



UNIVERSITI PUTRA MALAYSIA

***ASSOCIATION BETWEEN PSYCHOSOCIAL STATUS AND ITS
ASSOCIATED FACTORS AMONG FORM-ONE SECONDARY
SCHOOL ADOLESCENTS IN PASIR GUDANG, JOHOR, 2013.***

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ABSTRACT

Background: Psychosocial problems among adolescent can be divided into 2 categories which is internalizing (eg: depression, anxiety and stress) and externalizing (eg: symptoms of hyperactivity, aggressive etc). In this study, we focus on its associated factors among early adolescents which will give a clear insight on psychosocial problem.

Method: A cross-sectional study has been conducted in 6 randomly chosen schools in Pasir Gudang, Johor, by using self-administered questionnaire. Valid respondents consist of 576 adolescents. Questionnaire consisting of Socio-demographic question, Depression, Anxiety and Stress Scale (DASS21) and Strength and Difficulties (SDQ), Body Mass Index (BMI), Physical Activity Questionnaire for Adolescents (PAQ-A) and Religious Personality Questions.

Results: Out of 576 samples, majority of respondents were female (51.8%), Malays (72%) and Muslim (73.7%). Findings showed that the prevalence of depression, anxiety, stress and psychosocial problems among Form –One adolescents were reported to be 9%, 11.3%, 14.4% and 74.1% respectively. Factors that strongly associated with depression status were age ($p = 0.004$), mother's education level ($p = 0.033$), father's education level ($p = 0.006$) and adolescent's that were not committed to their religious personality ($p = 0.015$). Other than that, factors that were significantly correlate with anxiety status was age ($p = 0.001$). Stress status was reported to have no significant association with any studied factors. Meanwhile, mother's education level ($p = 0.020$) and mother's occupation ($p = 0.001$) have strong association with adolescent's psychosocial status.

Conclusion: The findings showed that there were association between psychosocial status and the studied factors such as respondent's socio-demographic status (age), parent's socio-demographic status (mother's education level, mother's occupation, father's education level), and respondent's family religious practices and adherence. This study is useful for future studies especially those involve intervention in designing strategies to curb and reduce psychosocial problem among early stage of adolescents in Pasir Gudang, Johor.

Keywords: Psychosocial, Adolescent, Internalizing Problem, Externalizing Problem

HUBUNGKAIT ANTARA STATUS PSIKOSOSIAL DAN FAKTOR - FAKTOR YANG BERKAITAN DI KALANGAN TINGKATAN-SATU REMAJA SEKOLAH MENENGAH DI PASIR GUDANG, JOHOR, 2013.

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ABSTRAK

Latar belakang: Masalah psikososial di kalangan remaja boleh dibahagikan kepada 2 kategori iaitu dalaman (cth: kemurungan, kebimbangan dan tekanan) dan luaran (cth: tanda-tanda hiperaktif, agresif dan lain - lain). Dalam kajian ini, kita memberi tumpuan kepada faktor-faktor yang berkaitan di kalangan remaja awal yang akan memberikan gambaran yang jelas kepada masalah psikososial. **Kaedah:** Satu kajian keratan rentas telah dijalankan di 6 buah sekolah yang dipilih secara rawak di Pasir Gudang, Johor, dengan menggunakan soal selidik yang ditadbir sendiri. Responden sah terdiri daripada 576 remaja. Soal selidik yang mengandungi soalan sosio-demografi, Skala Kemurungan, Kebimbangan dan Tekanan (DASS21) dan Kekuatan dan Kesukaran (SDQ), Indeks Jisim Badan (BMI), Aktiviti Soal fizikal untuk Remaja (PAQ-A) dan Soalan – soalan Personaliti Agama. **Keputusan:** Daripada 576 sampel, majoriti responden perempuan (51.6%), Melayu (71%) dan Muslim (72.9%). Hasil kajian menunjukkan bahawa prevalens kemurungan, kebimbangan, tekanan dan masalah psikososial di kalangan remaja Tingkatan-Satu adalah 9%, 11.3%, 14.4% dan 74.1% masing - masing. Faktor-faktor yang berkait rapat dengan status kemurungan adalah umur ($p = 0.004$), tahap pendidikan ibu ($p = 0.033$), tahap pendidikan bapa ($p = 0.006$) dan remaja yang tidak komited dengan tuntutan agama mereka ($p = 0.015$). Selain daripada itu, faktor-faktor yang ketara berkaitan dengan status kebimbangan adalah umur ($p = 0.001$). Status tekanan dilaporkan tidak mempunyai hubungan yang signifikan dengan faktor-faktor yang dikaji. Sementara itu, tahap pendidikan ibu ($p = 0.020$) dan pekerjaan ibu ($p = 0.001$) telah mencerminkan status psikososial remaja itu. **Konklusi:** Hasil kajian menunjukkan bahawa terdapat hubungkait antara status psikososial dan faktor-faktor berkaitan yang dikaji seperti status sosio-demografi responden (umur), status sosio-demografi ibu bapa (tahap pendidikan ibu, pekerjaan ibu, tahap pendidikan bapa), dan amalan agama keluarga responden dan pematuhan kepada ajaran agama. Kajian ini adalah berguna bagi kajian masa depan terutamanya yang berbentuk intervensi dalam merancang strategi untuk membendung dan mengurangkan masalah psikososial di kalangan peringkat awal remaja di Pasir Gudang, Johor. **Kata kunci:** *Psikososial, Remaja, Masalah dalaman, Masalah luaran*

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LIST OF ABBREVIATIONS

WHO	World Health Organization
DASS 21	Depression, Anxiety and Stress Scale – 21
SDQ	Strength and Difficulties Questionnaire
BMI	Body Mass Index
PAQ - A	Physical Activity Questionnaire for Adolescents



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CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

Adolescence is a period of life where transition takes place from childhood to adulthood. According to World Health Organization (WHO), adolescent is defined as any individual aged between 10 and 19 year-old. In adolescence's period, there are 3 stages which separate them into early (11-14 years old), middle (15-17 years old) and late adolescence (18-19 years old). The stages indicate their maturation aspects toward physical, cognitive and socio-economic development.

World Health Organization (WHO) had highlighted that lifestyle diseases that are caused by cigarette, risky sexual behaviors, and alcohol and drug abuse have their roots—starting in adolescence period, and are responsible for high morbidity and mortality rates globally (Ahmad, 2011).

The term 'Psychosocial' is a combination of Psychological and Sociological aspects. Psychological aspects is defined as a phenomena of mind which will be affected by various factors such as fearfulness in life, sense of depression, tension, maturity of emotion, self satisfaction etc. Sociological aspects concern on human correlation and interrelation which includes recognition and approval, interaction with others etc (Benson, 2003).

Psychosocial problems among adolescents can be divided into 2 categories which is internalizing and externalizing (Guttmanova et al, 2007). The internalizing problem is a behavior

characterized by over-control of one's emotions which associated with symptoms such as depression, anxiety, stress etc. In contrast, the externalizing problem is a behavior characterized by under-control of one's emotions with the symptoms of hyperactivity, aggressive etc.

From Malaysian Department of statistics, year 2007, the population of adolescents aged between 15 and 19 years had accounted for 2.6 millions, which is about 10% of the population in Malaysia. It is thus important to know what are the needs and problems for the risky population with psychosocial problems before it is too late for intervention (See et al, 2010).

According to the previous research done in Pasir Gudang in 2012, the psychosocial problems among Form 1, 2 and 4 students was significantly increased (Unpublished report by Albar Ali, S., Tay, S. Q., Nagooru, V. S., 2012). The psychosocial problems accounted for 45.6% which included internalizing and externalizing problems. While the adolescents' depression, anxiety and stress status accounted for a total of 46%, 59.1% and 38.1% respectively.

Psychosocial problem among adolescents have been associated with many risk factors, but there is not much information provided especially by studies conducted in our country, Malaysia. Hence, in our study, we focus more on early school-going adolescents as the probability for effective intervention is high as compared to the middle and late-aged school-going adolescents. Besides that, early school-going adolescence is a beginning transitional period from childhood to adulthood. The study of associated factors will give a clear insight on psychosocial status among early aged adolescents. Hence, there is a need to study the association between psychosocial status and its associated factors among early school-going adolescents as it will benefit the community in future development.

1.2 PROBLEM STATEMENT

Psychosocial problems are major issues affecting mental health status of adolescents especially in the early stage of their adolescent development. From the previous study in 2012, psychosocial problems among adolescents in Pasir Gudang, Johor is significantly high with the prevalence of almost 50%. This prevalence included early and middle-aged school-going adolescents.

Socio-demographic status among school-going adolescents had been proven to be one of the factors associated with psychosocial status. Low socio-demographic characteristics such as having large family size (>8 members) had been shown to increase psychosocial problems among school-going adolescents. According to Bhat. A. and Aminabhavi. V. in 2011, large family size is one of the major family factors associated with psychosocial problems as there is low parental attention towards the adolescents.

Nutritional status also has been reported to be associated with psychosocial problems among school-going adolescents. A study that has been done in India stated that malnutrition due to low socioeconomic status can affect psychosocial status among adolescents (Anees. A., Najam. K., Zulfia. K., Ali. A., 2007). Besides that, during the adolescents' transitional period, their psychological perception attempts for ideal body image which leads to negative eating behavior (Sujoldzić A, De Lucia A., 2007). Another study had shown that lack of nutrients such as Iron may affect cognitive development and increase prevalence of behavioral change (Position of the American Dietetic Association: Child and adolescent food and nutrition programs, 2003).

Physical activity among adolescents is a potential strategy to improve psychosocial status because it involves development of social skills, adaptation skills, self-confidence etc. In conjunction, it may also reduce the level of depression, anxiety and stress among adolescents. Studies show that only 40% of today's adolescents participate in physical activity and the lesser participation in physical activity occurs especially in early adolescents as compared to the early adolescents in 30 years ago. Lack of involvement in physical activity had shown to be associated with adolescents who were lacking in self-efficacy, weak decision maker etc. In addition, adolescents with lack of involvement in physical activity were prone to unhealthy lifestyle (Gendron. M., Royer. E. G., Bertrand. R., Potvin. P., 2006). Therefore, it is important to determine the adolescent's participation in physical-activity in relation to their psychosocial status.

Studies done in the past two decades showed that religious practice integrated one's mind and provided benefits toward psychological and social support. During the adolescents' transitional period, they have been thought on the rules of their religion. Those who practiced religious lifestyle were less engaged with unhealthy lifestyle such as drinking alcohol, cigarette smoking etc (Idler. E., 2008). According to previous study in 2012, it showed that Buddhist adolescents have the highest prevalence (28.1%) of psychosocial problems in Pasir Gudang, Johor. However, there was no information on religious practices among adolescents with different religions. Measure of religious practices is important in reducing psychosocial problems among early stage adolescents. Hence, it is important to study the psychosocial status especially among early school-going adolescents as higher possibility of effective intervention can be done by parental and community guidance via religious approaches.

In addition, majority of the families in Pasir Gudang, Johor were low in sociodemographic and socioeconomic characteristics. With this condition, early stage adolescents might experience malnutrition and unhealthy dietary intake. The information on early adolescents' nutritional background and dietary intake are lacking.

Therefore the aim of this study is to find out the prevalence of psychosocial status and the above-mentioned factors among early school-going adolescents in Pasir Gudang, Johor. In the attempt, the following questions are addressed:

- 1.2.1 What is the prevalence of psychosocial status among early school-going adolescents in Pasir Gudang, Johor?
- 1.2.2 What are the sociodemographic characteristics among early school-going adolescents with psychosocial problems?
- 1.2.3 What are the dietary practices among the early school-going adolescents in Pasir Gudang, Johor?
- 1.2.4 What is the status of religious practice among early school-going adolescents in Pasir Gudang, Johor?
- 1.2.5 What is the physical activity status among early school-going adolescents in Pasir Gudang, Johor?

1.3 SIGNIFICANCE OF THE STUDY

This study will provide insights to the parents, teachers and the community on the psychosocial status of the school-going adolescents and their associated factors such as socio-demographic background, adolescents' nutritional status, physical activities, religious practice, family support etc. This is the preliminary study to prepare for an interventional study in the future.

1.4 OBJECTIVES

1.4.1 GENERAL OBJECTIVE

To assess the psychosocial status and their associated factors among Form One secondary school adolescents in Pasir Gudang, Johor, Malaysia.

1.4.1 SPECIFIC OBJECTIVES

1.4.2.1 To determine the psychosocial status among Form One-secondary school adolescents in Pasir Gudang, Johor, Malaysia.

1.4.2.2 To determine the:

- a. Socio-demographic characteristics
- b. Nutritional status
- c. Physical activity status
- d. Religious practices of these adolescents.

1.4.2.3 To determine the association between adolescents' psychosocial status and:

- a. Socio-demographic factors such as age, gender, ethnicity, type of religion, parent's marital status, parent's education level, parent's occupation, household income, living status with parents, type of house and family size

- b. Nutritional statuses such as underweight, normal, overweight and obese among these adolescents.
- c. Physical activity levels such as low physical activity, moderate and high physical activity among these students.
- d. Religious practices according to Muslim, Christian, Buddhist, Hindu and other religions among these students.

1.5 RESEARCH HYPOTHESIS

- 1.5.1** There is significant association between socio-demographic factors (age, gender, ethnicity, type of religion, parent's marital status, household income, type of house, number of siblings and etc) and adolescents' psychosocial status.
- 1.5.2** There is significant association between nutritional status (underweight, normal, overweight and obese) and adolescents' psychosocial status.
- 1.5.3** There is significant association between physical activity (low physical activity, moderate physical activity and high physical activity) and adolescents' psychosocial status.
- 1.5.4** There is significant association between the adolescents' religious practices and their psychosocial status.

CHAPTER 2

LITERATURE REVIEW

2.1 DEFINITION OF ADOLESCENTS AND PSYCHOSOCIAL STATUS

Adolescent is defined as period between the ages of 10 and 20. During this period, physical and psychological development plays an important role in development of adolescents. Hormone of every stage of human is varied. Thus, hormonal changes in adolescents accelerate physical growth and sexual maturation, and, as a result, adolescents may feel awkward and insecure. They frequently feel inadequate about their physical appearance, popularity with peers, and school achievement because adolescence is a time of frustration; it is also a time of anger and rebellion.

Sometimes, they act out, expressing unacknowledged internal conflicts. In conclusion, Adolescence is a period of exploratory, risk-taking, sensation-seeking behaviour. (Dahl, 2006).

This age span can be further divided into sub stages which are, the early adolescence is approximately 11 – 13 years of age, middle adolescence is approximately 14 – 18 years of age and late adolescence is approximately 19 – 24 years of age (Jane et al, 2010).

Other study by GI Roisman et al in 2004 defined adolescents as the developmental period between childhood and adulthood, spans the years from 12 – 13 to early 20s; the complexity of human growth, that leaves many parents, teachers, and counsellors perplexed and startled by rapid changes in mood and behaviour. It is reflected in a multitude of definitions and theories about adolescence which are some theorists argue that adolescents is not a distinct stage of development but rather an ongoing, gradual, growth process with no characteristic behaviours distinguishing adolescents from children or adults. According to the Adolescent Health Committee of Malaysian Medical Association report in 2007, youth constitute 10 per cent of the

population in Malaysia. Furthermore, there is at least 20 per cent of teens experience some form of mental illness such as depression, mood disturbances, suicidal behaviours or eating disorders. (Alam Sher Malik, 2010).

Adolescence is a time of rapid and profound psychological and biological development in which these physical changes, plus a growing sense of urgency to establish a personal identity and become autonomous produces considerable stress for the typical adolescents (F Connan et al, 2003), and that stress can result in higher risk of problem behaviour (EJ Susman, 2006). A large body of literature suggests that adolescence is a period of increased vulnerability to stressful life events such as depression (Stark et al, 2008).

Psychosocial problems have become the major problem among adolescent due to rapid urbanization and globalisation. Psychosocial term refers to combination of psychological and social factors as relevant to the development of the individual (Fred R. Volkmar, 2013). Classification of psychosocial problems can be categorized into 2 categories which are internalizing behaviour and externalizing behaviour. Externalizing behaviour refers to problems that turned outward behavioural problems or acting out and reflect a child's negative reactions to his or her environment. They include conduct problems, antisocial aggression and hyperactivity (M Herbert, 2006). As noted at Journal of Child and Adolescent Psychiatric Nursing, internalizing behaviour is the expression of feelings and emotional responses into behaviours that are directed outward into aggressive behaviour (Deborah, 2011) which include depression, anxiety, eating disorder and stress.

2.2 PREVALENCE OF PSYCHOSOCIAL PROBLEMS AMONG ADOLESCENTS

Psychosocial terms are defined as both psychological and social aspect of individual (CD Ryff et al, 2010). It is categorized into 2 categories which are externalizing and internalizing behaviours. Internalizing behaviours means turned inward behavioural problem which soon will develop to externalizing behaviours; they include depression, anxiety, eating disorder and stress (MK Keiley et al, 2001). Externalizing behaviours refer to expression outward behavioural problem (R Loeber et al, 2011) such as antisocial aggression, conduct problems and hyperactivity.

Global School-based Student Health Survey (GSHS) was conducted in Seychelles in October 2007 by Bharathi Viswanathan et al, showed that prevalence of all students who had depression almost every day for two weeks or more in a row that they stopped doing their usual activities during past 12 months is 32% (Bharathi Viswanathan et al, 2007). Other than that, Global School-based Student Health Survey (GSHS) was conducted in Trinidad and Tobago in 2007 by Marilyn Procope showed that the prevalence of students most of the time or always felt lonely during the past 12 months is 11.6% whereas prevalence of students felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing their usual activities during the past 12 months is 21.5% in which depression can be comprised of loneliness and sadness or hopelessness. (Marilyn Procope, 2007).

Prevalence of depression in Malaysia is markedly increased (Mansor et al, 2009) and it is a type of psychosocial problems. Prevalence of depression among adolescents in Malaysia is 24.2% whereas prevalence of low stress (<28) is 44.3% and high stress (≥ 28) is 55.7% (Mansor et al, 2009). In current findings, prevalence of depression among secondary school in Selangor was 50% (NHMS, 2011). In addition, stress symptom can be varied which are abdominal pain,

headache and etc. The prevalence of stress due to abdominal pain is 24.1% and due to headache is 21.5%. Other than that, prevalence of anxiety is 34.3% (Abd. Manaf, 2009).

