5	57	2437	13.1	10.51	16.29
Ethnicity					
Malay	138	6429	7.9	6.38	9.80
Chinese	11	500	3.2	1.86	5.44
Indian	6	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	6	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	198	9448	9.3	7.81	11.01
Sex					
Male	140	6798	13.4	10.69	16.61
Female	58	2649	5.2	3.64	7.40
Form					
Form 1	35	1719	7.6	5.29	10.82
Form 2	38	2105	9.9	6.94	13.98
Form 3	36	1930	9.5	7.40	12.19
Form 4	49	1968	10.3	7.13	14.71
Form 5	40	1727	9.3	6.69	12.80
Ethnicity					
Malay	162	7736	9.6	7.55	12.03
Chinese	32	1523	9.8	8.50	11.19
Indian	3	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
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 in Pahang, 2022

Socio-demographic characteristics	Overweight (>+1SD to ≤+2SD)					Obese (>+2SD)				
	Unweighted count	Estimated population	Prevalence (%)	95 % CI		Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper				Lower	Upper
PAHANG	363	16794	16.5	14.99	18.16	309	14788	14.5	12.79	16.49
Sex										
Male	146	7097	14.0	11.70	16.58	158	7970	15.7	13.46	18.19
Female	217	9697	19.1	16.34	22.12	151	6818	13.4	10.71	16.65
Form										
Form 1	90	4272	18.9	14.42	24.40	72	3574	15.8	12.46	19.87
Form 2	65	3043	14.3	11.51	17.72	61	3040	14.3	10.67	18.97
Form 3	65	3414	16.9	13.16	21.34	66	3623	17.9	12.95	24.19
Form 4	73	3021	15.8	13.86	18.06	56	2302	12.1	9.18	15.73
Form 5	70	3043	16.4	12.64	21.02	54	2248	12.1	8.42	17.13
Ethnicity										
Malay	299	13801	17.0	15.47	18.75	253	12026	14.9	12.83	17.14
Chinese	47	2232	14.3	10.86	18.62	37	1922	12.3	9.34	16.09
Indian	13	579	20.2	11.30	33.44	13	557	19.4	11.10	31.83
Bumiputera Sabah	0	-	-	-	-	0	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-	0	-	-	-	-
Others	2	-	-	-	-	6	-	-	-	-

- Prevalence with high RSE, not reported

3.5 Drug Use

Contributors: Thamil Arasu Saminathan, Hamizatul Akmal Abd Hamid, Muhammad Fadhli Mohd Yusoff, Tania Gayle Robert, Maznieda Mahjom, Hasimah Ismail, Mohd Haniff Bin Bistari, Halizah Mat Rifin, Mohamad Salleh Abdul Ghani, Norli Abdul Jabbar, Rushidi Abd Rashid

3.5.1 Introduction

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

3.5.2 Objectives

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

3.5.3 Variable Definitions

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

3.5.4 Findings

Overall, 5.6% (95% CI: 4.15, 7.45) of adolescents reported that they had ever used drug during their lifetime and it was significantly higher among males [8.2% (95%CI: 5.47, 12.06)] as compared to females [3.0% (95%CI: 1.94, 4.58)] **(Table 3.5.1)**. The prevalence of current drug users was 2.7% (95%CI: 1.67, 4.30) and among males were 4.2% (95%CI: 2.44, 7.29) **(Table 3.5.2)**. Overall, 2.4% (95% CI: 1.81, 3.27) of adolescents reported had ever used inhalant during their lifetime. Males was also significantly higher [2.8% (95% CI: 1.88, 4.08)] than females [2.1% (95% CI: 1.22, 3.59)] (Table 3.5.3). Overall, 1.0% (95% CI: 0.60, 1.82) of adolescents reported had current used inhalant in the past 30 days; among males it was 1.4% (95% CI: 0.79, 2.44) **(Table 3.5.3)**.

Overall, 3.3% (95% CI: 2.23, 4.81) of adolescents reported had ever used kratom during their lifetime; among males it was 5.3% (95% CI: 3.28, 8.61) **(Table 3.5.4)**. From the data, 1.6% (95% CI: 0.97, 2.59) of adolescents reported had current used kratom in the past 30 days. The prevalence of current used kratom in the past 30 days among male was 2.8% (95% CI: 1.50, 5.05) (Table 3.5.4). Among current users, about 57.7% had bought drugs from someone else **(Table 3.5.5)**. Among ever drug users, 64.6% (95% CI: 31.44, 87.94) 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 [64.6% (95% CI: 31.44, 87.94)] 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 Penyelidkan, 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 Pahang, 2022

Socio-demographic characteristics	Ever used drug* based on 2017					Ever used drug**				
	Unweighted count	Estimated population	Prevalence (%)	95 % CI		Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper				Lower	Upper
PAHANG	62	3095	3.1	2.35	4.07	114	5588	5.6	4.15	7.45
Sex										
Male	38	1987	4.0	2.89	5.49	81	4087	8.2	5.47	12.06
Female	24	1108	2.2	1.25	3.87	33	1500	3.0	1.94	4.58
Form										
Form 1	21	1054	5.0	2.70	9.08	26	1296	6.1	3.56	10.42
Form 2	13	-	-	-	-	21	1198	5.6	3.32	9.36
Form 3	12	-	-	-	-	26	1406	6.9	4.75	9.98
Form 4	10	-	-	-	-	19	-	-	-	-
Form 5	6	-	-	-	-	22	943	5.1	2.83	9.08
Ethnicity										
Malay	46	2278	2.9	2.14	3.84	94	4574	5.7	4.29	7.66
Chinese	11	-	-	-	-	11	-	-	-	-
Indian	2	-	-	-	-	3	-	-	-	-
Bumiputera Sabah	0	-	-	-	-	1	-	-	-	-
Bumiputera Sarawak	2	85	28.5	17.12	43.49	2	85	28.5	17.12	43.49
Others	1	-	-	-	-	3	151	9.1	4.84	16.59

- 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 Pahang, 2022

Socio-demographic characteristics	Current used drug* based on 2017					Current used drug** based on 2022				
	Unweighted count	Estimated population	Prevalence (%)	95 % CI		Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper				Lower	Upper
PAHANG	40	2101	2.1	1.29	3.39	54	2694	2.7	1.67	4.30
Sex										
Male	30	1613	3.2	1.95	5.28	42	2124	4.2	2.44	7.29
Female	10	-	-	-	-	12	-	-	-	-
Form										
Form 1	14	-	-	-	-	14	-	-	-	-
Form 2	9	544	2.6	1.39	4.63	11	626	2.9	1.64	5.20
Form 3	7	-	-	-	-	9	-	-	-	-
Form 4	5	-	-	-	-	9	-	-	-	-
Form 5	5	-	-	-	-	11	-	-	-	-
Ethnicity										
Malay	26	1333	1.7	1.00	2.80	40	1927	2.4	1.37	4.23
Chinese	10	-	-	-	-	10	-	-	-	-
Indian	2	-	-	-	-	2	-	-	-	-
Bumiputera Sabah	0	-	-	-	-	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-	0	-	-	-	-
Others	2	-	-	-	-	2	-	-	-	-

- Prevalence with high RSE, not reported

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

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

Table 3.5.3: Prevalence of inhalant use among adolescents in Pahang, 2022

Socio-demographic characteristics	Ever used inhalant in a lifetime					Current used inhalant in the past 30 days				
	Unweighted count	Estimated population	Prevalence (%)	95 % CI		Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper				Lower	Upper
PAHANG	48	2444	2.4	1.81	3.27	20	1046	1.0	0.60	1.82
Sex										
Male	25	1387	2.8	1.88	4.08	13	698	1.4	0.79	2.44
Female	23	1057	2.1	1.22	3.59	7	-	-	-	-
Form										
Form 1	16	786	3.7	1.98	6.87	8	-	-	-	-
Form 2	13	-	-	-	-	6	-	-	-	-
Form 3	11	-	-	-	-	2	-	-	-	-
Form 4	6	-	-	-	-	3	-	-	-	-
Form 5	2	-	-	-	-	1	-	-	-	-
Ethnicity										
Malay	36	1850	2.3	1.68	3.20	12	633	0.8	0.45	1.41
Chinese	9	-	-	-	-	7	-	-	-	-
Indian	1	-	-	-	-	0	-	-	-	-
Bumiputera Sabah	0	-	-	-	-	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-	0	-	-	-	-
Others	1	-	-	-	-	1	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.5.4: Prevalence of kratom use among adolescents in Pahang, 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		Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper				Lower	Upper
PAHANG	67	3293	3.3	2.23	4.81	33	1592	1.6	0.97	2.59
Sex										
Male	53	2677	5.3	3.28	8.61	28	1383	2.8	1.50	5.05
Female	14	-	-	-	-	5	-	-	-	-
Form										
Form 1	11	-	-	-	-	6	-	-	-	-
Form 2	13	-	-	-	-	7	-	-	-	-
Form 3	14	761	3.7	2.13	6.50	4	-	-	-	-
Form 4	13	-	-	-	-	7	-	-	-	-
Form 5	16	697	3.8	2.05	6.83	9	-	-	-	-
Ethnicity										
Malay	60	2946	3.7	2.54	5.35	27	1264	1.6	0.84	2.97
Chinese	4	-	-	-	-	5	-	-	-	-
Indian	0	-	-	-	-	0	-	-	-	-
Bumiputera Sabah	1	-	-	-	-	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-	0	-	-	-	-
Others	2	-	-	-	-	1	-	-	-	-