2.3 PSYCHOSOCIAL SCREENING AMONG ADOLESCENTS

2.3.1 Strength and Difficulties Questionnaire (SDQ)

The Strength and Difficulty Questionnaire (SDQ) is a brief behavioral screening questionnaire asked about 25 attributes that can be completed in 5 minutes by the parents or teachers of children aged 4 to 16 years old; there is a self-report version for 11 to 16 years old. It was developed in United Kingdom by British Psychiatrist, Robert Goodman and first published in 1997. The 25 items are divided between five scales of five items each, generating scores for Conduct Problems, Inattention-Hyperactivity, Emotional Symptoms, Peer Problems, and Prosocial behavior; all scales but the last are summed to generate a Total Difficulties score (Goodman 1997). Ten items reflect strengths with 5 of them are reverse-scored as problems, 14 reflect difficulties and 1 is neutral but scored as a difficulty on the Peer Problem domain. The reason for the choice of positively worded items was to emphasize desirable traits rather than focus solely on weaknesses. Hence, the availability of SDQ helps increasing the acceptability of the SDQ to parents and the teachers (Goodman, 1999).

2.3.2 Depression, Anxiety and Stress Scale (DASS 21)

The Depression Anxiety Stress Scales 21 (DASS 21) is a short form of Lovibond and Lovibond (1995) 42-item self-report measure of depression, anxiety, and stress (DASS). The DASS is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. Each of the three DASS scales contains 14 items, divided into subscales of 2-5 items with similar content. In addition to the basic 42-item questionnaire, a short version, the DASS 21, is available with 7 items per scale. DASS-21 is a modified and shorter version (Lovibond, 1995). The scoring of 21-item requires the users to time 2 of total score 21-item to suit the original 42-item. It is not a diagnostic questionnaire but rather as a severity measurement (Lovibond, 1998). Almost all 21 items in this questionnaire are relatively cultural free as none of its item mentioned any aspects on certain culture or religion (Ramli Musa et al, 2007).

2.4 FACTORS AFFECTING THE PSYCHOSOCIAL PROBLEMS AMONG ADOLESCENTS

There are many factors that may contribute to the development of psychosocial problems among adolescents. A cross-sectional study done by gurpreet et al on factors contributing to psychosocial health in male adolescents showed that there were few factors that contribute to psychosocial problems among adolescents. Socio-demographic background of adolescents, socioeconomic status, total number of family members (family size), adolescents' school, family, psychosocial and personality problems are some of the factors that were studied. It was revealed that family was the most common contributory factor (59.6%) cited by adolescents with depression. The psychosocial problems were significantly higher in middle adolescence (14-16

years), large extended families (>8 members) and lower socioeconomic status. Other than that, psychosocial problems were higher in adolescents with academic stress ($p<0.05$), family dispute ($p<0.001$), domestic violence ($p<0.001$) and having no close friends ($p<0.001$) (Gurpreet et al, 2011).

2.4.1 Demographic Data of Students

The socio-demographic factors of age, gender, ethnic, parents' marital status, living status with parents, and socioeconomic status (household income) have consistently been identified as important factors in explaining the variability in psychosocial problems prevalence rates (Noori et al, 2007). Maximum (62%) number of psychological problems were in adolescents in age group 14-16 years in comparison to early 11 – 13 years (31.7%) and late 16-18 years (18.0%) and this was statistically highly significant ($p<0.001$) (Gurpreet et al, 2011). Studies showed that most of the girls experienced internalizing disorders while boys were more vulnerable to externalizing disorders were partly explained by the greater stability in boys' vulnerability to self-criticism (Leadbeater et al, 1999). There is some more study showed that socioeconomic status (SES) plays a major role in association with psychosocial problems, physical health and education. Lower level of SES could lead to higher likelihood of being sedentary (Newacheck et al, 2003), poor mental health such as depression (Bettina, 2007) and also higher body mass index for adolescents (Chen and Paterson, 2006) possibly because of a lack of neighbourhood resources such as playgrounds and accessible healthy food options. Other than that, while national high school dropout rates rates have steadily declined (National Center for Education Statistic, 2002), dropout rates for children living in poverty have steadily increased. Between 60

and 70% of students in low-income school districts fail to graduate from high school (Harris, 2005). In Malaysia, prevalence of internalizing behaviour such as depression, anxiety and stress among adolescents is more significant in females which are the percentage of anxiety symptoms and depressive symptoms are 25% and 6.7% respectively. The percentage of depressive symptoms and suicidal intention were common among Malays which are 8.5% and 9.8% respectively, while the percentage of adolescents with anxiety symptoms was higher among other ethnic groups (33.3%) as compared to Malays which is 18.3% (Noor Ani et al, 2011).

The findings revealed significantly more psychosocial problems among adolescents living with their mother or their father as compared to adolescents living with both their parents. Significant differences were also observed between adolescents living in mother custody compared to father custody, indicating more problems among the latter group. Furthermore, girls living with their father had significantly higher levels of psychological symptoms, compared to boys in father custody. Similarly, boys living with their father were involved in more stealing behaviour than girls in father custody (Folkvard et al, 2004).

2.4.2 Demographic Data of Parents

Socio-demographic data of parents can be comprised of age, socioeconomic status (parental level of education and occupation of parents), marital status of parents and family income which all are associated with development of psychosocial problems among adolescents. Parent's education level was computed by summing father's and mother education (Sangmi et al, 2005). The reason why, is because mother's schooling plays the most important role in which positively influencing adolescents' psychosocial health, that is, lower levels of mother's schooling is

related to depressive symptoms and a poor or fair evaluation of one's own health (Bettina et al, 2006). Thus, in determine the prevalence of psychosocial problems; parents' education level can be a protective factor which inversely higher parents' education level can decrease the prevalence of psychosocial problems (Andrea et al, 2004). Approximately, 66% of fathers and 58% of mothers had a college or higher education (Sangmi et al, 2005). Other than that, single parent and divorce can affect adolescents' performance at school as reported by Kernic et al (2002) in USA. Besides, adolescents' involvement in interparental conflict may make them feel responsible for resulting problems (Bosco et al, 2003) which interparental conflict may includes marital conflict, marital distress and etc (Buehler et al, 1997). Thus, an adolescent's insight and involvement in interparental conflict may lead to the adolescent being affected negatively by the conflict, which may result in the adolescent expressing internalizing (eg., depression or anxiety) or externalizing (eg., misbehaviour and aggression) behaviour (Buehler et al, 2007).

2.4.3 Types of House

Growing up in bad housing also has a long-term impact on children's life chances because of the effect it has on a child's learning and education. Poor housing conditions increase the risk of severe ill-health or disability by up to 25 per cent during childhood and early adulthood. Homeless children are three to four times more likely to have mental health problems than other children. Mental health issues such as anxiety and depression have also been linked to overcrowded and unfit housing. Homeless children are two to three times more likely to be absent from school than other children due to the disruption caused by moving into and between temporary accommodation. Overcrowding is linked to delayed cognitive development, and

homelessness to delayed development in communication skills. Homeless children are more likely to have behavioural problems such as aggression, hyperactivity and impulsivity, factors that compromise academic achievement and relationships with peers and teachers. It is unsurprising that homeless children have lower levels of academic achievement that cannot be explained by differences in their levels of ability (Lisa Harker, 2006).

Other than that, protectiveness dimension of home environment is positively related to empathy dimension of psychosocial competence ($r=-.262$). This means adolescents with more protection at home have shown higher empathy. It is revealed that the adolescents with high social isolation exhibit significantly lower problem solving, decision making, coping with emotions and coping with stress and also low overall psychosocial competence (Anita et al, 2011).

2.4.4 Family Size

Family size either big or small has effect on the psychological, mental and social development of adolescents hence influencing the occurrence of psychosocial problems such as depression and etc. Previous study shows that maximum psychological problems were in adolescents with family size >8 members (60.0%) as compared to family size <4 members (12.6%) which was statistically highly significant ($p<0.001$). (Gurpreet et al, 2011). This reflects that adolescents living in a big family are more prone to experience psychosocial problems. A study on the factors associated with depressive symptoms in Nigerian adolescents showed that large family size had significant association with the depressive symptoms in adolescents. (Taiwo, 2011).

2.4.5 Nutritional Status

Self esteem is a crucial component in adolescent's development and has been recognized as an important variable in research on health behaviour. Self esteem can be described as consisting of two components that are highly relevant to dieting and body satisfaction: how a person believes she is perceived by significant others, how a person views her performance in areas of importance. The well-documented self esteem experienced by female adolescents may open the door for involvement in any number of health-compromising behaviours. The report documented some sobering realities for female adolescents when the typical White female suffers a 33% decline in self esteem over the course of her adolescent years because of body image or how she was look had affected her self esteem (Jacqueline, 1999).

Body image and weight status has always been prioritized by adolescent's regardless males or females. A study in Lumbee American Indian community about body mass and body image related to psychosocial aspects showed that the adolescents had high rates of overweight which is 18% and obesity which is 23% that exceed national all-race rates for children and adolescents. Thus, being overweight was related to a variety of weight control behaviours including dieting and to a lesser degree, exercise, as it is for adolescents in the general population. Higher Body Mass Index (BMI) was associated with greater body dissatisfaction as well as the perception of being physically unhealthy. In girls, BMI was associated with earlier age of onset for cigarette smoking and with daily smoking. Body image was strongly related to measures of global self-esteem as well as to internalizing psychological symptoms such as depression, anxiety and somatisation. Body image certainly plays an essential role in psychological and physical health, and is central to the developing adolescent self-image (Newman et al, 2006).

2.4.6 Family Religious Practices and Adherence

Religious faith, beliefs, and activities are important aspects of the lives of American adolescents. Although researchers have found a general age trend for religiousness to decline from childhood through adolescence (King et al, 1997), the percentage of American high school seniors who self-reported church attendance at least monthly was highly stable from 1987 through 1994, ranging from a low of 46% in 1990 to a high of 50% in 1992 (Donahue et al, 1995). Using the same annual survey, Youniss, McLellan, and Yates (1999) reported that over 60% of high school seniors reported that religion was "pretty" or "very" important to them.

In addition to the direct effects of religiosity on parenting, parents' religiosity may have indirect effects on parenting, by impacting marital relationships and parents' mental health in ways that promote or undermine positive parenting, and consequently child well-being. Parents' religious beliefs and practices may affect their own mental health and consequently their ability to deal with stresses associated with parenting (Bridges et al, 2002). The study tends to focus on measures of current religious beliefs and practices, such as denominational affiliation, religious orthodoxy, the importance of religious belief and participation in religious activities. Thus, among the possible mechanisms are the creation of social capital creation of social capital and provision of social support, the promotion of healthy behaviour, the promotion of prosocial behaviour and the inhibition of antisocial behaviour, and the provision of a sense of purpose and meaning in life (Bridges et al, 2002). Religiosity plays a major part in the life of an individual. It can provide hope in despair. In daily life, people report that they are able to experience deep peace even in the midst of mental distress (Underwood et al, 2002), such as depression, stress and anxiety.

2.4.7 Physical Activity

Regular physical activity participation among adolescents can enhance their physical, psychological, and social wellbeing (Kirkcaldy et al, 2002). Nevertheless, there is a trend of physical inactivity occurring in many countries (Kim, 2004). Other than that, adolescents with high self-efficacy were more likely to participate in physical activity compared to those with lower levels of self-efficacy (Kim et al, 2010). Another study variable of physical activity conducted by Gintare et al (2009) shows that those adolescents who reported never being active in leisure time experienced more physiological complaints than their active counterparts ($p < 0.001$). Adolescents who were physically active 4–7 times a week were less likely ($OR = 1.54$) to report psychological complaints. Hence, findings suggest that the higher the frequency of leisure time physical activity, the lower the risk of physiological complaints (Gintare et al, 2009).

2.4.8 Parental Bonding

A study has revealed that less attachment to parents may contribute to depression among young adolescents and thus it was suggested that improving adolescent-parent associations could be a focus of interventions in community service (Solomon et al, 2006). Other than that, a study shows that quality of relationships with mothers and peers were higher for girls than boys, although boys reported stronger attachments to fathers (Leadbeater et al, 1999).

Other study shows that the majority of adolescents reported living in intact families (68.6%). Thus, living in a non-intact family may contribute to depressive and psychosomatic symptoms and a poor or fair self-perceived health (Bettina et al, 2006). It is found that adolescents with more protection at home have shown high empathy can be explained with the help of attachment theories. Due to close and enduring association between parents and children, adolescents learn

to share and care for each other. In other words, this sharing and caring between children and parents gets reciprocated through the high empathy shown by the children. (Anita et al, 2011).

2.4.9 Peer Factors

Arguments between parents and children increase considerably during adolescence and it is the peer group that provides emotional support to the adolescents. Having few or no close friends make adolescents feel anxious and depressed thus causing increased number of psychological problems (Gurpreet et al, 2011). There was a study conducted in a rural country of a Midwestern state, supports the theory that the peer group influences change in individual psychosocial over time ($p < 0.001$). (Glen, 2009).

2.5 CONCEPTUAL FRAMEWORK

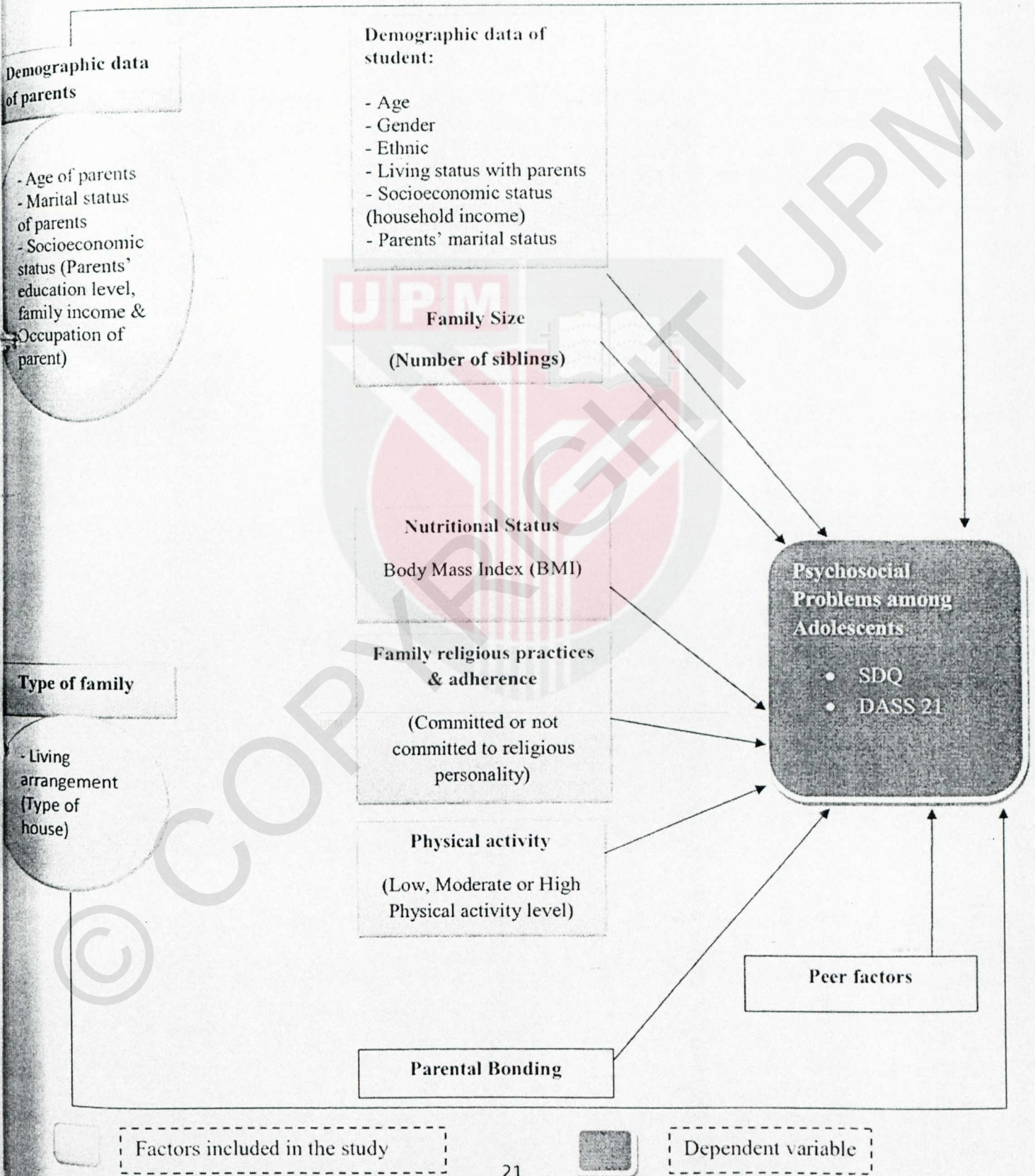


Figure 1: Conceptual Framework

CHAPTER 3

METHODOLOGY

3.1 STUDY LOCATION

The study was carried out at the main stream secondary schools in Pasir Gudang, Johor. There are 33 main stream and 2 Islamic stream secondary schools in Pasir Gudang, Johor.

3.2 STUDY DESIGN

Cross-sectional study design was used in this study.

3.3 STUDY DURATION

The duration of study was 4 months from April 2013 to August 2013.

3.4 SAMPLING

3.4.1 Study Population

The study population is all Form One secondary school students in the 33 main stream secondary schools in Pasir Gudang, Johor.

(‘Form’ here refers to the grades of the secondary school children in Malaysia)

A) INCLUSION CRITERIA

All students in Form One who were studying in the randomly selected secondary schools in Pasir Gudang, who was literate, gave consent and present on the day of the data collection of the study.

B) EXCLUSION CRITERIA

The student whose parent did not give consent to the study and was absent on the day of data collection.

3.4.2 Sampling Frame

In this study, there were two sampling frames used. Altogether, there are 35 schools in Pasir Gudang, Johor. Out of 35 schools, 2 schools were excluded from this study as they are religious school, the Islamic Schools. The first sampling frame was a list of 33 main stream secondary schools at which random selection was done to select 6 schools to represent all secondary main stream schools in Pasir Gudang, Johor.

The second sampling frame was the list of Form One students in the selected 6 schools. All Form One students in these schools were invited to participate in this study.

3.4.3 Sampling Unit

Each Form One student from the selected schools.

3.4.4 Sampling Method

Probability sampling method was used in this study as every student would have the same probability being chosen to be a respondent. Probability sampling is the most appropriate to use in this cross-sectional study, whereby six schools were randomly chosen from a total of 33 main stream schools in Pasir Gudang district. Since this study is the first phase of the bigger study under Exploratory Research Grant Scheme (ERGS) which should be continuously done until 2014, only adolescents in Form One in the selected schools had been invited to participate in this study.

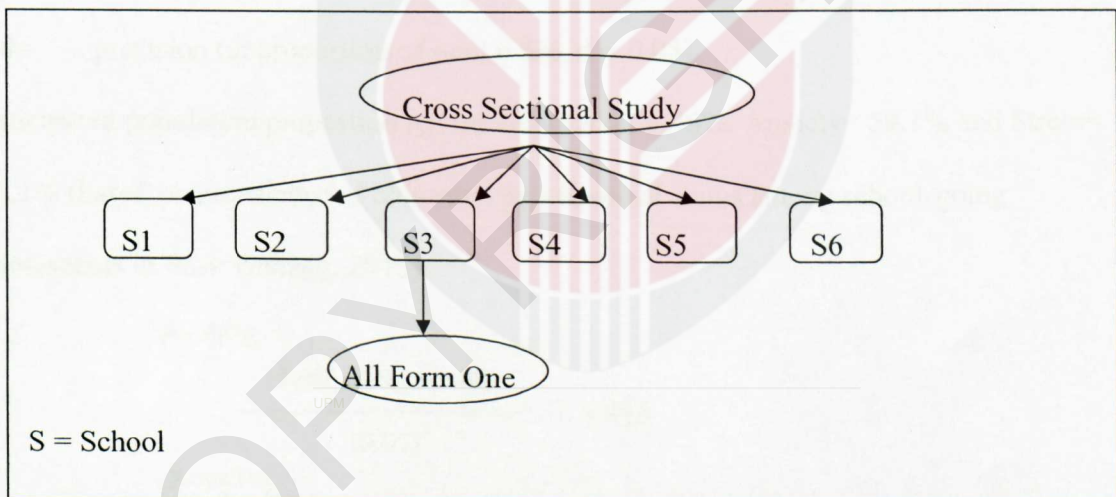


Figure 2: Random Selection of the Six Main Stream Secondary School for the Study.

3.4.5 Sampling Size

The following simple formula (Daniel 1999) was used to determine the minimal sample size of the respondents:

$$n = \frac{Z^2 P(1-P)}{d^2}$$

Description:

n= sample size,

Z= Z statistic for a level of confidence 95% =1.96,

d= precision (in proportion of one; if 5%, d = 0.05),

p= anticipated population proportion (p) for Depression = 46%, Anxiety= 59.1% and Stress= 38.1% (based on prevalence of abnormal psychosocial status among school-going adolescents in Pasir Gudang, 2012)

Hence,

P= 46%

$$\frac{1.96^2 (0.5)(1-0.46)}{(0.05)^2} = 415$$

P=59.1%

$$\frac{1.96^2 (0.5)(1-0.591)}{(0.05)^2} = 315$$

P=38.1%

$$\frac{1.96^2 (0.5)(1-0.381)}{(0.05)^2} = 476$$

An additional of 10% was added to cater for missing value giving the total number of adolescents determined for the study as 526.

Therefore,

$$476 + 48 = 526$$

The minimum sample size was 526. However, since this study is the first phase of the bigger study under Exploratory Research Grant Scheme (ERGS) which should be continuously done until 2014, the Principal Investigator had decided to include all Form One adolescent students in the selected schools in order to cater for incomplete response of the questionnaire learnt from the previous study in 2012. This sample size increment is also done to maximize the power of this study. After the data from all Form-One students were collected for the bigger study, the researcher selected randomly a total of 526 students was included for this project. However, data that suitable to be analyzed are 576 giving the response rate of 100%.

3.5 INSTRUMENT AND DATA COLLECTION

3.5.1 Study Instrument

The study instrument used in this study was a self-administered questionnaire which included questions to measure socio-demographic background, the adolescent's nutritional status, physical activity and religious practice. The questionnaire was printed in four languages (English, Malay, Chinese and Tamil) for the ease of understanding of Form One adolescents who had elementary primary school education in Chinese and Tamil schools. In addition, each of the adolescent was subjected to the Anthropometry Measurement to measure the respondent's weight, height and waist circumference.

Section A : Socio-Demographic

Information regarding respondent's sociodemographic characteristics such as age, gender, ethnicity, type of religion, parent's marital status, parent's education level, household income, living status with parents, type of house and family size.

Section B i) : Instrument used for determination of psychosocial status among early school-going adolescents and parents:

- a) Depression, Anxiety and Stress Scales (DASS 21)
 - This section covered the questionnaire to measure depression, anxiety and stress status. It consists of 21 questions which the scale ranged from 0 (Did not apply to me at all) to 3 (Applied to me very much, or most of the time).
- b) Strength and Difficulties questionnaire (SDQ)
 - SDQ is an instrument to screen for emotional and behavioural problems. It consists of 25 questions with three response categories from zero to two (not true, somewhat true, and certainly true).

Section B ii) : Instrument for determination of nutritional status:

- a) Body Image
 - Body image is a person's mental perception or description of his or her own physical appearance.
- b) Anthropometry
 - Measurement of respondent's weight, height and waist circumference.

Section B iii) : Instrument for determination of Physical Activity status:

a) Physical Activity Questionnaire- Adolescent (PAQ-A)

- It is used to measure the level of physical activity among adolescents.

Section B iv) : Instrument for determination of Adolescent's religious personality status

- It is used to measure adolescent's commitment towards their religion, regardless of the type of religion and belief.

3.6 DATA ANALYSIS

SPSS version 21 was used to analyse the collected data.

3.7 STUDY ETHICS

Approval from Medical Research Ethics Committee of Faculty of Medicine and Health Science, Universiti Putra Malaysia was obtained before carrying out the study and data collection. Permission and approval from the Education and Research Department (ERPD), Ministry of Education Department, Johor Education Department and Pasir Gudang District Education Department was obtained before the research was carried out.

3.8 VARIABLES

Table 1: Independent variables and Dependent Variable

Dependent variables:	Examples:
Psychosocial status	Internalisation (Depression, Anxiety, Stress) and externalisation (Total difficulties scale)
Independent Variables:	Examples:
Socio-demographic Factors	age, gender, ethnicity, type of religion, parent's marital status, parent's education level, household income, parental occupation, type of house, and family size
Nutritional Status	Body Mass Index (BMI), Eating behaviour, eating disorder such as anorexia and bullimia nervosa, Body Image
Physical Activity	Level of physical activity (low, moderate and high)
Religious Practice	Status of adolescent's religious personality such as being commital or non commital regardless whether they are Muslim, Buddhist, Christians, Hindu, and others.

CHAPTER 4

RESULTS

4.1 RESPONSE RATE

Data was collected from all Form 1 students from 6 schools in Pasir Gudang in early of June, 2013. As explained in page 26, 576 respondents were selected to be our respondents giving the response rate of 100%.

4.2 DESCRIPTIVE ANALYSIS

4.2.1 Distribution of Respondent's Socio-demographic Characteristics

Table 2 shows the socio-demographic characteristics of respondents. Majority of respondents were female (51.6%), Malays (71%) and Muslim (72.9%). The proportions of respondents living with their parents were 88.2% and the type of house for 64.1% of them were single storey or two storey terraced houses. It was found that 38.1% respondents came from families with a household income between RM1000 to RM3000 per month. With regards to the parental educational level, 30.4% of the respondents' father and 35.1% of the respondents' mother attained education up to Form 3 or qualified with Malaysian Lower Secondary Certificate (PMR) respectively. Surprisingly, there were adolescents who did not know the educational level of their father (24.8%) and mother (25.4%). Majority of the respondents' father (40.2%) are working in the private sector whereas majority of the mothers are housewives (59.2%). While the majority of the parents are remained married (89.7%), 5.8% of the adolescents' parents are divorced, 2.4% of them have either mother or father died, and 1.9% of them did not know their parents' marital status and 0.2% of the adolescents admitted that their parents were not married. Majority of the adolescents in this study (63.8%) have family of 4-8 members.

Table 2: Distribution of Respondent's Socio-Demographic Characteristics (n = 576)

No	Variables	Variable Category	n	(%)
1	AGE (n = 576)	12 years old	1	0.2
		13 years old	554	96.2
		14 years old	21	3.6
2	GENDER (n = 576)	Male	279	48.4
		Female	297	51.6
3	ETHNICITY (n = 576)	Malay	409	71
		Chinese	84	14.6
		Indian	58	10.1
		Others	25	4.3
4	RELIGION (n = 575)	Islam	419	72.9
		Christian	26	4.5
		Buddhist	80	13.9
		Hindu	49	8.5
		Others	1	0.2
5	LIVING WITH (n = 575)	Parents	507	88.2
		Mother only	38	6.6
		Father only	10	1.7
		Guardian	20	3.5
6	TYPE OF HOUSE (n = 576)	No rooming house	2	0.3
		Squatter house	15	2.6
		Low cost flat	146	25.3
		Condominium	12	2.1
		Single storey terraced house or two storey	369	64.1
		Bungalows	12	2.1
		Shop lot	4	0.7
		Village house	16	2.8
7	FATHER EDUCATION LEVEL (n = 573)	Primary School	61	10.6
		PMR	174	30.4
		Degree/Diploma university or college	120	20.9
		SPM	11	1.9
		No Formal Education	65	11.3
		Do not know	142	24.8

8	MOTHER EDUCATION LEVEL (n = 572)	Primary School	55	9.6
		PMR	201	35.1
		Degree/Diploma university or college	92	16.1
		SPM	10	1.7
		No Formal Education	69	12.1
		Do not know	145	25.4
9	FATHER'S OCCUPATION (n = 567)	Government Sector	188	33.2
		Private Sector	228	40.2
		Self-employed/ Businessmen	126	22.2
		Not Working	13	2.3
		Retired	12	2.1
10	MOTHER'S OCCUPATION (n = 574)	Government Sector	79	13.8
		Private Sector	70	12.2
		Self-employed/ Businessmen	77	13.4
		Not Working	340	59.2
		Retired	8	1.4
11	HOUSEHOLD INCOME (n = 570)	> than RM 3000	131	22.9
		RM 1000 – RM 3000	217	38.1
		< than RM 1000	46	8.1
		Do not know	176	30.9
12	PARENTS' MARITAL STATUS (n = 575)	Married	516	89.7
		Divorced	33	5.8
		Death of Mother/Father	14	2.4
		Not Married	1	0.2
		Do not know	11	1.9
13	NO. OF FAMILY MEMBERS (n = 572)	< than 4 members	131	22.9
		4 - 8 members	365	63.8
		> than 8 members	76	13.3

4.2.2 Distribution of Respondent's psychosocial status according to DASS score

Depression, Anxiety, Stress Scale (DASS) score is further divided into depression, anxiety and stress score. Each score is composing of different items of the questionnaire.

Table 3: Distribution of Respondent's depression status (n=576)

Depression Status	Frequency (n)	Percentage (%)
Yes	52	9
No	524	91
Total	576	100

Table 3 above shows that only 9% of the respondent in a state of depression.

Table 4: Distribution of Respondent's anxiety status (n=576)

Anxiety Status	Frequency (n)	Percentage (%)
Yes	65	11.3
No	511	88.7
Total	576	100

Table 4 above shows that only 11.3% of the respondent in a state of anxiety.

Table 5: Distribution of Respondent's stress status (n=576)

Stress Status	Frequency (n)	Percentage (%)
Yes	83	14.4
No	493	85.6
Total	576	100

Table 5 above shows that only 14.4% of the respondent in a state of stress.

4.2.3 Distribution of Respondent's psychosocial status according to SDQ score

Table 6 shows the distribution of psychosocial status among respondents according to Strength and Difficulties (SDQ) score. The results showed that more than half of the adolescents screened (74.1%) were suspected of having psychosocial problems which include internalizing (emotional and peer problem) and externalizing (conduct problem and hyperactivity). From the prevalence, more than half (38.5%) of the adolescents were screened to be at risk of psychosocial problem which tested with five psychosocial domains such as Emotional Symptoms, Conduct Problem, Hyperactivity intention, Peer Problem and Pro-social Behavior. While another 35.6% were screened to be at slightly risk of psychosocial problem.

Table 6: Distribution of Respondent's Psychosocial status (n=576)

Variables	Clinical Significant	Frequency (n)	Percentage (%)
PSYCHOSOCIAL STATUS	No risk	149	25.9
	Slightly at risk	205	35.6
	At risk	222	38.5
TOTAL		576	100

SDQ- Score 0-13 (No risk), SDQ- Score 14-16 (Slightly at risk), SDQ-score 17-40 (At risk)

4.2.4 Distribution of Respondent's Nutritional status according to Body Mass Index (BMI)

Table 7 shows that the distribution of Nutritional Status according to Body Mass Index (BMI). More than half (50.4%) of the adolescents were screened to be Underweight. Meanwhile, 36.1% of the adolescents were screened to be Normal for their Body Mass Index (BMI). While the others 9.6% were screened to be Overweight and 3.9% were Obese.

Table 7: Distribution of Respondent's Body Mass Index (BMI) (n = 562)

Variables	Clinical Significant	Frequency (n)	Percentage (%)
BODY MASS INDEX (BMI)	Underweight	283	50.4
	Normal	203	36.1
	Overweight	54	9.6
	Obese	22	3.9
	TOTAL	562	100

BMI < 18.5 (Underweight), BMI 18.6 – 25 (Normal), BMI 25.1 – 30 (Overweight), BMI > 30 (Obese)

4.2.5 Distribution of Respondent's Physical Activity Status

Table 8 shows the distribution of Respondent's Physical Activity Status according to Physical Activity Questionnaire for Adolescents (PAQ-A). Majority of the adolescents were screened either to be Low Physical Activity or Moderate Physical Activity. Out of this, adolescents screened with Moderate Physical Activity were 49.7% and Low Physical Activity was 48.8%. While another 1.6% of the respondents were at High Physical Activity.

Table 8: Distribution of Respondent's Physical Activity Status (n=574)

PHYSICAL ACTIVITY STATUS	Frequency (n)	Percentage (%)
Low physical activity	280	48.8
Moderate physical activity	285	49.7
High physical activity	9	1.6
TOTAL	574	100

PAQ-A – Mean Score 1-2.33 (Low Physical Activity), PAQ-A – Mean Score 2.34-3.67 (Moderate Physical Activity), PAQ-A – Mean Score 3.68-5.01 (High Physical Activity)

4.2.6 Distribution of Respondent's Family Religious Practices and Adherence

Table 9 shows the distribution of respondent's Family Religious Practices. Majority of the adolescents (60.1%) were Not Committed to their Religious Practices. While another 39.9% were those who committed to their Religious Practices.

Table 9: Distribution of Respondent's Family Religious Practices

RELIGIOUS PERSONALITY	Frequency (n)	Percentage (%)
Committed	230	39.9
Not Committed	347	60.1
TOTAL	577	100

Religious Mean Score - < than 54 (Committed), Religious Mean Score - > than 54 (not committed)

4.3 BIVARIATE ANALYSIS

4.3.1 The Association between adolescent's Psychosocial Status (Depression status) and Socio-demographic Factors

According to table 10, Socio-demographic factors that had association with depression status among respondents are age (p-value= 0.004), mother educational level (p-value= 0.033) and father educational level (p-value= 0.006) which are more likely to be the inducing factors of depression among respondents. The rest of factors are not significantly associated with depression status.

Table 10: The association between depression status and socio-demographic factors among respondents

Variable	Depression status, n (%)		Total	χ^2	df	p-value
	Yes	No				
Age (n=575)						
12 years old	1 (1.9)	0 (0.0)	1 (0.2)	10.848	2	0.004*
13 years old	48 (92.3)	505 (96.6)	553 (96.2)			
14 years old	3 (5.8)	18 (3.4)	21 (3.7)			
Total	52 (100)	523 (100)	575 (100)			
Gender (n=575)						
Male	27 (51.9)	252 (48.2)	279 (48.5)	0.265	1	0.365
Female	25 (48.1)	271 (51.8)	296 (51.5)			
Total	52 (100)	523 (100)	575 (100)			
Ethnicity (n=575)						
Malay	35 (67.3)	373 (71.3)	408 (71)	2.495	3	0.476
Chinese	8 (15.4)	76 (14.5)	84 (14.6)			
Indian	8 (15.4)	50 (9.6)	58 (10.1)			
Others	1 (1.9)	24 (4.6)	25 (4.3)			
Total	52 (100)	523 (100)	575 (100)			
Living status with Parents (n =574)						
Parents	49 (94.2)	457 (87.5)	506 (88.2)			
Mother only	1 (1.9)	37 (7.1)	38 (6.6)			

Father only	1 (1.9)	9 (1.7)	10 (1.7)			
Guardian	1 (1.9)	19 (3.6)	20 (3.5)	2.556	3	0.465
Total	52 (100)	522 (100)	574 (100)			

**Household Income
(n=569)**

≥ RM 3000	8 (15.7)	123 (23.7)	131 (23)			
RM 1000 to RM 3000	18 (35.3)	198 (38.2)	216 (38)			
≤ RM 1000	3 (5.9)	43 (8.3)	46 (8.1)			
Do not know	22 (43.1)	154 (29.7)	176 (30.9)	4.449	3	0.217
Total	51 (100)	518 (100)	569 (100)			

**Parents' Marital
Status (n=574)**

Married	48 (92.3)	467 (89.5)	515 (89.7)			
Divorced	3 (5.8)	30 (5.7)	33 (5.7)			
Death of Father/ Mother	0 (0.0)	14 (2.7)	14 (2.4)	1.537	4	0.820
Not Married	0 (0.0)	1 (0.2)	1 (0.2)			
Do not know	1 (1.9)	10 (1.9)	11 (1.9)			
Total	52 (100)	522 (100)	574 (100)			

Type of House (n=575)

No rooming house	0 (0.0)	2 (0.4)	2 (0.3)			
Squatter house	1 (1.9)	14 (2.7)	15 (2.6)			
Low cost flat	16 (30.8)	130 (24.9)	146 (25.4)			
Condominium	0 (0.0)	12 (2.3)	12 (2.1)			
Single storey or two storey terraced	32 (61.5)	336 (64.2)	368 (64.0)	3.598	7	0.825
Bungalows	1 (1.9)	11 (2.1)	12 (2.1)			
Shop lot	1 (1.9)	3 (0.6)	4 (0.7)			
Village house	1 (1.9)	15 (2.9)	16 (2.8)			
Total	52 (100)	523 (100)	575 (100)			