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Percentage (%)
I bought them form someone	12	57.7
I give someone else money to buy it for me	3	-
I stole it or got it without permission	2	-
I got it from my friend	2	-
I got it from my family	0	-
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 Pahang, 2022

Prevalence	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Yes	7	347	64.6	31.44	87.94
No	4	-	-	-	-

- Prevalence with high RSE, not reported

3.6 Oral and Hand Hygiene

Contributors: Fazila Haryati Ahmad, Rafidah Ali, Chan Yee Mang, Mohd Hatta Abdul Mutalip, Nik Adilah Shahein, Norzawati Yoep, Nurulasmak Mohamed, Saidatul Norbaya Buang, Nik Daliana Nik Farid, Annapurny Venkiteswaran

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

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

3.2% (95%CI: 2.42, 4.20) of adolescents in Pahang perceived their oral health as poor or very poor **(Table 3.6.1)**. 84.7% (95%CI: 81.03, 87.69) brushed their teeth twice daily which was significantly higher in females [89.4% (95%CI: 85.7, 92.23)] **(Table 3.6.2)**, 7.1% (95% CI: 5.09, 9.69) never performed daily tongue cleaning **(Table 3.6.3)**, 39.3% (95%CI: 33.74, 45.08) reported not knowing whether their toothpaste contained fluoride **(Table 3.6.4)** and only 22.1% (95%CI: 19.91, 24.53) used dental floss for cleaning their teeth **(Table 3.6.5)**. Only 33.4% (95%CI: 28.34, 38.96) reported to have their last dental visit in the past 12 months **(Table 3.6.6)**, 12.2% (95% CI: 9.56, 15.45) had toothache in the past 12 months and had missed class or not participated with online learning (PdPR) **(Table 3.6.7)**. 31.0% (95%CI: 27.83, 34.30) reported that they had avoided smiling or laughing due to the appearance of their teeth which was significanty higher among females [41.0% (95%CI: 37.29, 44.78)] **(Table 3.6.8)**. The prevalence of Pahang adolescents who used soap most of the time or always was 69.9% (95%CI: 66.93, 72.64) which was significanty higher among females [76.0% (95%CI: 73.41, 78.40)] **(Table 3.6.9)**. About 87.8% (95%CI: 82.60, 91.60) and 84.9% (95%CI: 82.03, 87.35) 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 57.8% (95%CI: 48.07, 66.88) 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	66	3249	3.2	2.42	4.20
Sex					
Male	29	1488	2.9	1.92	4.44
Female	37	1761	3.4	2.42	4.89
Form					
Form 1	17	852	3.8	2.29	6.17
Form 2	14	723	3.4	1.99	5.72
Form 3	14	796	3.9	2.34	6.52
Form 4	14	582	3.0	1.71	5.37
Form 5	7	-	-	-	-
Ethnicity					
Malay	42	2021	2.5	1.85	3.34
Chinese	23	1186	7.6	6.59	8.70
Indian	1	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	1849	86269.02	84.7	81.03	87.69
Sex					
Male	838	40587.91	79.9	75.24	83.84
Female	1011	45681.11	89.4	85.70	92.23
Form					
Form 1	373	18188.05	80.6	73.99	85.80
Form 2	369	18246.63	85.6	78.88	90.44
Form 3	319	16868.79	83.1	75.91	88.45
Form 4	397	16257.74	85.1	79.42	89.35
Form 5	391	16707.81	89.9	85.65	92.92
Ethnicity					
Malay	1515	70547.46	87.0	83.32	89.92
Chinese	238	11414.33	72.9	67.72	77.55
Indian	52	2352.34	82.1	73.27	88.44
Bumiputera Sabah	5	-	-	-	-
Bumiputera Sarawak	4	163.73	54.8	37.02	71.48
Others	35	1574.69	89.8	69.25	97.16

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	144	7184	7.1	5.09	9.69
Sex					
Male	87	4447	8.8	6.66	11.45
Female	57	2736	5.4	3.16	8.92
Form					
Form 1	34	1785	7.9	4.78	12.85
Form 2	21	1177	5.5	3.51	8.58
Form 3	34	1915	9.4	6.09	14.33
Form 4	29	1173	6.1	3.56	10.36
Form 5	26	1135	6.1	4.15	8.88
Ethnicity					
Malay	83	3984	4.9	3.87	6.22
Chinese	55	2884	18.4	14.16	23.61
Indian	1	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	4	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	847	39878	39.3	33.74	45.08
Sex					
Male	448	21792	43.1	37.75	48.60
Female	399	18087	35.5	27.72	44.06
Form					
Form 1	193	9574	42.6	37.97	47.32
Form 2	171	8509	40.2	31.07	50.06
Form 3	151	8056	39.8	28.35	52.43
Form 4	180	7270	38.1	30.70	46.17
Form 5	152	6470	34.8	26.34	44.33
Ethnicity					
Malay	638	29930	37.1	31.36	43.12
Chinese	162	7861	50.2	35.42	64.98
Indian	28	1248	43.6	32.67	55.10
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	15	670	38.2	23.79	55.00

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	484	22486	22.1	19.91	24.53
Sex					
Male	182	8892	17.6	15.06	20.42
Female	302	13594	26.7	22.59	31.16
Form					
Form 1	129	6321	28.3	23.31	33.86
Form 2	86	3896	18.3	15.44	21.49
Form 3	75	4030	19.9	14.32	26.96
Form 4	106	4391	23.0	17.01	30.36
Form 5	88	3849	20.7	16.53	25.60
Ethnicity					
Malay	359	16461	20.3	18.11	22.78
Chinese	95	4608	29.6	24.53	35.26
Indian	17	831	29.0	14.34	49.92
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	10	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	725	33962	33.4	28.34	38.96
Sex					
Male	319	15493	30.6	26.11	35.57
Female	406	18469	36.2	29.29	43.80
Form					
Form 1	157	7812	35.0	29.92	40.44
Form 2	145	7232	34.1	26.14	43.04
Form 3	107	5700	28.1	19.87	38.06
Form 4	171	7028	36.8	27.54	47.07
Form 5	145	6190	33.3	26.88	40.38
Ethnicity					
Malay	561	26295	32.5	26.87	38.73
Chinese	134	6310	40.4	26.72	55.79
Indian	25	1141	39.8	29.08	51.62
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	4	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	144	7008	12.2	9.56	15.45
Sex					
Male	75	3869	13.3	9.32	18.58
Female	69	3139	11.1	8.03	15.13
Form					
Form 1	39	2011	14.3	8.95	22.20
Form 2	30	1469	12.4	8.36	17.90
Form 3	22	1245	11.7	7.21	18.33
Form 4	30	1260	11.8	8.78	15.79
Form 5	23	1022	10.0	6.06	16.11
Ethnicity					
Malay	110	5317	12.1	8.99	16.00
Chinese	20	-	-	-	-
Indian	9	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	3	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	676	31412	31.0	27.83	34.30
Sex					
Male	218	10559	20.9	17.58	24.65
Female	458	20853	41.0	37.29	44.78
Form					
Form 1	141	6822	30.6	24.94	36.93
Form 2	141	6645	31.2	26.32	36.48
Form 3	120	6309	31.3	23.78	39.86
Form 4	154	6477	33.9	28.25	40.02
Form 5	120	5159	27.9	23.51	32.70
Ethnicity					
Malay	583	27013	33.5	30.19	36.90
Chinese	71	3418	22.0	19.16	25.12
Indian	14	600	20.9	12.91	32.11
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	6	298	17.0	11.76	23.95