**Father education level
(n= 572)**

Primary school	13 (25)	48 (9.2)	61 (10.7)			
PMR	14 (26.9)	160 (30.8)	174 (30.4)			
Degree/Diploma	6 (11.5)	114 (21.9)	120 (21)	16.478	5	0.006*
SPM	2 (3.8)	9 (1.7)	11 (1.9)			

No formal education	3 (5.8)	62 (11.9)	65 (11.4)			
Do not know	14 (26.9)	127 (24.4)	141 (24.7)			
Total	52 (100)	520 (100)	572 (100)			
Mother education level (n=571)						
Primary school	11 (21.2)	44 (8.5)	55 (9.6)			
PMR	16 (30.8)	185 (35.6)	201 (35.2)			
Degree/Diploma	4 (7.7)	88 (17)	92 (16.1)			
SPM	2 (3.8)	8 (1.5)	10 (1.8)	12.170	5	0.033*
No formal education	6 (11.5)	63 (12.1)	69 (12.1)			
Do not know	39 (25)	131 (25.2)	144 (25.2)			
Total	52 (100)	519 (100)	571 (100)			
Father's occupation (n=566)						
Government sector	15 (28.8)	172 (33.5)	187 (33)			
Private sector	27 (51.9)	201 (39.1)	228 (40.3)			
Self-employed/Businessmen	8 (15.4)	118 (23)	126 (22.3)			
Not Working	2 (3.8)	11 (2.1)	13 (2.3)	5.260	4	0.262
Retired	0 (0.0)	12 (2.3)	12 (2.1)			
Total	52 (100)	514 (100)	566 (100)			
Mother's occupation (n=573)						
Government sector	6 (11.5)	73 (14)	79 (13.8)			
Private sector	3 (5.8)	67 (12.9)	70 (12.2)			
Self-employed/Businessmen	12 (23.1)	65 (12.5)	77 (13.4)			
Not Working	31 (59.6)	308 (59.1)	339 (59.2)			
Retired	0 (0.0)	8 (1.5)	8 (1.4)	6.910	4	0.141
Total	52 (100)	521 (100)	573 (100)			
Family size (n=571)						
< than 4 members	18 (35.3)	113 (21.7)	131 (22.9)			
4 – 8 members	28 (54.9)	336 (64.6)	364 (63.7)			
>than 8 members	5 (9.8)	71 (13.7)	76 (13.3)	4.929	2	0.085
Total	51 (100)	520 (100)	571 (100)			

4.3.2 The Association between adolescent's Psychosocial Status (Anxiety status) and Socio-demographic Factors

For the association between sociodemographic characteristics with anxiety status among the respondents, we found that there was significant association between Anxiety status and respondent's age ($p = 0.001$). Being at 13 years old was more likely to be associated with anxiety among these adolescents. The rest are not significantly associated with anxiety status of the respondents (Table 11).

Table 11: The Association between Anxiety status and Socio-demographic Factors among respondents

Variable	Anxiety status, n (%)		Total	χ^2	df	p-value
	Yes	No				
Age (n=575)						
12 years old	1 (1.6)	0 (0.0)	1 (0.2)			
13 years old	57 (89.1)	496 (97.1)	553 (96.2)			
14 years old	6 (9.4)	15 (2.9)	21 (3.7)	14.821	2	0.001*
Total	64 (100)	511 (100)	575 (100)			
Gender (n=575)						
Male	29 (45.3)	250 (48.9)	279 (48.5)			
Female	35 (54.7)	261 (51.1)	296 (51.5)	0.297	1	0.586
Total	64 (100)	511 (100)	575 (100)			
Ethnicity (n=575)						
Malay	42 (65.6)	366 (71.6)	408 (71)			
Chinese	10 (15.6)	74 (14.5)	84 (14.6)	2.379	3	0.497
Indian	7 (10.9)	51 (10)	58 (10.1)			
Others	5 (7.8)	20 (3.9)	25 (4.3)			
Total	64 (100)	511 (100)	575 (100)			
Living status with Parents (n =574)						
Parents	57 (89.1)	449 (88)	506 (88.2)			
Mother only	3 (4.7)	35 (6.9)	38 (6.6)			
Father only	3 (4.7)	7 (1.4)	10 (1.7)			
Guardian	1 (1.6)	19 (3.7)	20 (3.5)	4.763	3	0.190

Total	64 (100)	510 (100)	574 (100)			
Household Income (n=569)						
≥ RM 3000	15 (23.8)	116 (22.9)	131 (23)			
RM 1000 to RM 3000	23 (36.5)	193 (38.1)	216 (38)			
≤ RM 1000	8 (12.7)	38 (7.5)	46 (8.1)			
Do not know	17 (27)	159 (31.4)	176 (30.9)	2.281	3	0.516
Total	63 (100)	506 (100)	569 (100)			
Parents' Marital Status (n=574)						
Married	60 (93.8)	455 (89.2)	515 (89.7)			
Divorced	1 (1.6)	32 (6.3)	33 (5.7)			
Death of Father/ Mother	1 (1.6)	13 (2.5)	14 (2.4)			
Not Married	0 (0.0)	1 (0.2)	1 (0.2)	3.228	4	0.520
Do not know	2 (3.1)	9 (1.8)	11 (1.9)			
Total	64 (100)	510 (100)	574 (100)			
Type of House (n=575)						
No rooming house	1 (1.6)	1 (0.2)	2 (0.3)			
Squatter house	2 (3.1)	13 (2.5)	15 (2.6)			
Low cost flat	19 (29.7)	127 (24.9)	146 (25.4)			
Condominium	1 (1.6)	11 (2.2)	12 (2.1)			
Single storey or two storey terraced	37 (57.8)	331 (64.8)	368 (64.0)			
Bungalows	2 (3.1)	10 (2.0)	12 (2.1)	5.081	7	0.650
Shop lot	0 (0.0)	4 (0.8)	4 (0.7)			
Village house	2 (3.1)	14 (2.7)	16 (2.8)			
Total	64 (100)	511 (100)	575 (100)			
Father education level (n= 572)						
Primary school	9 (14.3)	52 (10.2)	61 (10.7)			
PMR	20 (31.7)	154 (30.3)	174 (30.4)			
Degree/Diploma	11 (17.5)	109 (21.4)	120 (21)			
SPM	1 (1.6)	10 (1.6)	11 (1.9)			
No formal education	9 (14.3)	56 (11)	65 (11.4)	2.366	5	0.797
Do not know	13 (20.6)	128 (25.1)	141 (24.7)			
Total	63 (100)	509 (100)	572 (100)			

Mother education level						
(n=571)						
Primary school	8 (12.7)	47 (9.3)	55 (9.6)			
PMR	28 (44.4)	173 (34.1)	201 (35.2)			
Degree/Diploma	8 (12.7)	84 (16.5)	92 (16.1)			
SPM	0 (0.0)	10 (2)	10 (1.8)			
No formal education	10 (15.9)	59 (11.6)	69 (12.1)			
Do not know	9 (14.3)	135 (26.6)	144 (25.2)	8.360	5	0.137
Total	63 (100)	508 (100)	571 (100)			
Father's occupation						
(n=566)						
Government sector	21 (33.9)	166 (32.9)	187 (33)			
Private sector	25 (40.3)	203 (40.3)	228 (40.3)			
Self-employed/Businessmen	13 (21)	113 (22.4)	126 (22.3)			
Not Working	2 (3.2)	11 (2.2)	13 (2.3)			
Retired	1 (1.6)	11 (2.2)	12 (2.1)	0.413	4	0.981
Total	62 (100)	504 (100)	566 (100)			
Mother's occupation						
(n=573)						
Government sector	9 (14.1)	70 (13.8)	79 (13.8)			
Private sector	6 (9.4)	64 (12.6)	70 (12.2)			
Self-employed/Businessmen	12 (18.8)	65 (12.8)	77 (13.4)			
Not Working	36 (56.3)	303 (59.5)	339 (59.2)			
Retired	1 (1.6)	7 (1.4)	8 (1.4)	2.111	4	0.715
Total	64 (100)	509 (100)	573 (100)			
Family size (n=571)						
< than 4 members	15 (23.8)	116 (22.8)	131 (22.9)			
4 – 8 members	37 (58.7)	327 (64.4)	364 (63.7)			
>than 8 members	11 (17.5)	65 (12.8)	76 (13.3)			
Total	63 (100)	508 (100)	571 (100)	1.219	2	0.544

4.3.3 The Association between adolescent's Psychosocial Status (Stress status) and Socio-demographic Factors

Table 12 showed that there was no significant association between socio-demographic factors and stress status.

Table 12: The Association between Stress status and Socio-demographic Factors among respondents

Variable	Stress status, n (%)		Total	χ^2	df	p-value
	Yes	No				
Age (n=575)						
12 years old	0 (0.0)	1 (0.2)	1 (0.2)	1.712	2	0.425
13 years old	78 (94)	475 (96.5)	553 (96.2)			
14 years old	5 (6)	16 (3.3)	21 (3.7)			
Total	83 (100)	492 (100)	575 (100)			
Gender (n=575)						
Male	39 (47)	240 (48.8)	279 (48.5)	0.091	1	0.762
Female	44 (53)	252 (51.2)	296 (51.5)			
Total	83 (100)	492 (100)	575 (100)			
Ethnicity (n=575)						
Malay	61 (73.5)	347 (70.5)	408 (71)	5.082	3	0.166
Chinese	14 (16.9)	70 (14.2)	84 (14.6)			
Indian	3 (3.6)	55 (11.2)	58 (10.1)			
Others	5 (6)	20 (4.1)	25 (4.3)			
Total	83 (100)	492 (100%)	575 (100)			
Living status with Parents (n =574)						
Parents	76 (91.6)	430 (87.6)	506 (88.2)	3.639	3	0.303
Mother only	3 (3.6)	35 (7.1)	38 (6.6)			
Father only	0 (0.0)	10 (2)	10 (1.7)			
Guardian	4 (4.8)	16 (3.3)	20 (3.5)			
Total	83 (100)	491 (100)	574 (100)			
Household Income (n=569)						
≥ RM 3000	21 (25.9)	110 (22.5)	131 (23)			
RM 1000 to RM 3000	26 (32.1)	190 (38.9)	216 (38)			

≤ RM 1000	12 (14.8)	34 (7)	46 (8.1)			
Do not know	22 (27.2)	154 (31.6)	176 (30.9)	6.927	3	0.074
Total	81 (100)	488 (100)	569 (100)			
Parents' Marital Status (n=574)						
Married	78 (94)	437 (89)	515 (89.7)			
Divorced	2 (2.4)	31 (6.3)	33 (5.7)			
Death of Father/ Mother	1 (1.2)	13 (2.6)	14 (2.4)			
Not Married	0 (0.0)	1 (0.2)	1 (0.2)	2.976	4	0.562
Do not know	2 (2.4)	9 (1.8)	11 (1.9)			
Total	83 (100)	491 (100)	574 (100)			
Type of House (n=575)						
No rooming house	0 (0.0)	2 (0.4)	2 (0.3)			
Squatter house	3 (3.6)	12 (2.4)	15 (2.6)			
Low cost flat	22 (26.5)	124 (25.2)	146 (25.4)			
Condominium	1 (1.2)	11 (2.2)	12 (2.1)			
Single storey or two storey terraced	54 (65.1)	314 (63.8)	368 (64.0)	2.225	7	0.946
Bungalows	1 (1.2)	11 (2.2)	12 (2.1)			
Shop lot	0 (0.0)	4 (0.8)	4 (0.7)			
Village house	2 (2.4)	14 (2.8)	16 (2.8)			
Total	83 (100)	492 (100)	575 (100)			
Father education level (n= 572)						
Primary school	7 (8.4)	48 (11)	61 (10.7)			
PMR	25 (30.1)	160 (30.5)	174 (30.4)			
Degree/Diploma	18 (21.7)	114 (20.9)	120 (21)			
SPM	1 (1.2)	9 (2)	11 (1.9)	1.132	5	0.951
No formal education	9 (10.8)	56 (11.5)	65 (11.4)			
Do not know	23 (27.7)	118 (24.1)	141 (24.7)			
Total	83 (100)	489 (100)	572 (100)			
Mother education level (n=571)						
Primary school	6 (7.2)	49 (10)	55 (9.6)			
PMR	33 (39.8)	168 (34.4)	201 (35.2)			

Degree/Diploma	12 (14.5)	80 (16.4)	92 (16.1)			
SPM	2 (2.4)	8 (1.6)	10 (1.8)	1.685	5	0.891
No formal education	9 (10.8)	60 (12.3)	69 (12.1)			
Do not know	21 (25.3)	123 (25.2)	144 (25.2)			
Total	83 (100)	488 (100)	571 (100)			
Father's occupation (n=566)						
Government sector	25 (30.5)	162 (33.5)	187 (33)			
Private sector	34 (41.5)	194 (40.1)	228 (40.3)			
Self-employed/Businessmen	21 (25.6)	105 (21.7)	126 (22.3)	1.556	4	0.817
Not Working	1 (1.2)	12 (2.5)	13 (2.3)			
Retired	1 (1.2)	11 (2.3)	12 (2.1)			
Total	82 (100)	484 (100)	566 (100)			
Mother's occupation (n=573)						
Government sector	13 (15.7)	66 (13.5)	79 (13.8)			
Private sector	6 (7.2)	64 (13.1)	70 (12.2)			
Self-employed/Businessmen	13 (15.7)	64 (13.1)	77 (13.4)	2.626	4	0.622
Not Working	50 (60.2)	289 (59)	339 (59.2)			
Retired	1 (1.2)	7 (1.4)	8 (1.4)			
Total	83 (100)	490 (100)	573 (100)			
Family size (n=571)						
< than 4 members	14 (17.3)	117 (23.9)	131 (22.9)			
4 – 8 members	53 (65.4)	311 (63.5)	364 (63.7)			
>than 8 members	14 (17.3)	62 (12.7)	76 (13.3)	2.479	2	0.290
Total	81 (100)	490 (100)	571 (100)			

4.3.4 The Association between adolescent's Psychosocial Status and Socio-demographic Factors

Table 13 showed that there were significant association between psychosocial status measured by total difficulty score and mother's educational level ($p=0.020$) and mother's occupation ($p=0.001$).

Table 13: The association between psychosocial status and Socio-demographic factors among respondents

Variable	Psychosocial status, n (%)			Total	χ^2	df	p-value
	Unlikely have risk	Slightly at risk	At risk				
Age (n=576)							
12 years old	1 (0.2)	0 (0.0)	0 (0.0)	1 (0.2)	3.323	4	0.505
13 years old	454 (96.6)	70 (95.9)	30 (90.9)	554 (96.2)			
14 years old	15 (3.2)	3 (4.1)	3 (9.2)	21 (3.6)			
Total	470 (100)	73 (100)	33 (100)	576 (100)			
Gender (n=576)							
Male	230 (48.9)	34 (46.6)	15 (45.5)	279 (48.4)	0.266	2	0.876
Female	240 (51.1)	39 (53.4)	18 (54.5)	297 (51.6)			
Total	470 (100)	73 (100)	33 (100)	576 (100)			
Ethnicity (n=576)							
Malay	339 (72.1)	49 (67.1)	21 (63.6)	409 (71)	5.195	6	0.519
Chinese	63 (13.4)	13 (17.8)	8 (24.2)	84 (14.6)			
Indian	49 (10.4)	6 (8.2)	3 (9.1)	58 (10.2)			
Others	19 (4.0)	5 (6.8)	1 (3)	25 (4.3)			
Total	470 (100)	73 (100)	33 (100)	576 (100)			
Living status with Parents (n =575)							
Parents	411 (87.6)	67 (91.8)	29 (87.9)	507 (88.2)	2.569	6	0.861
Mother only	34 (7.2)	2 (2.7)	2 (6.1)	38 (6.6)			
Father only	8 (1.7)	1 (1.4)	1 (3)	10 (1.7)			
Guardian	16 (3.4)	3 (4.1)	1 (3)	20 (3.5)			
Total	469 (100)	73 (100)	33 (100)	575 (100)			

Household Income									
(n=570)									
≥ RM 3000	104 (22.4)	17 (23.3)	10 (31.3)	131 (23)					
RM 1000 to RM 3000	181 (38.9)	26 (35.6)	10 (31.3)	217 (38.1)					
≤ RM 1000	41 (8.8)	3 (4.1)	2 (6.3)	46 (8.1)					
Do not know	139 (29.9)	27 (37)	10 (31.3)	176 (30.9)	4.529	6	0.605		
Total	465 (100)	73 (100)	32 (100)	570 (100)					
Parents' Marital Status (n=575)									
Married	420 (89.6)	68 (93.2)	28 (84.8)	516 (89.7)					
Divorced	27 (5.8)	4 (5.5)	2 (6.1)	33 (5.7)					
Death of Father/ Mother	12 (2.6)	0 (0.0)	2 (6.1)	14 (2.4)					
Not Married	1 (0.2)	0 (0.0)	0 (0.0)	1 (0.2)	4.342	8	0.825		
Do not know	9 (1.9)	1 (1.4)	1 (3)	11 (1.9)					
Total	469 (100)	73 (100)	33 (100)	575 (100)					
Type of House (n=576)									
No rooming house	1 (0.2)	0 (0.0)	1 (3)	2 (0.3)					
Squatter house	13 (2.8)	2 (2.7)	0 (0.0)	15 (2.6)					
Low cost flat	113 (24)	22 (30.1)	11 (33.3)	146 (25.3)					
Condominium	10 (2.1)	2 (2.7)	0 (0.0)	12 (2.1)					
Single storey or two storey terraced	305 (64.9)	44 (60.3)	20 (60.6)	369 (64.9)					
Bungalows	10 (2.1)	1 (1.4)	1 (3)	12 (2.1)	13.390	14	0.496		
Shop lot	4 (0.9)	0 (0.0)	0 (0.0)	4 (0.7)					
Village house	14 (3)	2 (2.7)	0 (0.0)	16 (2.8)					
Total	470 (100)	73 (100)	33 (100)	576 (100)					
Father education level (n=573)									
Primary school	45 (9.6)	10 (13.7)	6 (18.8)	61 (10.6)					
PMR	139 (29.7)	24 (32.9)	11 (34.4)	174 (30.4)					
Degree/Diploma	101 (21.6)	16 (21.9)	3 (9.4)	120 (20.9)					
SPM	9 (1.9)	1 (1.4)	1 (3.1)	11 (1.9)					
No formal education	55 (11.8)	6 (8.2)	4 (12.5)	65 (11.3)	9.797	10	0.459		
Do not know	119 (25.4)	16 (21.9)	7 (21.9)	142 (24.8)					
Total	468(100)	73 (100)	32 (100)	573 (100)					

Mother education level (n=572)							
Primary school	40 (8.6)	6 (8.2)	9 (28.1)	55 (9.6)			
PMR	163 (34.9)	28 (38.4)	10 (31.3)	201 (35.1)			
Degree/Diploma	76 (16.3)	14 (19.2)	2 (6.3)	92 (16.1)	21.233	10	0.020*
SPM	8 (1.7)	0 (0.0)	2 (6.3)	10 (1.7)			
No formal education	59 (12.6)	8 (11)	2 (6.3)	69 (12.1)			
Do not know	121 (25.9)	17 (23.3)	7 (21.9)	145 (25.3)			
Total	467 (100)	73 (100)	32 (100)	572 (100)			
Father's occupation (n=567)							
Government sector	155 (33.4)	22 (31)	11 (34.4)	188 (33.2)			
Private sector	183 (39.4)	28 (39.4)	17 (53.1)	228 (40.2)	6.409	8	0.602
Self-employed/Businessmen	105 (22.6)	17 (23.9)	4 (12.5)	126 (22.2)			
Not Working	12 (2.6)	1 (1.4)	0 (0.0)	13 (2.3)			
Retired	9 (1.9)	3 (4.2)	0 (0.0)	12 (2.1)			
Total	464 (100)	71 (100)	32 (100)	567 (100)			
Mother's occupation (n=574)							
Government sector	63 (13.5)	13 (17.8)	3 (9.1)	79 (13.8)			
Private sector	58 (12.4)	5 (6.8)	7 (21.2)	70 (12.2)			
Self-employed/Businessmen	53 (11.3)	20 (27.4)	4 (12.1)	77 (13.4)	25.670	8	0.001*
Not Working	289 (61.8)	32 (43.8)	19 (57.6)	340 (59.2)			
Retired	5 (1.1)	3 (4.1)	0 (0.0)	8 (1.4)			
Total	468 (100)	73 (100)	33 (100)	574 (100)			
Family size (n=572)							
< than 4 members	107 (22.9)	14 (19.7)	10 (30.3)	131 (22.9)			
4 – 8 members	297 (63.5)	48 (67.6)	20 (60.6)	365 (63.8)	1.836	4	0.766
>than 8 members	64 (13.7)	9 (12.7)	3 (9.1)	76 (13.3)			
Total	468 (100)	71 (100)	33 (100)	572 (100)			

4.3.5 The Association between adolescent's Depression status and Nutritional Status

Table 14 shows that there is no significant association between adolescent's Depression Status and Nutritional Status.

Table 14: The association between Depression Status and Nutritional Status among respondents (n = 561)

Variable	Depression Status, n (%)		Total	χ^2	df	p-value
	Yes	No				
BODY MASS INDEX				1.016	3	.797
Underweight	39 (54.9)	244 (49.8)	283 (50.4)			
Normal	24 (33.8)	178 (36.3)	202 (36.0)			
Overweight	5 (7.0)	49 (10.0)	54 (9.6)			
Obese	3 (4.2)	19 (3.9)	22 (3.9)			
TOTAL	71 (100)	490 (100)	561 (100)			

4.3.6 The Association between adolescent's Anxiety Status and Nutritional Status

Table 15 shows that there is no significant relationship between adolescent's Anxiety Status and their Nutritional Status.

Table 15: The association between Anxiety Status and Nutritional Status among respondents (n = 561)

Variable	Anxiety Status, n (%)		Total	χ^2	df	p-value
	Yes	No				
BODY MASS INDEX				.675	3	.879
Underweight	35 (54.7)	248 (49.9)	283 (50.4)			
Normal	22 (34.4)	180 (36.2)	202 (36.0)			
Overweight	5 (7.8)	49 (9.9)	54 (9.6)			
Obese	2 (3.1)	20 (4.0)	22 (3.9)			
TOTAL	64 (100)	497 (100)	561 (100)			

4.3.7 The Association between adolescent's Stress Status and Nutritional Status

Table 16 shows that there is no significant correlation between adolescent's Stress Status and their Nutritional Status.

Table 16: The association between Stress Status and Nutritional Status among respondents (n = 561)

Variable	Stress Status, n (%)		Total	χ^2	df	p-value
	Yes	No				
BODY MASS INDEX				.109	3	.991
Underweight	42 (51.9)	241 (50.2)	283 (50.4)			
Normal	28 (34.6)	174 (36.3)	202 (36.0)			
Overweight	8 (9.9)	46 (9.6)	54 (9.6)			
Obese	3 (3.7)	19 (4.0)	22 (3.9)			
TOTAL	81 (100)	480 (100)	561 (100)			

4.3.8 The Association between adolescent's Psychosocial Status and Nutritional status

Table 17 shows that there is no significant association between adolescent's psychosocial status and adolescent's Body Mass Index.

Table 17: The association between Psychosocial Status and Body Mass Index (BMI) among respondents (n = 561)

Variable	Psychosocial Status, n (%)			Total	χ^2	Df	p-value
	At Risk	Slightly at Risk	No Risk				
BODY MASS INDEX					3.280	6	.773
Underweight	116 (53)	94 (47.5)	72 (50.0)	282 (100)			
Normal	74 (33.8)	73 (36.9)	56 (38.9)	203 (100)			
Overweight	19 (8.7)	23 (11.6)	12 (8.3)	54 (100)			
Obese	10 (4.6)	8 (4.0)	4 (2.8)	22 (100)			
TOTAL	219 (100)	198 (100)	144 (100)	561 (100)			

4.3.9 The Association between adolescent's Depression status and Physical Activity Status

Table 18 shows that there is no significant relationship between adolescent's depression status and their physical activity status.

Table 18: The association between Depression Status and Physical Activity Status among respondents (n = 573)

PAQ-A Summary Score	Depression Status, n (%)		Total	χ^2	Df	p-value
	Yes	No				
PHYSICAL ACTIVITY STATUS				3.425	2	.180
Low physical activity	36 (48.6)	244 (48.9)	280 (48.9)			
Moderate physical activity	35 (47.3)	249 (49.9)	284 (49.6)			
High physical activity	3 (4.1)	6 (1.2)	9 (1.6)			
TOTAL	74 (100)	499 (100)	573 (100)			

4.3.10 The Association between adolescent's Anxiety status and Physical Activity

Table 19 shows that there is no significant correlation between adolescent's Anxiety Status and Physical Activity Status.

Table 19: The association between Anxiety Status and Physical Activity Status among respondents (n = 573)

PAQ-A Summary Score	Anxiety Status, n (%)		Total	χ^2	Df	p-value
	Yes	No				
PHYSICAL ACTIVITY STATUS				0.543	2	.762
Low physical activity	29 (44.6)	251 (49.4)	280 (48.9)			
Moderate physical activity	35 (53.8)	249 (49.0)	284 (49.6)			
High physical activity	1 (1.5)	8 (1.6)	9 (1.6)			
TOTAL	65 (100)	508 (100)	573 (100)			

4.3.11 The Association between adolescent's Stress status and Physical Activity Status

Table 20 shows that there is no significant relationship between adolescent's Stress Status and Physical Activity Status.

Table 20: The association between Stress Status and Physical Activity Status among respondents (n = 573)

PAQ-A Summary Score	Stress Status, n (%)		Total	χ^2	Df	p-value
	Yes	No				
PHYSICAL ACTIVITY STATUS				3.754	2	.153
Low physical activity	35 (42.2)	245 (50.0)	280 (48.9)			
Moderate physical activity	48 (57.8)	236 (48.2)	284 (49.6)			
High physical activity	0 (0)	9 (1.8)	9 (1.6)			
TOTAL	83 (100)	490 (100)	573 (100)			

4.3.12 The Association between adolescent's Psychosocial Status and Physical Activity

Table 21 shows that there is no significant association between adolescent's psychosocial status and physical activity status.

Table 21: The association between Psychosocial Status and Physical Activity among respondents (n = 573)

PAQ-A Summary Score	Psychosocial Status, n (%)			Total	χ^2	Df	p-value
	At Risk	Slightly at Risk	No Risk				
PHYSICAL ACTIVITY STATUS					2.664	4	.615
Low physical activity	101 (45.7)	102 (50.2)	76 (51.0)	279 (48.7)			
Moderate physical activity	118 (53.4)	97 (47.8)	70 (47.0)	285 (49.7)			
High physical activity	2 (0.9)	4 (2.0)	3 (2.0)	9 (1.6)			
TOTAL	221 (100)	203 (100)	149 (100)	573 (100)			

4.3.13 The Association between adolescent's Depression status and Family Religious Practices

Table 22 shows that there is significant association between adolescent's Depression Status and their Family Religious Practices. The p-value was 0.015. In aspect of religious personality, adolescents who were not committed to their religious personality (73 %) were more depressed as compared to those who were committed to their religious personality (27%).

Table 22: The association between Depression Status and Family Religious Practices among respondents (n = 576)

Variable	Depress Status, n (%)		Total	χ^2	Df	p-value
	Yes	No				
RELIGIOUS PERSONALITY				5.894	1	.015*
Committed	20 (27.0)	210 (41.8)	230 (39.9)			
Not Committed	54 (73.0)	292 (58.2)	346 (60.1)			
TOTAL	74 (100)	502 (100)	576 (100)			

4.3.14 The Association between adolescent's Anxiety status and Family Religious Practices

Table 23 shows that there is no significant relationship between adolescent's Anxiety Status and their Family Religious Practices.

Table 23: The association between Anxiety Status and Family Religious Practices among respondents (n = 576)

Variable	Anxiety Status, n (%)		Total	χ^2	Df	p-value
	Yes	No				
RELIGIOUS PERSONALITY				0.276	1	.599
Committed	24 (36.9)	206 (40.3)	230 (39.9)			
Not Committed	41 (63.1)	305 (59.7)	346 (60.1)			
TOTAL	65 (100)	511 (100)	576 (100)			

4.3.15 The Association between adolescent's Stress status and Family Religious Practices

Table 24 shows that there is no significant correlation between adolescent's Stress Status and their Family Religious Practices.

Table 24: The association between Stress Status and Family Religious Practices among respondents (n = 576)

Variable	Stress Status, n (%)		Total	χ^2	Df	p-value
	Yes	No				
RELIGIOUS PERSONALITY				.043	1	.835
Committed	34 (41.0)	196 (39.8)	230 (39.9)			
Not Committed	49 (59.0)	297 (60.2)	346 (60.1)			
TOTAL	83 (100)	493 (100)	576 (100)			

4.3.16 The Association between adolescent's Psychosocial Status and Family Religious Practices

Table 25 show that there is no significant relationship between adolescent's Psychosocial Status and their Family Religious Practices.

Table 25: The association between Psychosocial Status and Family Religious Practices among respondents (n = 576)

Variable	Psychosocial Status, n (%)			Total	χ^2	Df	p-value
	At Risk	Slightly at Risk	No risk				
RELIGIOUS PERSONALITY					0.339	2	.844
Committed	86 (38.7)	85 (41.5)	59 (39.6)	230 (39.9)			
Not Committed	136 (61.3)	120 (58.5)	90 (60.4)	346 (60.1)			
TOTAL	222 (100)	205 (100)	149 (100)	576 (100)			

CHAPTER 5

DISCUSSION

5.1 Psychosocial status and Depression, Anxiety, Stress Scale (DASS 21) among Form One secondary school students

In this study, psychosocial problem of respondents was measured by two different instruments which are Strength and Difficulties Questionnaire (SDQ) and Depression, Anxiety, Stress Scale (DASS). Both instruments can give two different results which we used to compare the results. Both instruments were only in purpose of screening not to diagnose the respondents. Thus, based on our results, majority of them were not in any state of depression, anxiety or stress. But instead in comparison to internalising and externalising problem which measured by SDQ showed that majority of them were suspected of having psychosocial problems. However, in a study carried out by unpublished report of Albar Ali. S (2012) showed that almost half of the respondents were screened of facing depression, anxiety, stress status and psychosocial status according to SDQ. The difference in results could be due to high difference in no of respondents between two studies. Other than that, scale of measurement of DASS between two studies are different in which our study, the scale is only by means of “yes” and “no” whereas in the other study the scale by means of four scale which are “normal”, “mild”, “moderate”, and “severe”. The difference scale gave so many different interpretation because the scale “yes” indicate computation of scale “moderate” and “severe” whereas scale “no” indicate computation of scale “normal” and “mild” which in our data, scale “mild” is quite high (32%). Other than that, in our study, the questionnaires contain 4 different languages which understandable by all respondents which give better quality. However, in a study carried out by John Mathai (2004) entitled “The

Strengths and Difficulties Questionnaire (SDQ) as a screening measure prior to admission to a Child and Adolescents Mental Health Service (CAMHS)” stated that self report from the older-aged children (if aged 11 or older) showed that 67% rated themselves to be in slightly at risk to at risk range for measurement of psychosocial status according to SDQ which highly support our results.

5.2 Socio-demographic characteristics

5.2.1 Age

Based on our study, factor age is significantly associated with depression status and anxiety status. In comparison between age group of 12 to 14 years old, majority of them is 13 years old who screened to be highly suspected of having depression and anxiety. In addition, if compare within the age group of 13 years old, majority of them were screened not having depression and anxiety. However, our study is mainly focused on Form one students which mostly of them is 13 years old. Thus, this is our limitation which we cannot compare between the age groups. Furthermore, a study carried out by Ian T. Zajac (2009) entitled “The Structure of Anxiety and Depression in a Normative Sample of Younger and Older Australian Adolescents” stated that internal consistency was slightly higher for the depression scale than for the anxiety and stress scales for young adolescents which ranged age from 12 years old to 14 years old. Thus, we can simply say those 13 years old which in the age group mentioned is highly suspected for depression and anxiety can be supported by the previous study.

Unfortunately, in our study, factor age is not significantly associated with stress status and psychosocial status according to SDQ. According to study carried out by Ian T. Zajac (2009) entitled “The Structure of Anxiety and Depression in a Normative Sample of Younger and Older Australian Adolescents” stated that stress status is significantly associated with younger adolescents who ranged from 12 to 14 years old (p -value = 0.014) whereas a study carried out by Betty Van Roy (2008) entitled “Construct validity of the five-factor Strengths and Difficulties Questionnaire (SDQ) in pre-, early, and late adolescence stated that pre-adolescence is in range age of 10 to 13 years old which the result is proved by means of Root Mean Square Error of Approximation (RMSEA). RMSEA values <0.05 are considered to indicated good fit which the result is 0.042 shows that factor age and SDQ is significantly associated.

5.2.2 Gender

In a study conducted by Marianna Szabo (2010) on “The Short Version of the Depression Anxiety Stress Scales (DASS-21): Factor structure in a young adolescent sample” proved that girls are more likely to have poorer psychosocial health as compared to boys which they experiencing significantly higher levels of Depression, Stress and Anxiety. While another study entitled “The Structure of Anxiety and Depression in a Normative Sample of Younger and Older Australian Adolescents” by Ian T. Zajac (2009) revealed that factor gender is significantly associated with anxiety (p -value = 0.05). In our study, majority of prevalence of girls having the psychosocial problems were more than half. Unfortunately, we found that there is no significant relationship between adolescent’s psychosocial status and their gender. In addition, a study carried out by M. Koskelainen (2000) entitled “The Strengths and Difficulties Questionnaire

among Finnish school-aged children and adolescents” stated that factor gender is significantly associated with psychosocial status according to SDQ score.

5.2.3 Ethnicity

Based on our study, factor ethnicity is not significantly associated with any of depression status, anxiety status, stress status and psychosocial status according to SDQ score. However, in comparison to other studies, there is a study carried out in Norwegian by Ase Sagatun et al (2008) entitled “Ethnic Norwegian and ethnic minority adolescents in Oslo, Norway” stated that ethnic minority boys and girls reported poorer mental health overall than ethnic Norwegians of the same sex, both at baseline and follow-up. Exceptions were hyperactivity-inattention problems and prosocial behaviours where no differences were found between the two groups. Furthermore, there was no ethnic differences were found for changes in mental health from age 15 to 18 years old. Thus, overall said, in comparison between race of Malay, Chinese, Indian and others, majority of respondent in our study is Malays whereas Chinese, Indian and others can be consider as minorities.

5.2.4 Living status with parents, Parent’s educational level and Parent’s occupational level

Based on our study, Factor living status with parents, Parent’s educational level and Parent’s occupational level are not significantly associated with any of depression status, anxiety status and stress status whereas mother educational level and mother occupational level is significantly associated with psychosocial status according to SDQ score. There was a study carried out by

Khalid S Al- Gelban (2007) stated that most of student were living with their parents, illiteracy among mothers of the students was higher than their fathers and unemployment of mother was higher than fathers in which the factor is not significantly associated with the psychosocial status ($p < 0.05$). Thus, this study can strongly support our results.

5.2.5 Type of House, Household income and Family size

Based on our study, socio-demographic factors such as type of house, household income and family size is not significantly associated with psychosocial status regarding DASS21 and SDQ score of respondents either based on internalizing or externalizing problems. Furthermore, there was no previous study done on type of house, household income and family size on psychosocial status neither DASS 21 nor SDQ.

5.3 Nutritional Status

In a study conducted by Sadiq Mohammad Ali and Martin Lindstrom (2006) proved that young woman which screened to be underweight are more likely to have poorer psychosocial health as compared those with normal weight. While another study entitled “Psychosocial aspects of child and adolescent obesity” by P Nieman and CMA LeBlanc (2012) revealed that overweight children and adolescents were ruin with psychosocial sequel. In our study, prevalence for underweight adolescent was more than half (50.4%). Unfortunately, we found that there is no significant relationship between adolescent’s psychosocial status and their nutritional status.