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95% CI	
				Lower	Upper
PAHANG	1532	70985	69.9	66.93	72.64
Sex					
Male	673	32245	63.7	58.93	68.19
Female	859	38740	76.0	73.41	78.40
Form					
Form 1	309	15174	67.8	63.68	71.63
Form 2	284	13758	64.5	57.48	71.02
Form 3	258	13643	67.6	61.00	73.50
Form 4	350	14383	75.2	69.95	79.87
Form 5	331	14027	75.4	68.91	80.97
Ethnicity					
Malay	1241	57480	71.1	68.23	73.75
Chinese	207	9793	62.8	54.50	70.40
Indian	53	2393	83.5	67.60	92.48
Bumiputera Sabah	3	133	61.4	26.46	87.54
Bumiputera Sarawak	2	79	26.6	15.00	42.59
Others	26	1106	63.0	41.18	80.62

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	1903	89047	87.8	82.60	91.60
Sex					
Male	889	43166	85.3	79.98	89.43
Female	1014	45881	90.3	83.57	94.41
Form					
Form 1	378	18495	83.0	74.14	89.23
Form 2	390	19419	91.1	85.03	94.85
Form 3	331	17521	86.6	79.41	91.49
Form 4	399	16304	85.5	74.39	92.26
Form 5	405	17308	93.6	87.85	96.69
Ethnicity					
Malay	1586	74244	91.9	88.95	94.10
Chinese	211	10130	65.4	59.60	70.78
Indian	60	2692	93.9	88.27	96.94
Bumiputera Sabah	5	-	-	-	-
Bumiputera Sarawak	6	248	83.0	57.56	94.59
Others	35	1517	86.5	67.20	95.23

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	1845	86050	84.9	82.03	87.35
Sex					
Male	859	41492	82.3	78.42	85.53
Female	986	44557	87.5	84.31	90.09
Form					
Form 1	359	17522	78.4	70.92	84.38
Form 2	354	17591	82.7	78.67	86.11
Form 3	326	17379	86.3	82.63	89.26
Form 4	414	16857	88.2	82.22	92.34
Form 5	392	16701	90.3	85.95	93.38
Ethnicity					
Malay	1467	68314	84.6	81.06	87.58
Chinese	273	13099	84.5	75.21	90.77
Indian	61	2754	96.1	87.96	98.81
Bumiputera Sabah	5	-	-	-	-
Bumiputera Sarawak	6	254	84.9	61.73	95.15
Others	33	1413	80.6	64.29	90.51

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	1268	58488	57.8	48.07	66.88
Sex					
Male	540	25975	51.6	41.30	61.74
Female	728	32513	63.9	52.16	74.13
Form					
Form 1	207	9901	44.4	34.10	55.15
Form 2	261	12598	59.2	45.74	71.41
Form 3	239	12622	62.8	49.23	74.63
Form 4	268	10961	57.5	41.07	72.36
Form 5	293	12406	67.1	55.75	76.69
Ethnicity					
Malay	1134	52378	64.9	55.51	73.32
Chinese	89	4161	26.9	17.33	39.12
Indian	20	830	29.0	19.48	40.73
Bumiputera Sabah	3	135	62.5	27.52	88.02
Bumiputera Sarawak	4	-	-	-	-
Others	18	822	47.8	37.05	58.72

- Prevalence with high RSE, not reported

3.7 Mental Health Problems

3.7.1 Mental Health Problems

Contributors: Norhafizah Sahril, Muhammad Azri Adam Adnan, Kishwen Kanna Yoga Ratnam, Muhamad Khairul Nazrin Khalil, Mohamad Aznuddin Abd Razak, Sheikh Shafizal Sheikh Ilman, Chan Yee Mang, Mohd Shaiful Azlan Kassim, Sherina Mohd Sidik, Nurashikin Ibrahim, Raihan Khamal, Nor Rahidah Abdul Rahim, Noor Ani Ahmad.

3.7.1.1 Introduction

According to the World Health Organization (WHO), one in every seven children and adolescents suffers from mental health problems, accounting for 13.0% of the global disease burden in this age group.[1] In Malaysia, the National Health and Morbidity Survey (NHMS) 2015 found that the prevalence of mental health problems was 34.7% among those aged 16 to 19, and 11.4% among those aged 10 to 15.[2] However, findings from the NHMS 2019 revealed that the prevalence of mental health problems had decreased to 9.5% among those aged 10 to 15 years old.[3] In particular, WHO reported that suicide is the fourth leading cause of death among 15-19 year-olds.[1] In 2017, 10.0% of secondary school adolescents reported suicidal ideation, according to the NHMS.[4]

3.7.1.2 Objectives

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

3.7.1.3 Variable definitions

- **Lonely "most of the time or always"**: Responded either "most of the time" or "always" for felt lonely during the past 12 months prior to the survey.
- **Unable to sleep "most of the time or always" due to worry**: Responded either "most of the time" or "always" for being worried about something that he/she could not sleep at night during the past 12 months prior to the survey.
- **Suicidal ideation**: ever seriously considered attempting suicide in the past 12 months prior to the survey.
- **Suicidal plan**: made a plan of attempted suicide in the past 12 months prior to the survey.
- **Suicidal attempt**: attempted suicide at least once in the past 12 months prior to the survey.
- **No close friend**: Do not have any close friend.

3.7.1.4 Findings

Overall, 16.4% (95%CI: 14.25, 18.87) of adolescents in Pahang reported feeling lonely "most of the time or always" **(Table 3.7.1)**. A total of 12.1% (95% CI: 10.31, 14.18) 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 13.4% (95% CI: 11.72, 15.29), 10.3% (95% CI: 9.03, 11.81), and 9.8% (95% CI: 8.39, 11.43), respectively. **(Table 3.7.3)**, **(Table 3.7.4)**, **(Table 3.7.5)**. The survey also observed that 4.6% (95% CI: 3.44, 6.20) 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 Pahang (13.4%) was higher than GSHS 2012 (8.8%) and GSHS 2017 (9.1%). In addition, this figure was also slightly higher in comparison to national prevalence of 13.1%. Prevalence of suicidal plan in this survey (10.3%) was also higher compared to the prevalence in GSHS 2012 (9.1%) and GSHS 2017 (7.5%). This prevalence was slightly higher compared to the national prevalence of 10.0%. Prevalence of suicidal attempts in this survey (9.8%) was reported higher compared to the prevalence in GSHS 2012 (8.5%) and GSHS 2017 (8.9%). This prevalence was also slightly higher compared to national prevalence (9.5%). In addition to these, more students (4.6%) in Pahang reported having no close friends as compared to previous GSHS 2012 (3.2%), but lower compared to GSHS 2017 (5.2%). This figure was higher 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 Pahang

	NHMS 2012	NHMS 2017	NHMS 2022
Loneliness	8.5	10.0	16.4
Inability to sleep due to worry	6.4	6.3	12.1
Suicidal ideation	8.8	9.1	13.4
Suicidal plan	9.1	7.5	10.3
Suicidal attempt	8.5	8.9	9.8
Not having any close friend	3.2	5.2	4.6

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

Contributors: Norhafizah Sahril, Muhamad Khairul Nazrin Khalil, Kishwen Kanna Yoga Ratnam, Muhammad Azri Adam Adnan, Mohamad Aznuddin Abd Razak, Sheikh Shafizal Sheikh Ilman, Chan Yee Mang, Mohd Shaiful Azlan Kassim, Sherina Mohd Sidik, Nurashikin Ibrahim, Raihan Khamal, Nor Rahidah Abdul Rahim, Noor Ani Ahmad.

3.7.2.1 Introduction

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

3.7.2.2 Objectives

To determine the prevalence of depression among Malaysian adolescents.