5.4 Physical Activity

A study carried out by Mark and Emmanuel (2009) stated that high sedentary behavior and low physical activity were associated with highest Strength and Difficulties score. The study also

suggested that physical activity is associated with better brain health by altering the metabolism of various neurotransmitters in conjunction enhance growth factors. While another study conducted by James, Judith and Wendell (2000) stated that out of 17 psychological factors, the only one that have significant association with physical activity were achievement orientation, perceived competence and intention to be active. But in the same study, it also stated that depression was the only psychological factors that are negatively correlated with physical activity. Overall in our findings, prevalence for adolescents with low physical activity and moderate physical activity are relatively high. However, it does not have any significant relationship with psychosocial status at which also support the study conducted by James, Judith and Wendell.

5.5 Family Religious Practices and Adherence

One of the study conducted by Patrick and Joseph (2007) have revealed that religious was a source of strength and courage. It showed that religious value provides inner strength which allows them to face difficulties emotions and thoughts and stay mindfulness. In our study, we found out that Family Religious Practices and adherence is an important factor as it may affect the psychosocial problem especially in depression status. From our sample, more than half (60.1%) of the adolescents were not committed to their religious personality while another 39.9% were those who committed to their religious personality. Out of those who were not committed to their religious personality, there was significant correlation with depression status. (P-value = 0.015).

CHAPTER 6

CONCLUSION, LIMITATIONS AND RECOMMENDATION FOR FUTURE RESEARCH

6.1 CONCLUSION

In effort to study association between psychosocial status and its associated factors among Form-One adolescents in Pasir Gudang, Johor, a self-administered questionnaire on Depression, Anxiety and Stress Scale (DASS 21) and Strength and Difficulties Questionnaire (SDQ) were used to measure adolescent's psychosocial status. 6 schools were chosen randomly from 33 main stream schools in Pasir Gudang district and all the Form-One adolescents in the chosen schools were actively participated in this study. Questionnaire administered in this study contains 4 languages (Malay, English, Chinese and Tamil) for the ease of understanding. The findings show that there are association between psychosocial status and the studied associated factors such as respondent's socio-demographic status (age), parent's socio-demographic status (mother's education level, mother's occupation, father's education level), and respondent's family religious practices and adherence. This study is useful for future study especially intervention in designing strategies to curb and reduce psychosocial problem among early stage of adolescents in Pasir Gudang, Johor.

6.2 LIMITATION

There were several limitations in this study. The first limitation was on logistics at which the study location was at Pasir Gudang, Johor, which is about 330 Kilometer away from our Faculty. Next, there was also limitation on time at which our study had to be finished in one week duration for all the 6 chosen schools to fulfill the permission given by the schools.

6.2.1 Bias and confounding

Bias such as selective bias and informative bias may occur in this research which it may contribute to systemic error. Example of selective bias includes non-response bias and Berksonian bias which exists in this study. Non-response bias occurs when students who absent during the day of data collection and some of the students refuse to finish the questionnaire at which end up with drop out study subjects. Meanwhile example for Berksonian bias was those with psychosocial problem were not in the chosen 6 schools in Pasir Gudang district, but was at other high schools.

Informative bias contains recall bias and misclassification which may contribute to systemic error of this study. There are some questions in the questionnaire which require the respondents to recall back their past experience such as do they ever smoked or bullied, their physical activity done for the past 7 days and so on. Besides that, good students usually experienced emotional internalizing problem while naughty students experienced externalizing problems. Misclassification may occur when they don't understand the questionnaire or the questionnaire have double meanings.

Although this study have been conducted carefully, but there were still other limitations such as shortage of manpower in taking care the quality of answer. During data collection, there were some students that we might miss to check their questionnaire booklet which lead to drop out in our study sample.

The study was conducted in 6 chosen schools in Pasir Gudang district of Johor, which only represents a small portion of Johor regarding the adolescent's psychosocial problem. So, it is not representative for the adolescent's psychosocial for the whole Malaysia. However, from the previous study found that Pasir Gudang have the highest prevalence of psychosocial problems among adolescents and it is the reason we choose to further our study in Pasir Gudang, Johor. In addition, we only allowed Form-One students because this study was the first phase of intervention study which will be continued for the next phase of the study under Exploratory Research Grant Scheme (ERGS).

6.3 RECOMMENDATION

There is some recommendation to improve the future research. Although in this study, we manage to get more manpower especially from the schools prefects in taking care of the quality of answer, but it is still not enough to cover all the students due to large number of respondents in each schools. So, we suggest that for the future research, it may involve more schools prefects as they are more discipline in handling all the students. Next, there should be enough manpower to guide those who are not literate so that they won't be drop out from the study because they might be one of the study subjects who have psychosocial problems.

In our findings, age is an important factor in association to depression and anxiety, so we suggest that for the future research to find out the problems that exists especially in this early stage of adolescents. This is because adolescence period is the golden period to improve their psychosocial status before it is too late to help them.

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BUKU SOALAN 1



**SOAL SELIDIK KAJIAN
RESEARCH QUESTIONNAIRE**

**Hubungan Antara Status Psikososial dan Faktor-faktor Yang berkaitan
di Kalangan Remaja Sekolah Menengah Kebangsaan di Pasir Gudang, Johor**

***Association between Psychosocial Status and Its Associated Factors Among Secondary
School-going Adolescents in Pasir Gudang, Johor***

探讨柔佛巴西古当青少年在学校的心理状态及其相关因素之间的关联

**ஜோகூர் உயர்நிலை பள்ளி செல்லும் வளர் இளம் பருவத்தினருக்கு மத்தியில்
உளவியல் சார்ந்த சமூக நிலைமை மற்றும் அதன் தொடர்புடைய காரணிகள்
இடையிலான உறவு**

**Penyelia dan Ketua Projek
Supervisor and Project Leader
Prof. Dr. Latiffah A. Latiff**

**Penyelia Bersama
Co-supervisor
Dr. Habibah Abdul Hamid**

**Pelajar
Student
Mohd Izudin Hariz Bin Che Ghazali
Patricia Koh Chai Hsia**

MAKLUMAN :

Ini adalah senarai masalah-masalah yang sering dialami oleh remaja. Bacalah senarai masalah-masalah berikut, dan pilih masalah-masalah yang anda rasa paling sesuai dan berkaitan dengan diri anda dan/atau keluarga anda. Segala maklumat yang diberi adalah sulit dan di urus secara rahsia. Kejujuran dan keikhlasan anda dalam memberi maklumat adalah amat diharapkan / *This is a list of the problems often experienced by teenagers. Read the following list of problems, and select the problems that you feel are most appropriate and relevant to you and/or your family. All information provided is confidential & managed in secret. Your honesty and sincerity in giving information is highly appreciated.*

Sila isi tempat kosong atau tandakan (√) pada kotak yang disediakan di bawah/ *Please fill in the blank or tick (√) on the boxes.* / 请在预备好的空格填上资料或标上一个(√)。காலியான இடத்தை நிரப்புக அல்லது பெட்டிகளில் (√) டிக் செய்யவும்.

1. Tarikh Lahir/Date of Birth/ 出生日期/ பிறந்த தேதி: _____/_____/_____ (rujuk kepada IC/ refer to IC/请参考身份证/ அடையாள அட்டையை பார்க்கவும்)

2. Umur/Age/ 年龄/வயது: _____

3. Sekolah/School/ 学校/பள்ளி: _____

4. Kelas/Class/班级/வகுப்பு: _____

5. Jantina/Gender/ 性别/பாலினம்:

Lelaki/ Male/ 男性 /ஆண் Perempuan/ Female/ 女性/பெண்

6. Bangsa/Race/种族/இனம்:

Melayu/Malay/ 马来人 /மலாய் Cina/Chinese/華人/மலாய்

India/ Indian/ 印度人/இந்தியர் Lain-lain/Others/其他/மற்றவர்கள்:

(sila nyatakan/please specify/请指明/ குறிப்பிடுக) :

7. Agama/ Religion/ 宗教/மதம் :

Islam/回教/இஸ்லாமியர் Kristian/ Christian/ 基督教 /கிரிஸ்துவர்

Buddha/ Buddhism/ 佛教/புத்தமதம் Hindu/ Hindu/ 印度教/இந்தியர்

Lain-lain/ Others/其他/மற்றவர்கள்:

(sila nyatakan/ please specify/请指明/ குறிப்பிடுக):

8. Bilangan adik-beradik/ Number of sibling/ 兄弟姐妹的人数/உடன்பிறந்தோரின் எண்ணிக்கை: _____

9. Anda tinggal bersama siapa?/ You are living with whom? /与谁住在一起? /நீங்கள் யாருடன் இருக்கீர்கள் ?

Ibu bapa kandung/ Parents/ Ibu sahaja/ mother only /
父 母 亲 /பெற்றோர்கள் 只是母亲/அம்மா மட்டும்

Bapa sahaja/ father only/ Penjaga/guardian/
只是父亲/தந்தை மட்டும் 监护人
/பாதுகாவலர்

10. Nyatakan jenis rumah tempat anda dan keluarga anda tinggal sekarang/ State the type of house where you and your family live now /目前与家人居住的房子的类别//நீங்கள் மற்றும் உங்கள் குடும்பம் இப்போது வாழும் வீட்டின் வகை குறிப்பிடுக.

Tidak ada rumah penginapan/No rooming house/无住所/தங்குமிடம் இல்லை

Rumah setinggan/ squatter houses/非法棚户区房屋/ஆக்கிரமிப்போர் வீடுகள்

Rumah pangsa (flat) kos rendah (2-3 bilik)/ Flat low cost (2-3 rooms) /廉价组屋 (2-3 间房) /குடியிருப்பு (பிளாட்) குறைந்த செலவில் (2-3 அறைகள்)

Kondominium /pangsapuri (jenis sederhana atau mewah)/ Condominium / apartment (types medium-or luxury) / 高级组屋 (中级或豪华)/ காண்டோமினியம் / அபார்ட்மெண்ட்(எளிய அல்லது ஆடம்பரமான)

Rumah teres setingkat atau dua tingkat/ Single storey terraced houses or two-storey /单层或双层排屋/அடுக்குமாடி வீடு

Rumah banglo/Bungalows /独立式洋房/மாளிகை

Rumah kedai/shop lot/店屋/கடை வீடு

Rumah kampung/village house /乡村小屋/கிராமத்து வீட

11. Apakah tahap pendidikan tertinggi bapa anda?/ What is the highest educational level of your father?/你父亲的教育程度有多高? / உங்கள் தந்தையின் உயர்ந்த கல்வி நிலை என்ன?

Sekolah rendah (kebangsaan atau agama)/ Primary schools (national or religious)/ 小学 (国民型或宗教)/ஆரம்ப பள்ளிகள் (தேசிய அல்லது சமய)

Penilaian Menengah Rendah (PMR)/ Lower secondary assessment (PMR)/ 初中评估/கீழ் நிலை மதிப்பீடு (PMR)

Ijazah/diploma universiti atau kolej/Degree/diploma university or college/学士/ 大学或学院文凭/பல்கலைக்கழக அல்லது கல்லூரி பட்டப்படிப்பு

Tidak bersekolah/no formal educational/没有接受教育/பள்ளி செல்லாதவர்

Tidak tahu/ Do not know/不详/ தெரியவில்லை

12. Apakah tahap pendidikan tertinggi ibu anda?/ What is your mother's highest level of education?/你母亲的教育程度有多高?/நீங்கள் யாருடன் இருக்கீர்கள்?

Sekolah rendah (kebangsaan atau agama)/ Primary schools (national or religious)/ 小学 (国民型或宗教)/ஆரம்ப பள்ளிகள் (தேசிய அல்லது சமய)

Penilaian Menengah Rendah (PMR)/ Lower secondary assessment (PMR)/ 初中评估/கீழ் நிலை மதிப்பீடு (PMR)

Ijazah/diploma universiti atau kolej/Degree/diploma university or college/学士/ 大学或学院的文凭/பல்கலைக்கழக அல்லது கல்லூரி பட்டப்படிப்பு

Tidak bersekolah/no formal educational/没有接受教育/பள்ளி செல்லாதவர்

Tidak tahu/ Do not know/不详/ தெரியவில்லை

13. Apakah bidang pekerjaan bapa anda?/ What field of your father work? /父亲的工作领域 /உங்கள் அப்பா எந்த துறையில் பணியாற்றுகிறார்?

Pekerja sektor kerajaan/Government sector/公务员 / அரசாங்கத் துறை

Pekerja sektor swasta/Private sector/非公务员 / தனியார் துறை

Bekerja sendiri/peniaga/Self-employed / businessmen /生意人/商人/ சொந்த

தொழில்/வணிகர்

Tidak bekerja/ Not working/ 无工作/வேலை இல்லை

Bersara/ Retired /退休/பதவி ஓய்வு

14. Apakah pekerjaan ibu anda?/ What is your mother's occupation?மother's work area?/
உங்கள் அம்மா எந்த துறையில் பணியாற்றுகிறார்?

Pekerja sektor kerajaan/ Government sector/公務員/அரசாங்கத் துறை

Pekerja sektor swasta/ Private sector /非公務員/ தனியார் துறை

Bekerja sendiri/ peniaga /Self-employed / businessmen /生意人/商人/சொந்த
தொழில்/வணிகர்

Tidak bekerja(surirumah)/ Not working(housewife)/ 无工作/வேலை இல்லை

Bersara/ Retired /退休/பதவி ஓய்வு

15. Pendapatan Isi Rumah/ Household income /家庭收入/வீட்டு வருமானம்

Lebih daripada RM 3000/ More than RM 3000/ 多于 RM3000/RM 3000மேல்

Antara RM 1000 sehingga RM 3000/Between RM 1000 RM to 3000/RM1000 与 RM3000
之间 /RM 1000-RM3000 இடையில்

Kurang daripada RM 1000/ Less than RM 1000 少于 RM1000/ RM 1000குறைவாக

Tidak tahu /Do not know/不详/ தெரியவில்லை

16. Apakah status perkahwinan ibu bapa anda?/ What is your parents' marital status?父母
亲的婚姻状况/

Berkahwin/married/ 结婚/திருமனமானவர்கள்

Bercerai/ divorced/ 离婚 /விவாகரத்தானவர்கள்

Kematian Ibu/Bapa/Death of Mother/Father/双亲逝世/காலமாகிவிட்டார்
தாய்/தந்தை

Tidak berkahwin/ *Not married*/没有结婚/திருமணமாகவில்லை

Tidak tahu/ *Do not know*/不详/ தெரியவில்லை

17. Berapakah bilangan adik-beradik anda?

How many sibling(s) do you have?

你有多少位兄弟姐妹?

உங்களுக்கு எத்தனை சகோதரர்கள் மற்றும் சகோதரிகள்?

18. Berapakah bilangan ahli keluarga anda? *How many members are there in your family?*/你的家庭成员有多少位? /உங்கள் குடும்பத்தில் எத்தனை உறுப்பினர்கள்?

<4 orang ahli/<4 members/<4 个成员/<4 உறுப்பினர்கள்

4-8 orang ahli/4-8 members/4-8 个成员/4-8 உறுப்பினர்கள்

>8 orang ahli/>8 members/>8 个成员/>8 உறுப்பினர்கள்

19. Nyatakan anda anak yg ke berapa dalam keluarga anda?. *State your order among your siblings?*/请列出你是排行第几/நீங்கள் குழந்தை

Anak tunggal/*the only child*/独生子/ஒரே குழந்தை

Anak kedua/*2nd child*/2-3 个人/2-3 பேர்

Anak ketiga/*3rd child*//4-6 பேர்

Lain-lain, nyatakan anak ke/*others, state the child's order in the family*/
/其他/மற்றவர்கள் /请列出你是排行第几/நீங்கள் குழந்தை °

Kami sedang mencuba untuk mengetahui tentang tahap aktiviti fizikal anda dari 7 hari yang lepas (pada minggu lepas). Ini termasuk sukan atau tarian yang membuatkan anda berpeluh atau membuat kaki anda berasa letih, atau permainan yang membuatkan anda bernafas kuat, seperti kejar-mengejar, melompat, berlari, memanjat, dan lain-lain. *We are trying to find out about your*

level of physical activity from the last 7 days (in the last week). This includes sports or dances that makes you sweat or make your legs feel tired, or games that makes you breathe hard, like tag, skipping, running, climbing, and others/我们的评估是用来了解你一星期前的体能水平。这个评估包括了能让你流汗或者感到脚酸的运动/舞蹈，或者任何能让你感到呼吸困难的游戏例如跳绳，跑步，攀登等等/ நாங்கள் கடந்த 7 நாட்களில் உங்கள் உடற்செயற்பாடு அளவை கண்டுபிடிக்க முயற்சிக்கிறோம்.இதில் வினையாட்டு அல்லது நடனம் அதாவது வேர்க்கவைக்கும் அல்லது உங்கள் கால்களை களைப்படைய செய்யும், விரைவாக சுவாசிக்க செய்யும் வினையாட்டு,ஒடுதல்,ஏறுதல்,குதித்தல் மற்றும் வேறு வினையாட்டு.

Ingat/ Remember/ 记住:

Tiada jawapan ini betul dan salah- ini bukan ujian
There are no right and wrong answers-this is not a test
在这测验里，没有对或错的答案

சரியான மற்றும் தவறான பதில்கள் இல்லை- இது சோதனை அல்ல

Sila jawab semua soalan dengan jujur dan tepat yang anda boleh- ini adalah sangat penting
Please answer all the questions as honestly and accurately as you can- this is very important
请诚实回答一下的问题-这非常重要

தயவு செய்து அனைத்து கேள்விகளுக்கும் நேர்மையாகவும்
துல்லியமாகவும் பதிலளிக்கவும்.

1. Jika Ya, berapa kali ? (Bulatkan sekali sahaja untuk setiap baris) Adakah anda melakukan sebarang aktiviti berikut pada 7 hari yang lepas (minggu lepas)?Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes how many times (Mark only one circle per raw)/在 7 天前，您是否做过以下的运动？如果是，多少次？请在每个问题里圈上一个答案/கடந்த 7 நாட்களில் நீங்கள் ஏதாவது உடற்பயிற்சி செய்தீர்களா?ஆம் என்றால் எத்தனை முறை?(ஒரு வரிசைக்கு ஒரு வட்டம்)

	Tidak No 没有	1-2	3-4	5-6	7 kali atau lebih 7 time or more
a.Melompat/ Skipping/跳绳/ஸ்கிப்பிங்....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.Tenis/ Tennis/网球/டென்னிஸ்.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.Berjalan untuk senaman/ Walking..... for exercise/走动运动/நடைபயிற்சி	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- d. Mengayuh basikal/ Bicycling/ 骑脚踏车/
மிதிவண்டி மிதித்தல்.....
- e. Berjoging atau berlari/ Jogging/running/
跑步/
ஓட்டம்
- f. Senaman aerobik/ Aerobics/健身美操/
ஏரோபிக் உடற்பயிற்சி.....
- g. Berenang/ swimming/游泳/நீச்சல்.....
- h. Besbol, softbol/ Baseball/softball/ 棒球/
பேஸ்பால்
- i. Menari/ Dance/ 舞蹈/ நடனம்.....
- j. Bola sepak/ Football/踢足球/காற்பந்து.....
- k. Bola badminton/ Badminton/ 打羽毛球/
பூப்பந்தாட்டம்.....
- l. Hoki/ Hockey/曲棍球/ பூப்பந்தாட்டம்.....
- m. Bola tampar/ Volleyball/ 打排球/
கைப்பந்து.....
- n. Bola keranjang/ Basketball/打籃球/
கூடைப்பந்து
- o. Ping pong/ Ping-pong/乒乓/பிங் பாங்.....
- p. Bola jaring/ Netball/投球/ கூடைப்பந்து.....
- q. Futsal/ Futsal /五人制足球/ மற்றவை.....
- r. Lain-lain/ Others / 其它 :

2. Dalam 7 hari yang lepas, berapa kerapkah anda sangat aktif (bermain, berlari, melompat, membaling dengan kuat) dalam waktu pendidikan jasmani? (Select one only/ Pilih satu sahaja)/ In the last 7 days, during your physical education (PE) classes, how often were you very active (Playing hard, running, jumping, throwing)? (Check one only)./在过去的 7 天里, 有几次的体育课能让你非常活跃 (跑, 跳跃, 投掷)? (请选择 1 个答案)/ கடந்த 7 நாட்களில் நீங்கள் எத்தனை முறை சுறு சுறுசுறுப்பாக(விளையாட்டு ஓட்டம், குதித்தல், வீசுதல் அனைத்தும் வேகமாக) உடற்பயிற்சி நேரத்தில் செய்தீர்கள்?(ஒன்றை தேர்வு செய்க)

- Saya tidak melakukan PE/ I don't do PE.....
 我没做运动/நான் PE செய்வதில்லை
 Jarang/ Hardly ever/ 很少/ அரிதாகும்.....
 Kadangkadang/ Sometimes/ 有时候/ சில நேரங்களில்..
 Agak kerap/ Quite often/ 经常/ பெரும்பாலும்.....
 Selalu/ Always/ 很常/ எப்பொழுதும்.....

3. Dalam 7 hari yang lepas, apa yang biasanya anda lakukan semasa makan tengah hari? (Pilih satu sahaja) In the last 7 days, what did you normally do at lunch (besides eating lunch)? (Check one only)/在过去的 7 天里, 午餐时你都做了什么(除了吃午饭)? (请选择 1 个答案)/கடந்த 7 நாட்களில், நீங்கள் பொதுவாக (மதிய உணவு தவிர) மதிய நேரத்தில் என்ன செய்வீர்கள்?(ஒன்றை தேர்வு செய்க)

- Duduk (bercakap, membaca, membuat kerja rumah).....
 Sat down (talking, reading, doing schoolwork)
 坐着 (说话, 阅读, 做功课)
 உட்காருதல்(பேசுதல், படித்தல், வீட்டு வேலை செய்தல்)
 Berdiri sekeliling atau berjalan sekeliling.....
 Stood around or walked around
 站立或走动
 சுற்றி நில் அல்லது நட
 Berlari dan bermain sedikit lebih.....
 Ran around and played quite a bit
 跑来跑去和玩耍
 ஓடுதல் அல்லது விளையாடுதல்
 Berlari dan bermain dengan kuat kebanyakan masanya.....
 Ran and played hard most of the time
 大部分的时间都在运动与玩乐

சில நேரங்களுக்கு வேகமாக ஓடுதல் மற்றும் விளையாடுதல்

4. Dalam 7 hari yang lepas, berapa harikah anda melakukan aktiviti sukan, menari, atau bermain permainan secara sangat aktif sebaik sahaja selepas waktu persekolahan ? (Pilih satu sahaja) / In the last 7 days, on how many days right after school, did you do sports, dance, or play games in which you were very active? (Check one only) / 在过去的 7 天里, 有多少天放课之后, 你有很活跃的做运动, 跳舞, 或玩游戏? (请选择 1 个答案) / கடந்த 7 நாட்களில் பள்ளி நேரம் முடிந்து எத்தனை நாட்கள் மிக சுறுசுறுப்பாக விளையாடினீரா அல்லது நடனமாடினீர்களா? ஒன்றை தேர்வு செய்க.

- Tidak / None / 没有 / இல்லை.....
- 1 kali pada minggu lepas / 1 time last week / 一次 கடந்த வாரத்தில் 1 முறை /
- 2 atau 3 kali pada minggu lepas / 2 or 3 times last week / 2 或 3 次 / 2 அல்லது முறை.....
- 4 atau 5 kali pada minggu lepas / 4 or 5 last week / 4 或 5 次 / 4 அல்லது 5 முறை
- 6 atau 7 kali pada minggu lepas / 6 or 7 times last week. 6 或 7 次 / 6 அல்லது 7 முறை.....

5. Dalam 7 hari yang lepas, berapa banyak petang kali anda bermain aktiviti sukan, menari, atau bermain permainan secara sangat aktif? (Pilih satu sahaja) / In the last 7 days, on how many evenings did you do sports, or play games in which you were very active ? (Check one only) / 在过去的 7 天里, 在多少次的傍晚里, 你有很活跃的做运动, 或玩游戏? (请选择 1 个答案) / கடந்த வாரத்தில் நீங்கள் மதிய நேரத்தில் எத்தனை முறை உடற்பயிற்சி செய்தீர்கள்?(ஒன்றை தேர்வு செய்க)

- Tidak / None / 没有 / இல்லை.....
- 1 kali pada minggu lepas / 1 time last week / 一次 / கடந்த வாரத்தில் 1 முறை
- 2 atau 3 kali pada minggu lepas / 2 or 3 times last week / 2 或 3 次 / 2-3 முறை.....
- 4 atau 5 kali pada minggu lepas / 4 or 5 last week / 4 或 5 次 / 4-5 முறை.....
- 6 atau 7 kali pada minggu lepas / 6 or 7 times last week / 6 或 7 次 / முறை.....

6. Pada hujung minggu yang lepas (sabtu dan ahad), berapa kalikah anda melakukan aktiviti sukan, menari, atau bermain permainan secara sangat aktif (Pilih satu sahaja)/ *On the last weekend, how many times did you do sports, dance, or play games in which you were very active? (Check one only)*/上周末, 你做了多少次运动, 舞蹈, 或玩游戏?(请选择 1 个答案)/ கடந்த வாரம் எத்தனை முறை உடற்பயிற்சி,நடனம் அல்லது விளையாட்டு ஈடுபட்டீர்கள்?

Tidak/ None / 没有/இல்லை.....

1 kali pada minggu lepas/ 1 time last weeeek/一次/

கடந்த வாரத்தில் 1 முறை.....

2 atau 3 kali pada minggu lepas/ 2 or 3 times last week/ 2 或 3 次/

2-3 முறை

4 atau 5 kali pada minggu lepas/4 or 5 last week/4 或 5 次/

4-5 முறை.....

6 atau lebih kali/6 or more times/6 次以上/6 அல்லது மேல்....

7. Yang manakah di antara berikut paling baik menggambarkan diri anda pada 7 hari yang lepas?/Which one of the following describes you best for the last 7 days? Read all five statements before deciding on the one answer that describes you/以下哪一个选择是描述你在过去的 7 天里最好的答案? 请读所有的选择后, 才决定一个适合你的答案/ இதில் எது உங்களை பிரதிப்பலிக்கிறது?

A. Semua atau kebanyakan masa lapang saya telah digunakan melakukan

benda-benda yang melibatkan sedikit sahaja usaha fizikal/*All or most of my free time was spent doing things that involve little physical effort*/全部或大部分空闲时间都花在需要 少许体能的活动/ எல்லாம் அல்லது ஒய்வு நேரத்தை சில பயிற்சிகள் வழி கழிப்பேன்.

B. Saya kadang-kadang sahaja (1-2 kali minggu lepas) melakukan perkara-perkara....

fizikal dalam masa lapang saya (seperti permainan sukan, berlari, berenang, mengayuh basikal, melakukan aerobik)/ *I sometimes (1-2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)*/我有时 (一周 1-2 次) 会在空闲时间做体能系运动 (例如, 运动, 跑步, 游泳, 骑脚踏车, 做健身美操)/ நான் சில நேரத்தில் (கடந்த வாரம் 1-2 முறை)பயிற்சிசெய்தேன். (எ.கா:விளையாட்டு,ஒட்டம்,நீச்சல்,சைக்கிள்)

C. Saya kerap (3-4 minggu lepas) melakukan perkara-perkara fizikal

dalam masa lapang saya/ *I often (3-4 times last week) did physical things in my free time*/我常常 (上周, 3-4 次) 在空闲时间做体能运动/என் ஒய்வு நேரத்தில் என் ஒய்வு நேரத்தில் அடிகடி (வாரத்தில் 3-4 முறை) சில வேலைகள் செய்தேன்

D. Saya agak kerap (5-6 kali minggu lepas) melakukan perkara-perkara fizikal.....
dalam masa lapang saya/ *I quite often (5-6 times last week) did physical things in my free time/* 我经常 (上周, 5-6次) 在空闲时间做体能运动/என்

ஒய்வு நேரத்தில் சில (கடந்த வாரத்தில் 5-6 முறை) சில வேலைகள்

செய்தேன்

E. Saya sangat kerap (7 kali atau lebih minggu lepas) melakukan perkara-perkara fizikal dalam waktu lapang

I very often (7 or more times last week) did physical things in my free times/

我时常 (上周, 7次或以上) 在空闲时间做体能运动/என் ஒய்வு நேரத்தில்

மிக அடிகடி (கடந்த வாரத்தில் 7 முறை மேல்) சில வேலைகள்

செய்தேன்.

8. Sila tandakan berapa kerapkah anda melakukan aktiviti fizikal (seperti bersukan, permainan, menari, atau sebarang aktiviti fizikal lain) untuk setiap hari sepanjang minggu lepas/ *Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week/* 请标记在上周内的每一天, 你用多长时间来做体力活动 (如运动, 游戏, 舞蹈, 或任何其他体育)/ கடந்த வாரம் ஒரு நாளில் எத்தனை முறை உடற்பயிச்சி செய்தீர்கள். குறியிடவும்.

Tidak	Agak sedikit	Sederhana	Kerap	Sangat Kerap
None	Little bite	Medium	Often	Very Often
没有	少许	有时候	经常	很常

இல்லை	கொஞ்சம்	அளவாக	அடிகடிமிக	அடிகடி
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Isnin/ Monday/ 星期一/
திங்கள்.....

Selasa/ Tuesday/ 星期二/
செவ்வாய்.....

Rabu/ Wednesday/ 星期三/
புதன்.....

Khamis/ Thursday / 星期四/
வியாழன்.....

Jumaat/ Friday / 星期五/
வெள்ளி.....

Sabtu/ Saturday/ 星期六/

சனிக்கிழமை.....

Ahad/ Sunday/ 星期天/
ஞாயிறு.....

9. Adakah anda sakit minggu lepas, atau terdapat sebarang hal yang menghalang anda daripada melakukan aktiviti fizikal secara normal?(pilih satu)/ Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one)/ 上周, 你是否有生病, 或一些事件阻止你做日常活动?(请选择 1 个答案)/ கடந்த வாரம் நீங்கள் நோய்வாய் பட்டீர்களா அல்லது ஏதாவது உங்களை உடற்பயிற்ச்சி செய்வதிலிருந்து தடுத்ததா?

Ya/ Yes/ 是/ ஆம்

Tidak/ No / 不是/ இல்லை

Jika Ya, apa yang menghalang anda?

If Yes, what prevented you?

如果是, 什么事件阻止你?

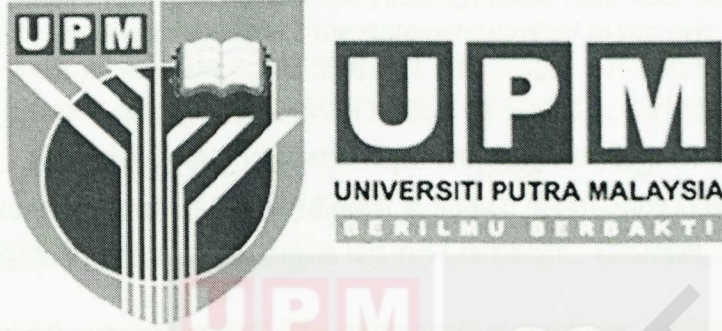
ஆம் என்றால் எது உங்களை தடுக்கிறது?

Soal selidik telah tamat, terima kasih atas penglibatan anda
This is the end of the questionnaire, thank you for you participation

问卷调查结束, 谢谢您的参与

கேள்வித்தாள் முடிவு, உங்கள் பங்கேற்புக்கு நன்றி.

BUKU SOALAN NO 2



**SOAL SELIDIK KAJIAN
RESEARCH QUESTIONNAIRE**

**Hubungan Antara Status Psikososial dan Faktor-faktor Yang berkaitan
di Kalangan Remaja Sekolah Menengah Kebangsaan di Pasir Gudang, Johor**

***Association between Psychosocial Status and Its Associated Factors Among Secondary
School-going Adolescents in Pasir Gudang, Johor***

探讨柔佛巴西古当青少年在学校的心理状态及其相关因素之间的关联

ஜோகூர் உயர்நிலை பள்ளி செல்லும் வளர் இளம் பருவத்தினருக்கு மத்தியில்
உளவியல் சார்ந்த சமூக நிலைமை மற்றும் அதன் தொடர்புடைய காரணிகள்
இடையிலான உறவு.

MAKLUMAN

Ini adalah senarai masalah-masalah yang sering dialami oleh remaja. Antara masalah ini berkemungkinan berkaitan dengan anda serta keluarga dan ada yang tidak. Bacalah senarai masalah-masalah berikut, dan pilih masalah-masalah yang anda rasa paling sesuai dan berkaitan dengan diri anda dan/atau keluarga anda. Anda tidak perlu risau kerana pilihan jawapan anda untuk tiap soalan adalah sesuai untuk anda sahaja dan tidak ada jawapan yang betul atau salah. Segala maklumat yang diberi adalah sulit dan di urus secara rahsia.

Sila baca setiap kenyataan di bawah dan tandakan 1 jawapan sahaja pada nombor 0, 1, 2 atau 3 bagi menggambarkan keadaan anda sepanjang minggu yang lalu. Jangan mengambil masa yang terlalu lama untuk menjawab mana-mana kenyataan./Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. Do not spend too much time on any statement./ 请仔细阅读以下每个说明，并圈起 0, 1, 2 或 3 的说明来显示你过去一周。这问卷不存在着正确或错误的答案。请不要花太多时间在任何说明。/தயவு செய்து கீழ்க்கண்ட அனைத்து கூற்றுகளையும் படித்து பார்த்து பின் 0,1,2,3 எண்களை வட்டமிடவும். அக்கூற்று கடந்த வாரத்தின் உங்கள் நிலையை பிரதிபலிக்கிறது.சரி மற்றும் பிழை பதில்கள் இல்லை.அதிக நேரம் செலவிட வேண்டாம்.

Skala pemarkahan adalah seperti berikut:/The rating scale is as follows:/该问卷规模如下：
புள்ளி அளவுகல் பின்வருமாரு:

0 Tidak langsung menggambarkan keadaan saya 0 Did not apply to me at all 0 不适用于我。 0 எனக்கு பொருந்தக்கூடியது அல்ல	1 Sedikit atau jarang-jarang menggambarkan keadaan saya 1 Applied to me to some degree, or some of the time 1 适用于我在一定程度上，或在某些时候。 ஒரளவிற்கு எனக்கு பொருந்தும், அல்ல சிலநேரம்
2 Banyak atau kerap kali menggambarkan keadaan saya 2 Applied to me to a considerable degree, or some of the time 2 应用在我相当程度上，或描述我的一部分。 அதிகம் அல்லது அடிகடி எனக்கு பொருந்தும்	3 Sangat banyak atau sangat kerap menggambarkan keadaan saya 3 Applied to me very much, or most of the time 3 应用非常多，或我大部分时间。 3எனக்கு மிகவும் பொருந்தும், மற்றும் பெரும்பாலான நேரம்

Bil.	Soalan/ Question/ 题目/ கேள்விகள்	0	1	2	3
1.	Saya dapati diri saya sukar ditenteramkan/ I found it hard to wind down/ 我发现我很难放松自己/ என்னை சமாதானம் படுத்துவது கடினம்				
2.	Saya sedar mulut saya terasa kering/ I was aware of dryness of my mouth/我意识到我干燥的嘴唇/என்வாய் காய்ந்திருக்கிறது என்று எனக்கு தெரியும்				
3.	Saya tidak dapat mengalami perasaan positif sama sekali /I couldn't seem to experience any positive feeling at all/ 我似乎无法拥有正面情感/ என்னால் நேர்மறையான உணர்வுகள் உணர முடியவில்லை				

Bil.	Soalan/ Question/ 题目 / கேள்விகள்	0	1	2	3
4.	Saya mengalami kesukaran bernafas (contohnya pernafasan yang laju, tercungap-cungap walaupun tidak melakukan senaman fizikal)/I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)/我曾经经历呼吸困难 (例如, 过度急促呼吸, 在没有进行任何活动的情况下呼吸困难)/எனக்கு சுவாசிப்பு ஏற்படுகிறது.(எ.கா: வேகமான சுவாசித்தல், உடற்பயிற்சி செய்யாமலே மூச்சு தினரல்)				
5.	Saya sukar untuk mendapatkan semangat bagi melakukan sesuatu perkara/I found it difficult to work up the initiative to do things/我觉得自己很难拥有启动精神去做任何事情/ ஒரு காரியத்தை செய்வதற்கு ஆர்வம் இல்லை				
6.	Saya cenderung untuk bertindak keterlaluan dalam sesuatu keadaan/I tended to over-react to situations /我往往有过度反应的情况/ நான் துழல் ஒன்றை எதிர்கொள்ளும்போது அதிகமாக எதிர்செயலாற்றுகிறேன்				
7.	Saya rasa menggeletar (contohnya pada tangan) /I experienced trembling (eg, in the hands)/ 我曾经经历颤抖 (例如, 手中颤抖)/ எனக்கு நடுக்கமாக உள்ளது.(எ.கா: கை நடுக்கம்)				
8.	Saya rasa saya menggunakan banyak tenaga dalam keadaan cemas/I felt that I was using a lot of nervous energy/我觉得自己使用了大量能量在于紧张的状况/நான் நிறைய சக்தியை அவசர நேரத்தில் நபயன்படுத்துகிறேன் என்ன நினைக்கிறேன்.				
9.	Saya bimbang keadaan di mana saya mungkin menjadi panik dan melakukan perkara yang membodohkan diri sendiri / I was worried about situations in which I might panic and make a fool of myself /我担心那些会让我感到惊慌以及出丑的状况。 / நான் பெரும் அச்சம் மற்றும் முட்டாள்தனமான காரியத்தை செய்து விடுவேனோ என்று வருந்துகிறேன்.				
10.	Saya rasa saya tidak mempunyai apa-apa untuk diharapkan / I felt that I had nothing to look forward to / 我觉得自己并没有什么期/என்னிடம் எதிர்பார்க்கும்படி ஒன்றுமே இல்லை என நினைக்கிறேன்.				