3.7.2.3 Variable definitions

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

3.7.2.4 Findings

Overall, 26.2% (95% CI: 23.01, 29.76) of Pahang adolescents reported depression. The prevalence of depression was significantly higher in female students 37.7% (95% CI: 32.07, 43.77) compared to males 14.8% (95% CI: 12.83, 16.98) **(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 Pahang 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	356	16756	16.4	14.25	18.87
Sex					
Male	118	5830	11.5	9.75	13.41
Female	238	10926	21.4	17.51	25.84
Form					
Form 1	62	2974	13.1	9.53	17.83
Form 2	74	3510	16.5	13.08	20.52
Form 3	73	3951	19.5	14.66	25.35
Form 4	76	3184	16.7	12.51	21.83
Form 5	71	3137	16.9	12.30	22.71
Ethnicity					
Malay	310	14599	18.0	15.84	20.35
Chinese	31	1516	9.7	7.38	12.61
Indian	10	427	14.9	8.23	25.50
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	3	-	-	-	-

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	264	12329	12.1	10.31	14.18
Sex					
Male	71	3488	6.9	5.28	8.89
Female	193	8841	17.3	14.77	20.25
Form					
Form 1	48	2368	10.5	6.62	16.11
Form 2	50	2399	11.3	8.46	14.90
Form 3	46	2434	12.0	9.01	15.91
Form 4	68	2868	15.0	10.66	20.71
Form 5	52	2261	12.2	8.62	16.97
Ethnicity					
Malay	224	10491	12.9	10.90	15.27
Chinese	31	1466	9.4	5.32	16.19
Indian	6	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	2	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	292	13672	13.4	11.72	15.29
Sex					
Male	66	3333	6.5	5.11	8.37
Female	226	10340	20.2	16.91	24.03
Form					
Form 1	61	2926	12.9	9.48	17.37
Form 2	61	2784	13.1	9.42	17.82
Form 3	54	2939	14.5	9.71	21.03
Form 4	65	2761	14.4	11.50	17.99
Form 5	51	2262	12.2	8.59	16.95
Ethnicity					
Malay	236	11073	13.6	11.53	16.07
Chinese	38	1862	11.9	8.61	16.21
Indian	12	493	17.2	10.70	26.49
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	5	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	227	10534	10.3	9.03	11.81
Sex					
Male	44	2149	4.2	3.27	5.46
Female	183	8385	16.4	13.46	19.86
Form					
Form 1	54	2598	11.5	8.41	15.45
Form 2	42	1910	9.0	6.66	11.94
Form 3	41	2219	11.0	7.76	15.34
Form 4	48	1989	10.4	7.42	14.41
Form 5	42	1819	9.8	7.38	12.85
Ethnicity					
Malay	186	8640	10.6	9.04	12.50
Chinese	31	1468	9.4	7.81	11.30
Indian	7	289	10.1	5.99	16.46
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	3	-	-	-	-

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	212	9993	9.8	8.39	11.43
Sex					
Male	53	2619	5.2	3.71	7.12
Female	159	7374	14.4	11.65	17.74
Form					
Form 1	58	2791	12.3	9.65	15.61
Form 2	42	1963	9.2	6.47	12.95
Form 3	35	1945	9.6	5.53	16.17
Form 4	44	1859	9.7	7.48	12.55
Form 5	33	1436	7.7	5.61	10.54
Ethnicity					
Malay	160	7553	9.3	7.64	11.29
Chinese	38	1864	11.9	8.12	17.24
Indian	9	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	3	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	99	4721	4.6	3.44	6.20
Sex					
Male	39	1934	3.8	2.63	5.47
Female	60	2786	5.5	3.77	7.82
Form					
Form 1	22	-	-	-	-
Form 2	18	-	-	-	-
Form 3	19	1035	5.1	3.19	8.05
Form 4	26	1077	5.6	3.42	9.13
Form 5	14	635	3.4	1.99	5.81
Ethnicity					
Malay	81	3890	4.8	3.37	6.78
Chinese	12	605	3.9	2.15	6.83
Indian	4	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	1	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	572	26564	26.2	23.01	29.76
Sex					
Male	154	7489	14.8	12.83	16.98
Female	418	19075	37.7	32.07	43.77
Form					
Form 1	114	5435	24.3	18.65	30.90
Form 2	122	5706	27.0	21.98	32.62
Form 3	104	5552	27.7	20.74	35.88
Form 4	119	5033	26.4	21.22	32.40
Form 5	113	4839	26.1	21.98	30.66
Ethnicity					
Malay	498	23190	28.7	25.71	31.97
Chinese	50	2353	15.2	10.24	21.99
Indian	16	656	23.4	14.39	35.59
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	5	-	-	-	-

- Prevalence with high RSE, not reported

3.8 Physical Activity

Contributors: Muhammad Solihin Rezali, Affendi Isa, Siti Balkhis Shafie, Lim Kuang Kuay, Mohamad Aznuddin Abd Razak, Mohd Shaiful Azlan Kassim, Azli Baharudin@ Shaharudin, Mohd Hairmansah Mohd Shah, Nor'Ain Ab Wahab, Norliza Shamsuddin, Nazirah Alias, Nurul Haniyah Rosslan, Hazizi Abu Saad, Mohd Azahadi Omar, Nur Hidayatun Fadhilah Mohd Nor

3.8.1 Introduction

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

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

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 24.6% (95% CI: 20.42, 29.25) among adolescents in Pahang. The prevalence was significantly higher in males [31.2% (95% CI: 25.41, 37.74)] than in females [17.9% (95% CI: 13.92, 22.74). **(Table 3.8.1)**.

Active Transportation / Commuting

Overall, 31.3% (95% CI: 20.88, 43.96) adolescents reported active transportation to school. The prevalence was higher in females [33.0% (95% CI: 20.77, 48.09)] compared to males **(Table 3.8.2)**.

Sitting behaviour

A total of 66.6% (95% CI: 62.51, 70.49) had spent at least three hours in a typical or usual day engaging in sitting activities. The higher prevalence was observed in females [70.7% (95% CI: 65.11, 75.67)] compared to males **(Table 3.8.3)**.

3.8.5 Discussion / Conclusion

The prevalence of being physically active and active commuting among school adolescents in Pahang were higher than national findings (24.6% vs. 21.4%, 31.3% vs. 27.0%, respectively). In addition, the prevalence of sitting behaviour was lower than the national finding (66.6% vs. 66.7%). Compared to previous NHMS findings, the prevalence of being physically active in the current study was higher than in the previous Pahang AHS 2017 (24.6% vs. 21.3%). The prevalence of sitting behaviour among school adolescents in Pahang increased from 2012 to the current survey (48.7% in 2012 and 2017, and 66.6% 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 Pahang 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 Pahang

	NHMS 2012	NHMS 2017	NHMS 2022
Physical activity	23.8%	21.3%	24.6%
Active commuting	-	-	31.3%
Sitting behavior	48.7%	48.7%	66.6%

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 lowand 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. Malaysia2018

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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	533	25032	24.6	20.42	29.25
Sex					
Male	330	15889	31.2	25.41	37.74
Female	203	9143	17.9	13.92	22.74
Form					
Form 1	106	5276	23.3	18.22	29.37
Form 2	98	5089	23.9	17.47	31.73
Form 3	91	4799	23.6	17.70	30.81
Form 4	117	4655	24.4	19.88	29.59
Form 5	121	5213	28.0	21.07	36.24
Ethnicity					
Malay	426	19925	24.6	19.37	30.62
Chinese	73	3573	22.8	17.52	29.16
Indian	22	989	34.5	28.18	41.47
Bumiputera Sabah	3	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	8	-	-	-	-

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	678	31877	31.3	20.88	43.96
Sex					
Male	306	15010	29.5	19.02	42.75
Female	372	16867	33.0	20.77	48.09
Form					
Form 1	146	7140	31.6	22.00	43.02
Form 2	132	6590	30.9	19.21	45.71
Form 3	120	6368	31.4	17.81	49.07
Form 4	130	5325	27.9	15.61	44.63
Form 5	150	6454	34.7	21.52	50.76
Ethnicity					
Malay	611	28733	35.4	22.72	50.54
Chinese	43	-	-	-	-
Indian	16	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	3	-	-	-	-
Others	4	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	1457	67809	66.6	62.51	70.49
Sex					
Male	657	31728	62.5	58.49	66.43
Female	800	36081	70.7	65.11	75.67
Form					
Form 1	256	12408	55.0	46.50	63.27
Form 2	277	13830	65.2	57.34	72.25
Form 3	267	14259	70.2	61.88	77.42
Form 4	357	14591	76.3	70.60	81.24
Form 5	300	12721	68.4	61.74	74.41
Ethnicity					
Malay	1162	53953	66.6	61.59	71.23
Chinese	239	11485	73.4	63.01	81.66
Indian	30	1263	44.7	34.06	55.85
Bumiputera Sabah	4	179	82.8	26.41	98.47
Bumiputera Sarawak	6	257	86.1	64.42	95.51
Others	16	672	38.3	24.95	53.68

3.9 Protective Factors

Contributors: Nazirah Alias, LeeAnn Tan, Khaw Wan-Fei, S Maria Awaluddin, Eida Nurhadzira Muhammad, Filza Noor Asari, Mohd Amierul Fikri Mahmud, Faizul Akmal Abdul Rahim, Nur Hamizah Nasaruddin, Noor Syaqilah Shawaluddin, Mohd Farihan Md Yatim, Nik Rubiah Nik Abdul Rashid, Nik Daliana Nik Farid, Zamzaireen Zainal Abidin

3.9.1 Introduction

Protective factors are individual or environmental characteristics or conditions that promote adolescent health and well-being[1]. 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[2]. 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 Pahang.

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 25.0% (95% CI: 21.02, 29.54). It was higher in males (25.2%, 95% CI: 20.59, 30.45) compared to females (24.9%, 95% CI: 19.80, 30.77). Truancy was highest among Form 5 students (33.5%, 95% CI: 23.69, 45.04) **(Table 3.9.1)**.

Having Peer Support

The prevalence of having peer support in the past 30 days among adolescents was 43.8% (95% CI: 39.03, 48.65). It was higher in females (51.6%, 95% CI: 46.63, 56.52) compared to males (35.9%, 95% CI: 29.72, 42.64). Having peer support was highest among Form 5 students (53.7%, 95% CI: 45.17, 62.03) **(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 8.8% (95% CI: 7.07, 10.89). It was higher in males (10.1%, 95% CI: 7.29, 13.91) compared to females (7.5%, 95% CI: 5.94, 9.34). Having parental or guardian supervision was highest among Form 1 students (13.0%; 95% CI: 9.64, 17.30) **(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 25.4% (95% CI: 21.64, 29.65). It was higher in males (28.5%, 95% CI: 23.64, 33.98) compared to females (22.4%, 95% CI: 18.31, 27.04). Having parental or guardian connectedness was highest among Form 2 students (28.5%; 95% CI: 22.27, 35.73). **(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 32.5% (95% CI: 29.99, 35.03). It was higher in males (35.6%, 95% CI: 32.43, 38.93) compared to females (29.3%, 95% CI: 26.42, 32.42). Having parental or guardian bonding was highest among Form 4 students with (35.7%; 95% CI: 30.70, 41.10) **(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 84.3% (95% CI: 81.64, 86.60). It was higher in females (86.1%, 95% CI: 82.99, 88.64) compared to males (82.5%, 95% CI: 79.14, 85.41). Having parental or guardian respect for privacy was highest among Form 5 students (89.0%; 95% CI: 86.30, 91.17) **(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.

Table: Protective Factors Trend in Pahang

	NHMS 2012	NHMS 2017	NHMS 2022
Truancy	34.2	30.9	25.0
Having peer support	41.5	41.1	43.8
Having parental or guardian supervision	12.7	13.6	8.8
Having parental or guardian connectedness	30.6	34.2	25.4
Having parental or guardian bonding	40.8	41.0	32.5
Having parental or guardian respect for privacy	75.6	73.2	84.3

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	539	25135	25.0	21.02	29.54
Sex					
Male	262	12595	25.2	20.59	30.45
Female	277	12539	24.9	19.80	30.77
Form					
Form 1	76	3759	17.7	12.70	24.05
Form 2	96	4804	22.6	17.26	29.00
Form 3	99	5329	26.3	20.73	32.82
Form 4	123	5033	26.4	19.96	33.98
Form 5	145	6210	33.5	23.69	45.04
Ethnicity					
Malay	439	20579	25.8	20.80	31.45
Chinese	67	3138	20.0	14.34	27.29
Indian	18	801	29.8	16.18	48.26
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	12	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	958	43908	43.8	39.03	48.65
Sex					
Male	378	17957	35.9	29.72	42.64
Female	580	25951	51.6	46.63	56.52
Form					
Form 1	162	8057	37.9	31.20	45.18
Form 2	176	8496	40.1	31.45	49.35
Form 3	158	8176	40.4	31.91	49.46
Form 4	226	9212	48.4	38.42	58.45
Form 5	236	9966	53.7	45.17	62.03
Ethnicity					
Malay	794	36550	45.9	41.21	50.60
Chinese	113	5215	33.3	22.50	46.22
Indian	25	1065	38.2	24.56	54.01
Bumiputera Sabah	3	135	62.5	27.52	88.02
Bumiputera Sarawak	4	167	56.0	38.74	71.98
Others	19	776	47.0	22.67	72.88

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	182	8821	8.8	7.07	10.89
Sex					
Male	98	5066	10.1	7.29	13.91
Female	84	3756	7.5	5.94	9.34
Form					
Form 1	54	2747	13.0	9.64	17.30
Form 2	48	2451	11.5	8.09	16.16
Form 3	27	1434	7.1	4.53	10.86
Form 4	28	1131	5.9	3.33	10.33
Form 5	25	1058	5.7	3.71	8.70
Ethnicity					
Malay	143	6906	8.7	6.48	11.48
Chinese	24	1245	8.0	5.59	11.28
Indian	12	565	20.3	11.34	33.55
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	2	-	-	-	-

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	545	25539	25.4	21.64	29.65
Sex					
Male	294	14264	28.5	23.64	33.98
Female	251	11274	22.4	18.31	27.04
Form					
Form 1	116	5789	27.3	18.94	37.55
Form 2	118	6065	28.5	22.27	35.73
Form 3	79	4149	20.4	16.70	24.75
Form 4	116	4676	24.5	19.17	30.76
Form 5	116	4861	26.2	20.51	32.92
Ethnicity					
Malay	452	21143	26.5	21.64	31.99
Chinese	61	2943	18.8	13.22	26.02
Indian	19	918	32.9	21.44	46.93
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	10	407	24.7	13.68	40.42

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	700	32622	32.5	29.99	35.03
Sex					
Male	371	17841	35.6	32.43	38.93
Female	329	14781	29.3	26.42	32.42
Form					
Form 1	130	6546	30.8	25.42	36.81
Form 2	144	7284	34.2	28.69	40.10
Form 3	109	5666	27.9	22.30	34.31
Form 4	168	6819	35.7	30.70	41.10
Form 5	149	6308	34.0	28.31	40.18
Ethnicity					
Malay	553	25736	32.2	29.26	35.32
Chinese	103	4914	31.4	23.52	40.50
Indian	25	1157	41.5	25.99	58.88
Bumiputera Sabah	3	135	62.5	27.52	88.02
Bumiputera Sarawak	2	-	-	-	-
Others	14	593	35.9	20.59	54.79

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	1799	84617	84.3	81.64	86.60
Sex					
Male	848	41282	82.5	79.14	85.41
Female	951	43335	86.1	82.99	88.64
Form					
Form 1	335	16734	78.8	73.31	83.43
Form 2	341	17012	80.2	74.66	84.72
Form 3	329	17674	87.1	82.56	90.52
Form 4	408	16686	87.4	82.19	91.31
Form 5	386	16510	89.0	86.30	91.17
Ethnicity					
Malay	1442	67561	84.6	81.60	87.24
Chinese	272	13205	84.4	78.75	88.69
Indian	45	2030	73.9	61.77	83.26
Bumiputera Sabah	4	179	82.8	26.41	98.47
Bumiputera Sarawak	7	-	-	-	-
Others	29	1343	81.4	62.91	91.87

- Prevalence with high RSE, not reported

3.10 Sexual Behaviours

Contributors: Noor Aliza Lodz, Amal Shamsudin, Chong Zhuo Lin, Fatin Athira Tahir, Mazliza Ramly, Maznieda Mahjom, Nik Adilah Shahein, S Maria Awaluddin, Anita Suleiman, Nik Rubiah Nik Abdul Rashid

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[1]. It was also reported that the highest rate of sexual transmitted illness (STI) worldwide is among young people aged 15 to 24 years[2]. 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[2]. 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[3]. 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[4]. Good knowledge on HIV transmission was also associated with intention to engage in low-risk sexual behaviour[5]. 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 Pahang was 7.7% (95% CI: 5.98, 9.85), male adolescents showed significantly higher prevalence 8.0% (95% CI: 6.00, 10.60) compared to females, 7.4% (95% CI: 5.19, 10.42). **(Table 3.10.1)**. Prevalence of current sexual intercourse among adolescents in Pahang was 5.8% (95% CI: 4.46, 7.54), the prevalence of two gender is similar, for male adolescents was 5.8% (95% CI: 4.13, 8.19) while female; 5.8% (95% CI: 4.28, 7.77) **(Table 3.10.2)**. Of those who ever had sex, 33.2% had sex before the age of 14. It was noted that 13.9% used other birth control methods and 13.7% of them used condom during their sexual intercourse while 12.8% of them who ever had sex, had at least two sexual partners. **(Table 3.10.3)**.

Overall, the prevalence of adequate HIV knowledge among adolescents was 1.3% (95% CI: 0.86, 2.04). Male adolescents had the highest prevalence with 1.8% (95% CI:0.97, 3.24) while females with 0.9% (95% CI: 0.50, 1.51) **(Table 3.10.4)**. The percentage of correct responses by each item was highest for question "Can a person get HIV from mosquito bites?" with 27.0%. Followed by question "Can a healthy-looking person have HIV?" with 25.8%. Next item was "Can a person get HIV by sharing food with someone who is infected?" with the percentage of 18.3%. For the question "Can the risk of HIV transmission be reduced by having sex with one uninfected partner who has no other partners?" the percentage was only 13.6%. While the least was 13.0% for "Can a person reduce the risk of getting HIV using a condom every time they have sex?". **(Table 3.10.5)**.

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%20 adolescents%20 10%2D19%20years, of%20all%20 AIDS%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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	161	7730	7.7	5.98	9.85
Sex					
Male	80	4007	8.0	6.00	10.60
Female	81	3724	7.4	5.19	10.42
Form					
Form 1	52	2546	12.0	7.29	19.19
Form 2	32	1598	7.5	4.63	11.92
Form 3	20	1148	5.7	3.10	10.11
Form 4	30	1230	6.4	4.25	9.66
Form 5	27	1208	6.5	3.53	11.68
Ethnicity					
Malay	113	5367	6.7	5.13	8.76
Chinese	33	1644	10.5	5.58	19.00
Indian	7	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	4	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	121	5835	5.8	4.46	7.54
Sex					
Male	58	2920	5.8	4.13	8.19
Female	63	2915	5.8	4.28	7.77
Form					
Form 1	38	1859	8.8	5.07	14.77
Form 2	22	1143	5.4	3.35	8.47
Form 3	16	895	4.4	2.56	7.48
Form 4	23	938	4.9	3.35	7.17
Form 5	22	-	-	-	-
Ethnicity					
Malay	85	4064	5.1	3.76	6.84
Chinese	24	-	-	-	-
Indian	6	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	2	-	-	-	-
Others	3	-	-	-	-

- Prevalence with high RSE, not reported

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

Sexual Practices	Unweighted count	Percentage (%)
Percentage of first sex before the age 14 years	54	33.2
Percentage of having at least two sexual partners	20	12.8
Percentage of reported condom use during last sexual intercourse	23	13.7
Percentage of reported using other birth control method during last sexual intercourse	22	13.9

Table 3.10.4: Prevalence of adequate HIV knowledge among adolescents in Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	31	1351	1.3	0.86	2.04
Sex					
Male	21	905	1.8	0.97	3.24
Female	10	445	0.9	0.50	1.51
Form					
Form 1	2	-	-	-	-
Form 2	1	-	-	-	-
Form 3	8	-	-	-	-
Form 4	8	-	-	-	-
Form 5	12	498	2.7	1.50	4.74
Ethnicity					
Malay	26	1143	1.4	0.86	2.28
Chinese	5	-	-	-	-
Indian	0	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	0	-	-	-	-

- Prevalence with high RSE, not reported

Table 3.10.5: Percentage of Correct Responses by item of UNGASS Indicator among adolescents in Pahang, 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?	299	13.6
Can a person reduce the risk of getting HIV using a condom every time they have sex?	290	13.0
Can a healthy-looking person have HIV?	577	25.8
Can a person get HIV from mosquito bites?	595	27.0
Can a person get HIV by sharing food with someone who is infected?	406	18.3

3.11 Tobacco Use

Contributors: Mohd Ruhaizie Riyadzi, Muhammad Fadhli Mohd Yusoff, Hamizatul Akmal Abd Hamid, Ummi Nadiah Yusoff, Nizam Baharom, Thamil Arasu Saminathan, Tania Galye Robert Lourdes, Halizah Mat Rifin, Lim Kuang Hock, Norliana Ismail, Muhammad Hairul Nizam Abd Hamid and Noraryana Hassan

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[1]. 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 Pahang, specifically.

3.11.2 Objectives

General objective:

To determine the use of tobacco among adolescents in Pahang.

Specific objectives:

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

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 Pahang, the prevalence of current use of any tobacco products was 18.4% (95%CI: 13.90, 24.07), which was slightly lower as compared to the national level [18.5% (95%CI: 17.09, 19.92)]. Males have three times higher prevalence [28.5% (95%CI: 20.57, 37.95)] as compared to females [8.5% (95%CI: 6.60, 10.87)] **(Table 3.11.1)**. The prevalence of current smokers in Pahang was 8.9% (95%CI: 6.52, 12.03) with males have prevalence of five times higher when compared to females [14.9% (95%CI: 10.61, 20.60) vs. 2.9% (95%CI: 2.10, 4.02) **(Table 3.11.2)**, while the current cigarettes smoker prevalence was 5.9% (95%CI: 3.98, 8.58) **(Table 3.11.3)**. The prevalence of the e-cig/vape user among adolescents in Pahang was 15.0% (95%CI: 10.72, 20.67) with males have more than four times higher prevalence compared to females [24.6% (95%CI: 16.90, 34.23) vs. 5.6% (95%CI: 3.79, 8.15)] **(Table 3.11.4)**.

Most of the cigarettes obtained by buying them from static premises (35.9%) and by getting it from friends (31.9%) **(Table 3.11.5)**. Most of the e-cig/vape were obtained by buying it from e-cig/vape shops (38.3%) and by getting it from friends (37.7%) **(Table 3.11.6)**. Almost half of the adolescents [47.3% (95%CI: 43.87, 50.79)] reported they have parent or guardian who smoked or used any type of tobacco products, with half of them [23.8% (95%CI: 20.90, 26.90)] reported they have e-cig/vape used parent or guardians, while 39.9% (95%CI: 34.57, 45.41) 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 [19.6% (95%CI:17.32, 22.07)] **(Table 3.11.8)**.

3.11.5 Discussion / Conclusion

The prevalence of tobacco use among adolescents in Pahang 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[2]. This indicates a switch in the preference of nicotine delivery among adolescents in

Malaysia, as well as in Pahang 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[2].

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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	400	18742	18.4	13.90	24.07
Sex					
Male	304	14410	28.5	20.57	37.95
Female	96	4332	8.5	6.60	10.87
Form					
Form 1	66	3286	14.8	11.20	19.18
Form 2	62	3256	15.3	10.18	22.29
Form 3	58	3199	15.8	9.78	24.39
Form 4	106	-	-	-	-
Form 5	108	4722	25.4	18.34	34.03
Ethnicity					
Malay	350	16358	20.2	15.02	26.69
Chinese	22	1151	7.4	4.46	11.89
Indian	12	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	13	589	34.3	23.94	46.35

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	191	9042	8.9	6.52	12.03
Sex					
Male	158	7557	14.9	10.61	20.60
Female	33	1485	2.9	2.10	4.02
Form					
Form 1	35	1806	8.1	5.54	11.72
Form 2	28	1505	7.1	4.18	11.68
Form 3	26	1456	7.2	4.12	12.20
Form 4	50	-	-	-	-
Form 5	52	2276	12.2	8.49	17.34
Ethnicity					
Malay	159	7464	9.2	6.43	13.09
Chinese	16	830	5.3	3.45	8.06
Indian	6	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	9	438	25.5	16.35	37.45

- Prevalence with high RSE, not reported

Table 3.11.3: Prevalence of current cigarettes smoker among adolescents in Pahang, 20222

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	125	5956	5.9	3.98	8.58
Sex					
Male	116	5551	11.0	7.40	16.02
Female	9	-	-	-	-
Form					
Form 1	16	839	3.8	2.06	6.86
Form 2	17	-	-	-	-
Form 3	21	1179	5.8	3.21	10.30
Form 4	32	-	-	-	-
Form 5	39	1692	9.1	6.05	13.47
Ethnicity					
Malay	105	4950	6.1	3.91	9.50
Chinese	9	471	3.0	2.07	4.37
Indian	4	-	-	-	-
Bumiputera Sabah	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	6	310	18.0	9.96	30.38

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	324	15250	15.0	10.72	20.67
Sex					
Male	262	12407	24.6	16.90	34.23
Female	62	2843	5.6	3.79	8.15
Form					
Form 1	44	2209	10.0	7.09	13.84
Form 2	45	2461	11.5	6.93	18.60
Form 3	52	2912	14.3	8.48	23.22
Form 4	94	-	-	-	-
Form 5	89	3912	21.1	14.82	29.10
Ethnicity					
Malay	286	13450	16.7	11.72	23.15
Chinese	13	-	-	-	-
Indian	12	-	-	-	-
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-
Others	11	500	29.1	18.60	42.41

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Percentage (%)
Bought from static premises	56	35.9
Bought from non-static premises	17	12.3
Food establishment	5	-
Bought online	3	-
Get from friends	52	31.9
Get from family members	8	-
Got some other ways	14	8.8

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Percentage (%)
Bought from specific e-cig/vape shop	110	38.3
Bought from pharmacy	5	-
Bought from specific non-static premises	15	6.0
Bought online	21	7.3
Got from friends	101	37.7
Got from family member	14	-
Got some other ways	10	-

- Prevalence with high RSE, not reported

Table 3.11.7: Prevalence of exposure to second hand smoke among adolescents in Pahang, 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	968	45654	47.3	43.87	50.79
Having e-cigarette/vape use parent or guardian	486	23004	23.8	20.90	26.90
Someone smoking nearby in the presence of respondent in the past 7 days	856	40344	39.9	34.57	45.41

Table 3.11.8: Prevalence of currently see or notice any tobacco products advertising or promotion in the past 30 days among adolescents in Pahang, 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	419	19809	19.6	17.32	22.07

3.12 Violence and Unintentional Injury

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

3.12.1 Introduction

Malaysia supports the mandate under resolutions WHA67.15 (2014) and WHA69.5 (2016) on implementing the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence in particular against women and girls, and against children. Global school-based health surveys have shown that up to 42% of adolescent boys and 37% of adolescent girls were exposed to bullying[1]. 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[2]. In addition, cyberbullying is another issue of concern that is closely related to adolescents' mental health and development[3].

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 15.7% (95% CI: 13.63, 17.91) and this was higher in male [16.1% (95% CI: 14.24, 18.06)] compared to female [15.2% (95% CI: 11.33, 20.22)]. (Table 3.12.1). Overall, 16.0% (95% CI: 13.66, 18.70) adolescents claimed to have been involved in a physical fight, which was higher in male [18.3% (95% CI: 15.42, 21.63)] compared to female [13.7% (95% CI: 10.82, 17.30)]. **(Table 3.12.1)**.

The prevalence of adolescents who had a serious injury in the past 12 months was 22.2% (95% CI: 19.36, 25.36). Male adolescents showed a higher prevalence [24.2% (95% CI: 20.79, 27.92)] compared to female [20.3% (95% CI: 16.63, 24.48)]. **(Table 3.12.2)**. However, among those who had been seriously injured, the two most common causes of serious injury were falls [8.9% (95% CI: 7.65, 10.29)] and motor vehicle accidents [4.9% (95% CI: 3.52, 6.83)]. **(Table 3.12.3)**.

The prevalence of adolescents reported had experienced physical abuse at home was 5.8% (95% CI: 4.87, 6.89) which was higher among male at 6.2% (95% CI: 4.68, 8.21) compared to female at 5.4% (95% CI: 3.96, 7.28)]. (Table 3.12.4). Overall, 39.0% (95% CI: 33.29, 45.06) adolescents reported being abused verbally at home and it was significantly higher among female [52.5% (95% CI: 45.39, 59.55)] compared to male [25.4% (95% CI: 19.26, 32.61)]. **(Table 3.12.4)**.

In terms of bullying, 9.2% (95% CI: 7.24, 11.59) adolescents reported having been bullied. This was higher among female [9.8% (95% CI: 6.84, 13.97)] compared to male [8.5% (95% CI: 7.00, 10.33)]. **(Table 3.12.5)**. The most common

form of bullying was, 'Making fun of how my body or face looks' [2.5% (95% CI: 1.51, 4.23)]. **(Table 3.12.6)**.

With regards to involvement in cyberbullying activities from the perspective of the perpetrator, 14.8% (95% CI: 13.06, 16.63) 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 [17.7% (95% CI: 14.92, 20.89)] compared to female [11.8% (95% CI: 9.66, 14.38)]. **(Table 3.12.7)**. The two most common forms of adolescents' involvement in cyberbullying activities were 'Ever made rude comments to anyone online' [9.2% (95% CI: 7.67, 11.07)] and 'Ever spread rumours about someone online' [5.8% (95% CI: 4.69, 7.18)]. **(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 Pahang, 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		Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper				Lower	Upper
PAHANG	325	15778	15.7	13.63	17.91	331	16146	16.0	13.66	18.70
Sex										
Male	160	8056	16.1	14.24	18.06	180	9192	18.3	15.42	21.63
Female	165	7721	15.2	11.33	20.22	151	6954	13.7	10.82	17.30
Form										
Form 1	82	4155	19.3	14.49	25.26	83	4142	19.3	15.16	24.20
Form 2	67	3378	15.8	11.55	21.36	73	3864	18.1	13.90	23.29
Form 3	66	3542	17.4	13.97	21.57	57	3084	15.2	11.86	19.26
Form 4	65	2724	14.3	8.49	22.94	66	2712	14.2	7.36	25.61
Form 5	45	1978	10.7	7.47	14.98	52	2344	12.6	8.43	18.49
Ethnicity										
Malay	262	12644	15.8	13.09	18.87	280	13641	17.0	14.06	20.44
Chinese	48	2483	15.9	12.58	19.81	34	1732	11.1	7.75	15.56
Indian	9	407	14.6	8.80	23.23	11	483	17.3	11.93	24.52
Bumiputera Sabah	2	-	-	-	-	1	-	-	-	-
Bumiputera Sarawak	0	-	-	-	-	1	-	-	-	-
Others	4	-	-	-	-	4	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	460	22381	22.2	19.36	25.36
Sex					
Male	238	12129	24.2	20.79	27.92
Female	222	10252	20.3	16.63	24.48
Form					
Form 1	118	5889	27.5	21.71	34.07
Form 2	105	5453	25.6	21.31	30.38
Form 3	72	3969	19.6	14.93	25.19
Form 4	86	3583	18.7	13.15	26.00
Form 5	79	3486	18.8	14.81	23.53
Ethnicity					
Malay	393	19091	23.8	20.43	27.59
Chinese	47	2366	15.1	12.51	18.15
Indian	11	500	17.9	10.31	29.34
Bumiputera Sabah	2	-	-	-	-
Bumiputera Sarawak	2	85	28.5	17.12	43.49
Others	5	-	-	-	-

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
In a motor vehicle accident or hit by a motor vehicle	91	4496	4.9	3.52	6.83
Fell	166	8125	8.9	7.65	10.29
Something fell or hit him/her	20	904	1.0	0.62	1.57
Attacked of abused or fighting with someone	9	-	-	-	-
In a fire or too near a flame or something hot	3	-	-	-	-
Inhaled or swallowed something bad	7	-	-	-	-

- 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 Pahang, 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		Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper				Lower	Upper
PAHANG	119	5835	5.8	4.87	6.89	838	39251	39.0	33.29	45.06
Sex										
Male	58	3112	6.2	4.68	8.21	253	12691	25.4	19.26	32.61
Female	61	2724	5.4	3.96	7.28	585	26560	52.5	45.39	59.55
Form										
Form 1	36	1794	8.4	5.43	12.77	149	7251	33.9	27.08	41.40
Form 2	26	1411	6.6	3.91	11.00	186	9023	42.4	32.22	53.34
Form 3	21	1126	5.5	3.87	7.89	162	8538	42.1	32.31	52.47
Form 4	18	744	3.9	2.17	6.91	171	7153	37.5	27.61	48.52
Form 5	18	760	4.1	3.07	5.44	170	7287	39.3	32.57	46.39
Ethnicity										
Malay	95	4666	5.8	4.74	7.16	741	34792	43.5	37.90	49.25
Chinese	15	786	5.0	2.88	8.62	59	2846	18.2	13.69	23.74
Indian	6	-	-	-	-	19	796	28.6	18.94	40.66
Bumiputera Sabah	0	-	-	-	-	3	132	61.1	26.16	87.44
Bumiputera Sarawak	0	-	-	-	-	4	-	-	-	-
Others	3	-	-	-	-	12	523	31.7	17.56	50.30

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	188	9245	9.2	7.24	11.59
Sex					
Male	81	4266	8.5	7.00	10.33
Female	107	4979	9.8	6.84	13.97
Form					
Form 1	57	2862	13.4	9.28	18.88
Form 2	44	2187	10.3	7.22	14.38
Form 3	42	2266	11.2	6.59	18.27
Form 4	26	1104	5.8	3.25	10.08
Form 5	19	827	4.5	2.76	7.11
Ethnicity					
Malay	161	7911	9.9	7.70	12.60
Chinese	16	-	-	-	-
Indian	5	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	5	-	-	-	-

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Hit, kicked, pushed, shoved around or locked indoor	17	825	0.9	0.55	1.34
Made fun of race, nationality or color	12	554	0.6	0.32	1.04
Made fun because of religion	3	-	-	-	-
Made fun with sexual jokes, comments of gestures	21	1003	1.0	0.76	1.44
Left out activities on purpose of completely ignored	23	1148	1.2	0.85	1.70
Made fun of how body or face looks	51	2426	2.5	1.51	4.23

- 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 Pahang, 2022

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
PAHANG	313	15050	14.8	13.06	16.63
Sex					
Male	181	9011	17.7	14.92	20.89
Female	132	6039	11.8	9.66	14.38
Form					
Form 1	60	3052	13.5	9.90	18.08
Form 2	57	3044	14.3	11.23	17.98
Form 3	61	3299	16.3	12.06	21.54
Form 4	66	2699	14.1	9.26	20.94
Form 5	69	2955	15.9	12.20	20.44
Ethnicity					
Malay	271	12908	15.9	14.06	17.92
Chinese	35	1834	11.7	7.37	18.13
Indian	2	-	-	-	-
Bumiputera Sabah	0	-	-	-	-
Bumiputera Sarawak	1	-	-	-	-
Others	4	-	-	-	-

- Prevalence with high RSE, not reported

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

Socio-demographic characteristics	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Ever made rude comments to anyone online	187	9290	9.2	7.67	11.07
Ever sent or posted others' embarrassing photos online	75	3584	3.6	2.65	4.77
Ever spread rumours about someone online	123	5849	5.8	4.69	7.18
Ever made threatening comments to hurt someone online	31	1577	1.6	0.95	2.58
Ever asked someone to talk about sex online	37	1825	1.8	1.14	2.87
Ever asked someone to do something sexual online	17	870	0.9	0.48	1.54

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

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

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 Pahang reported that parents lost their job due to the COVID-19 pandemic was 8.3% (95% CI: 6.78, 10.08). 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, 40.4% (95% CI: 35.65, 45.23), 3.6% (95% CI: 2.21, 5.90) and 3.2% (95% CI: 2.61, 3.90), respectively. The prevalence of adolescents reported that family relationships became strained was 6.2% (95% CI: 5.04, 7.53). About 54.4% (95% CI: 50.34, 58.31) 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 59.8% (95% CI: 53.40, 65.82). **(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 Pahang, 2022

Categories of COVID-19 impact	Unweighted count	Estimated population	Prevalence (%)	95 % CI	
				Lower	Upper
Parents lost job	179	8427	8.3	6.78	10.08
Family had to cut their expenses	880	41025	40.4	35.65	45.23
Family needed to move to less expensive rental house	75	3691	3.6	2.21	5.90
Family had to sell properties	69	3247	3.2	2.61	3.90
Family relationships became strain	135	6274	6.2	5.04	7.53
Family had no changes	1173	55357	54.4	50.34	58.31

APPENDICIES

Appendix 1: Members of Steering Committee NHMS 2019-2022

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

Appendix 2: Terms of reference for NHMS 2022 Steering Committee

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

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

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

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

No	Team	Duties	Officers
1	Project Management and Finance	• Work closely with recruitment group for employment of temporary Research Assistant • Prepare Questionaires mannual, Data collection manual • Meeting with research team members, and stakeholders • Planning for data collection training • Prepare security cards/name tags for research team Arrangement for advanced payment for survey research teams • Process claims of Field Supervisors • Monitor the expenditure/budget	Mr. Lim Kuang Kuay Dr. S. Maria Awaluddin Ms. Nashrah Adilah Ismail Ms. Nurul Amalina Yusof Mr. Muhammad Safuan Suhaimi Mr. Mohamad Shafiq Abd Basid
2	Method and Data Analysis	**Before Data Collection** • Calculate the sample size • Determine the sample distribution by state • Selection of schools samples for each state • Selection of class samples from the selected school • Prepare unique ID for the selected schools and classes • Check module cover and dummy table prepared by key module **During Data Collection** • Monitoring the quality of data received from data processing team • Conducting daily data cleaning • Merge the clean dataset • Updating the monitoring board for data processing and data quality during CCT meeting • Analyst the estimate prevalence for each module during data collection **After Data Collection** • Check syntax analysis to ensure the analysis meet the module objectives • Prepare sampling weight for complex sample analysis • Check the table analysis for technical report • Prepare final database • Prepare data dictionary for reference	Ms. Hamizatul Akmal Abd Hamid Dr. Muhammad Fadhli Mohd Yusoff Ms. Nur Syahirah Ibrahim
3	Data Processing and Quality	• Setting up data processing facility Development of directory of variables database • Development of quality control (QC) manual for data processing Specify data structure for data processing and data output requirement • Responsible for data entry and data cleaning • Monitoring and evaluation of QC performance for data processing Maintenance of the scanning machine • Daily back up for databases	Dr. Tan Lee Ann Ms. Nurul Haniyah Rosslan Ms. Nur Faraeein Zainal Abidin Ms. Azlin Awatif Mohd Amir Hamzah

No	Team	Duties	Officers

4	Central Field Supervisors	**Before Data Collection**
		• Central Field Supervisors are expected to prepare for the initiation of data collection.The preparation tasks include:
		• Conduct meeting with State Education Office, School Principals, Teacher in-charged for the selected schools.
		• To ensure adequate logistic support for the data collection and liaise with the District Education Office, District Health Office and other relevant departments to ensure that:
		  • Human resources are available: Field Supervisors, Team leaders, Research Assistants and drivers.
		  • Manage transport: Vehicles
		  • Manage survey intruments and relavant form
		  • Manage lodging for data collectors
		During Data Collection
		• Gather feedback from the field on the data collection status and problems related to logistics.
		• Visit the field to help data collectors solve the problem if necessary.
		• To ensure all data collection monitoring forms have been received on time.
		• To ensure bundle from field received by the Operation Centre by hand and by post.
		• Updating the monitoring board for state acheivement and atteding CCT meeting.
			Dr. Ahmad Ali Zainuddin
			Dr. Maznieda Mahjom
			Dr. Mohd Shaiful Azlan Kassim
			Dr. S Maria Awaluddin
			Dr. Shubash Shander Ganapathy

5	Operation Centre	• Arrange date and place of meeting • Prepare and circulate briefing materials • Prepare and circulate minutes of CCT meeting • Prepare letters of appointment for Central Field Supervisors, Field Supervisors and data collectors • Prepare advertisement material for recruitment of data collectors Prepare letters of notifications for data collections • Prepare manuals for field Supervisors and data collectors • Develop a system/format and monitor the distribution of materials/ equipment for field work	Mr. Lim Kuang Kuay Ms. Nashrah Adilah Ismail

Appendix 5: List of Research Team Members, NHMS 2022

Alcohol Use

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

Dietary Behaviours

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

Nutritional Status

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

Drug Use

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

Hygiene (Including Oral Health)

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

Mental Health Problems

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

Physical Activity

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

NEGERI SEMBILAN

Field Supervisor
Mr. Jayvikramjit Singh Manjit Singh

Drivers
1. Mr. Zakaria Mohammad
2. Mr. Gabriel Jatum

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

PAHANG

Field Supervisor
Mr. Sheikh Shafizal Sheikh Ilman

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

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

PULAU PINANG

Field Supervisor
Ms. Rafidah Ali

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

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

PERAK

Field Supervisor
Dr. Halizah Mat Riffin

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

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

PERLIS

Field Supervisor
Dr. Suhaila Abdul Ghaffar

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

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

SELANGOR

Field Supervisor
Ms. Nazirah Alias

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

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

TERENGGANU

Field Supervisor
Dr. Fazila Haryati Ahmad
Mr. Mohd Ruhaizie Riyadzi

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

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

SABAH

Field Supervisor
Ms. Nur Faraeein Zainal Abidin

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

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

SARAWAK

Field Supervisor
Dr. Khaw Wan Hei
Mr. Mohd Hairmanshah Mohd Shah

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

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

KUALA LUMPUR

Field Supervisor
Dr. Nur Hamizah Nasaruddin

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

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

WP LABUAN

Field Supervisor
Dr. Muhammad Azri Adam Adnan

Driver
1. Mr. Niveno Eldo Sonny Mat

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

WP PUTRAJAYA

Field Supervisor
Ms. Syafinaz Mohd Sallehuddin

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

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

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