Bil.	Soalan/ Question/ 题目 / கேள்விகள்	0	1	2	3
11.	Saya dapati diri saya semakin gelisah/ <i>I found myself getting agitated</i> /我发现自己越来越烦躁/நான் செயல் குழப்பமாக உள்ளேன் என நினைக்கிறேன்.				
12.	Saya rasa sukar untuk relaks / <i>I felt difficult to relax</i> / 我发现它难以放/ நான் ஓய்வெடுக்க கடினமாக உணருகிறேன்.				
13.	Saya rasa sedih dan murung / <i>I felt down-hearted and blue</i> / 我感到难过和沮丧 /நான் மனம் வாடிய மற்றும் கவலையாக இருக்கிறேன்.				
14.	Saya tidak dapat menahan sabar dengan perkara yang menghalang saya meneruskan apa yang saya lakukan/ <i>I was intolerant of anything that kept me from getting on with what I was doing</i> /我难以容忍一些可以阻止我进行计划的障碍/ தடையுள்ள காரியத்தை செய்யும் பொழுது பொருமை இழந்து விடுகிறேன்				
15.	Saya rasa hampir-hampir menjadi panik/cemas/ <i>I felt I was close to panic</i> /我感受到我差点变得恐慌/焦虑/ நான் பெரும் அச்சக் கட்டத்தை நெருங்குகிறேன்				
16.	Saya tidak bersemangat dengan apa jua yang saya lakukan/ <i>I was unable to become enthusiastic about anything</i> /我对于我的任何一个事情并不热衷/ நான் எக்காரியத் திலும் ஆர்வம் இல்லாமல் இருக்கிறேன்.				
17.	Saya tidak begitu berharga sebagai seorang individu/ <i>I felt I wasn't worth much as a person</i> /我觉得自己并不拥有作为人的价值 /நான் மதிப்பில்லை என நினைக்கிறேன்				
18.	Saya rasa yang saya mudah tersentuh/ <i>I felt that I was rather touchy</i> /我认为自己比较敏感 / நான் சினுங்குகிறேன்				
19.	Saya sadar tindak balas jantung saya walaupun tidak melakukan aktiviti fizikal (contohnya kadar denyutan jantung bertambah, atau denyutan jantung berkurangan) / <i>I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)</i> / 在没有体力活动之下, 我仍然注意自己的心跳反应 (如心率增加或下降) /என்னால் என் இதய நடவடிக்கையை உணர முடிகிறது ஆயினும் உடற்பயிற்சி செய்யாமல் (எ.கா:இதய அதிகரிப்பும் குறைவும்)				
Bil.	Soalan/ Question/ 题目 / கேள்விகள்	0	1	2	3
20.	Saya berasa takut tanpa sebab yang munasabah/ <i>I felt scared without any good reason</i> /我没有理由地感到害怕/ காரணமின்றி கவலையடைகிறேன்.				

21. Saya rasa hidup ini tidak bermakna / I felt that life was meaningless/我觉得生活是毫无意义的/ இந்த வாழ்க்கை அர்த்தமற்றது என நினைக்கிறேன்

Bagi setiap perkara dibawah, sila tandakan petak Tidak Benar, Sedikit Benar, atau Memang Benar. Sila beri jawapan anda berasaskan kelakuan kanak-kanak itu dalam masa sebulan yang lalu. /For each item, please mark the box for Not True, Somewhat True or Certainly True. Please give your answers on the basis of how things have been for you in the past month. 请在每个题目的标记框选择你的答案 (不正确, 有些真或千真万确的). 请基于六个月前的事情来回答问题. கீழ்க்கண்ட ஒவ்வொரு கேள்விகளுக்கு உண்மை இல்லை, உண்மை மற்றும் நிஜம் கட்டத்தில் டிக் பண்ணவும். உங்களின் பதில் கடந்த 6 மாதத்தில் அடிப்படை வாழ்க்கையை பொருத்திருக்கிறது.

Tidak Benar / Not True / Sedikit Benar / Somewhat True / Memang Benar / Certainly True

不正确 / 有点真确 / 正确

உண்மை இல்லை / உண்மை / நிஜம்

22. Saya cuba bertimbang rasa terhadap perasaan orang lain.
I try to be nice to other people.
I care about their feelings
我试着对别人好,因为我在乎他们的感受。
நான் மற்றவரிடம் நன்றாக பழகுவேன். அவர்களின் உணர்ச்சியை புரிந்துகொள்வேன்.
23. Saya gelisah, terlalu aktif, tidak dapat diam untuk masa yang panjang.
I am restless, I cannot stay still for long
我无法长时间保持静止,甚至坐卧不安/
ஓய்வில்லை.என்னால் அமைதியாக இருக்க முடியாது.
24. Saya selalu mengadu sakit kepala, sakit perut, atau berpenyakit.
I get a lot of headaches, stomach-aches or sickness
我很常头痛,胃部疼痛或感到不适
எனக்கு தினமும் தலைவலி வயிறு வலி இல்லை நோய்

Tidak Benar	Sedikit Benar	Memang Benar
Not True	Somewhat True	Certainly True
不正确	有点真确	正确
உண்மை இல்லை	உண்மை	நிஜம்

25. Saya sedia berkongsi dengan kanak lain(belanja, permainan, pensil)
I usually share with others (food, games, pens)
 我通常与他人分享(食品, 游戏, 钢笔)
 நான் மற்றவர்களுடன் பகிர்ந்துக் கொள்வேன்(உணவு, விளையாட்டு, பென்சில்)
26. Saya selalu naik marah dan hilang sabar
I get very angry and often lose my temper
 我经常发脾气。
 நான் கோபக்காரர். சீக்கிரமாக கோபம் கொள்வேன்.
27. Saya selalu bersendirian, lebih suka bermain seorang diri.
I am usually on my own. I am generally play alone or keep to myself
 我常常独自一人, 独自玩耍。
 தனிமையை விரும்புவேன்.
 தனியாக விளையாடுவேன்
28. Saya biasanya taat, melakukan apa yang disuruh/diberitahu
I usually do as I am told
 我时常依照别人的吩咐行动。
 சொன்னப்படியே செய்வேன்
29. Saya selalu bimbang / I worry a lot
 我担心很多事情 / அதிகம் கவலைப்படுவேன்
30. Saya suka menolong jika seseorang cedera, rasa terganggu atau tidak sihat
I am helpful if someone is hurt, upset

or feeling / 如果有人受伤，伤心或感觉生病，
 我会给予他们帮助。 / யாராவது காயப்பட்டால்,
 கவலையாக / இருந்தால்
 அவர்களுக்கு உதவுவேன்

Tidak Benar	Sedikit Benar	Memang Benar
Not True	Somewhat True	Certainly True
不正确	有点真确	正确
உண்மை இல்லை		உண்மை
		நிஜம்

31. Saya sentiasa bergerak dengan resah
 atau mengeliat geliut
I am constantly fidgeting or squirming
 我经常坐立不安。

எப்போதும் நெளிந்துக்கொண்டே
 இருப்பேன்.

32. Saya ada sekurang kurangnya
 seorang kawan baik.
I have one good friend or more
 我有一个或很多很好的朋友。

எனக்கு ஒன்றுக்கும் மேற்பட்ட
 நண்பர்கள் உள்ளன.

33. Saya selalu bergaduh dengan kanak-
 kanak lain atau membuli mereka
*I fight a lot. I can make other people do
 what I want*

我会努力争取，让其他人做我想要做的事。
 நான் அதிகம் சண்டை போடுவேன்.
 எனக்காகமற்றவர்களை எதையும்
 செய்ய வைப்பேன்.

34. Saya selalu tidak gembira, susah hati
 atau menangis.
*I am often unhappy, down-hearted or
 tearful*

我经常感到不开心，伤心，或哭泣。
 நான் மகிழ்ச்சியாக இல்லை,
 மனக்கவலை அல்லது அழுகி
 நேன்.

35. Saya biasanya disukai oleh kanak-kanak lain.

Other people my age generally like me

和我同龄的人一般都喜欢我。

என் வயதுடைய மற்றவர்க

ளுக்கு என்னை பிடிக்கும்.

Tidak Benar
Not True

不正确

உண்மை இல்லை உண்மை

Sedikit Benar
Somewhat True

有点真确

Memang Benar
Certainly True

正确

நிஜம

36. Saya mudah mengalih perhatian, penumpuan melayang layang
I am easily distracted, I find it difficult to concentrate

我很容易分心，很难集中精神。

கவனத்தை சிதறவிடுவேன்.

கவனம் செலுத்த கடினமாக உள்ளது.

37. Saya gelisah atau merasa kekok dengan orang dalam situasi baru, mudah hilang keyakinan.
I am nervous in new situations. I easily lose confidence

在新的环境，我会感到很紧张，

很容易失去信心。

புதிய சூழ்நிலையில் அதிர்ச்சியடை

வேன் சீக்கிரம் நம்பிக்கை இழந்துவி

டுவேன்.

38. Saya baik kepada kanak-kanak yang lebih muda.

I am kind to younger children

我对年幼的孩子很亲切。

சிறார்களிடம் நன்கு பழகுவேன்.

39. Saya selalu dituduh berbohong atau menipu

I am often accused of lying or cheating

我经常被指责说谎或欺骗他人。

தினமும் பொய் சொல்லுவேன்
ஏமாற்றுவேன்

40. Saya dibuli oleh kanak-kanak lain
*Other children or young people pick on
me or bully me*

其他儿童或青少年都欺负我。

சிறுவர்கள் அல்லது மற்றவர்கள்
என்னை கேலி செய்வார்கள்.

Tidak Benar
Not True

Sedikit Benar
Somewhat True

Memang Benar
Certainly True

不正确

有点真确

正确

உண்மை இல்லை உண்மை

நிஜம்

41. Saya menawarkan secara sukarela
pertolongan kepada orang lain
(ibu bapa, guru, kanak-kanak lain)
*I often volunteer to help others
(parents, teachers, children)*

我经常自愿帮助别人 (如父母,
老师, 孩子)

மற்றவர்களுக்கு தானாகவே உ
தவுவேன்(பெற்றோர்கள்,
ஆசிரியர், குழந்தைகள்)

42. Saya berfikir sebelum bertindak
I think before I do things

我经常三思而后行。

எதையும் செய்யும் முன்
யோசிப்பேன்.

43. Saya mencuri daripada rumah,
sekolah atau lain-lain tempat
*I take things that are not mine from
home, school or elsewhere.*

我时常从家里, 学校或其他地方拿
不属于我的东西。

வீட்டிலுள்ள, பள்ளியிலுள்ள

அல்லது வேறு இடத்தில் உள்ள
பொருட்களை திருடுவேன்.

44. Saya mudah berbaik-baik dengan
orang dewasa daripada kanak-kanak.
*I get on better with adults than with
people my own age*

相比于同龄人，我和成年人更容易交好。

முத்தோரிடம் நன்றாக பழகுவேன்

Tidak Benar
Not True

Sedikit Benar
Somewhat True

Memang Benar
Certainly True

不正確

有点真确

正确

உண்மை இல்லை உண்மை

நிஜம்

45. Banyak perkara menakutkan saya,
saya mudah rasa takut.

I have many fears, I am easily scared

我有很多的恐惧，很容易感到害怕。

ரொம்ப பயம். சீக்கிரமாக பயப்ப

டுவேன்

46. Saya membuat tugas dari awal hingga
ke akhir, daya tumpuan perhatian
saya baik

*I finish the work I'm doing. My attention
is good*

我完成我做的的工作。我的集中力很好。

வேலையை முழுமையாக செய்து

முடிப்பேன். என் கவனம் சிதறாது

Sila nyatakan tentang pendapat anda mengenai kenyataan berikut dan sila jawab soalan dengan menggunakan skala berikut:
 Please let me know your opinion about the following statement and please answer question using the following scale.

请让我知道您的意见对下面的语句，使用下面的刻度，请回答问题

Seringkali	Kerap kali	Kadang-kadang	Jarang	Tidak pernah
<i>Often</i>	<i>Usually</i>	<i>Sometime</i>		<i>Rarely</i> <i>Never</i>
经常	时常	有时候	很少	没有
அடிகடி	மிகஅடிகடி	சிலசமயம்	அரிது	இல்லை

47. Saya merujuk kepada Al-Quran bagi mendapatkan ketenangan (keamanan)

I refer to my Holy book/scriptures to obtain tranquility (peace).

我会阅读圣书/ 圣经获得安宁 (和平)

நான் நிம்மதி பெற குர்ஆன்/ புனித நூல்கள், வேதப்புத்த கங்கள் படிக்கிறேன்

48. Saya memastikan bahawa saya faham tuntutan/ tanggungjawab/ ajaran agama saya

I make sure that I understand the demands/obligations/teachings of my religion.

我确定自己对宗教有一定的了解。

நான் என் மத கோரிக்கைகள் /கடப்பாடுகள்/போதனைகள் புரிந்துருக்கிறேன்.

seringkali	Kerap kali	Kadang-kadang	Jarang	Tidak pernah
<i>Often</i>	<i>Usually</i>	<i>Sometime</i>		<i>Rarely</i> <i>Never</i>
经常	时常	有时候	很少	没有
அடிக்கடி	மிகஅடிக்கடி	சிலசமயம்	அரிது	இல்லை

49. Saya mencari masa untuk membaca al-Quran/buku suci/kitab agama walaupun saya sibuk.

I find time to recite Holy book/ scriptures even if I am busy

就算我在忙, 我也会找时间阅读圣书/圣经

நான் வேலையாக இருந்தாலும்

அல்-குரான் புனித நூல்கள்

வேதங்கள் படிக்க நேரம்

ஒதுக்குவேன்.

50. Saya berusaha untuk mendalami kefahaman saya mengenai undang-undang/peraturan/pengajaran/berkaitan ajaran agama saya

I make effort to deepen my understanding of law /rules/ teaching/preception of my religion.

我努力的深入了解我的宗教戒律

நான் என் மத கோட்பாடுகள்,

விதிமுறைகளை புரிந்துக்

கொள்ள முயற்சி செய்கிறேன்.

51. Saya mengamalkan solat/sembahyang seperti yang diajarkan dalam agama saya.

I practice solat/religious prayers as taught in my religion

我会跟着宗教指导进行祈祷

நான் மதத்தின் வழிப்படும்

முறைகளை பின்பற்றுகிறேன்.

52. Saya cuba untuk memahami ajaran agama saya dalam Al-Quran/ kitab suci

I try to understand the teachings of my religion in the Holy book

我试着去了解我的宗教

நான் என் மத போதனைகளை
புரிந்துக்கொள்ள முயற்சி
செய்கிறேன்

seringkali	Kerap kali	Kadang-kadang	Jarang	Tidak pernah
<i>Often</i>	<i>Usually</i>	<i>Sometime</i>		<i>Rarely</i> <i>Never</i>
经常	时常	有时候	很少	没有
அடிகடி	மிகஅடிகடி	சிலசமயம்	அரிது	இல்லை

53. Saya menjemput orang lain
untuk melakukan solat/
sembahyang/perkhidmatan
agama.

*I invite others to perform solat/
prayer/religious service*

我邀请别人来执行祈祷/宗教服务

நான் மத சேவைக்கும் வழிப்ப
டுவதற்கும் மற்றவர்களை
அழைப்பேன்

54. Saya menggunakan
pengajaran daripada
al-Quran/Kitab Suci/buku agama
dalam perbualan saya

*I use the lessons from Holy book/
Scriptures in my conversations.*

我用圣经教导的方式与人沟通

நான் உரையாடும் போது மத
போதனைகளை பயன்படு

த்துகிறேன்

55. Saya akan mencari
pertolongan tuhan dahulu
sebelum orang lain apabila
berhadapan dengan kesukaran
*I will seek for God's help first
then to others when faced with
difficulty.*

当我遇到困难, 我会先寻求于上帝
然后才求助于别人

நான் துன்பத்தின்போது

முதலில் கடவுளின்

உதவியை நாடுவேன்

56. Saya membuat satu usaha
berterusan untuk lebih
kerap membuat perbuatan
baik

*I make an ongoing effort
to increase the frequency
of my good deeds.*

我会持续做善事。

நான் நல்ல காரியங்கள்
செய்வதற்கு முயற்சி
எடுக்கிறேன்.

Seringkali <i>Often</i> 经常	Kerap kali <i>Usually</i> 时常	Kadang-kadang <i>Sometime</i> 有时候	Jarang 很少	Tidak pernah <i>Rarely</i> 没有
அடிகடி	மிகஅடிகடி	சிலசமயம்	அரிது	இல்லை

57. Saya memastikan semua
ahli keluarga saya
mengikuti ajaran
agama saya.
*I make sure all my family
members are following
the teachings of my religion.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

我确保我的家人拥有跟我一
样的宗教

என் குடும்பத்தினரும் மத
போதனைகளை பின்பற்று
மாறு பார்த்துக்கொள்கிறேன்.

58. Saya merujuk kepada
orang yang tahu apabila saya
berasa tidak pasti mengenai
hukum/ajaran agama saya
*I refer to the people who know
when I feel uncertain about
the rulings/ teachings of my
religion.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

当我对宗教的教义感到茫然时，
我会参详宗教信仰强的人

எனக்கு மத போதனை தெ
ரியவில்லை என்றால்
தெரிந்தவரிடம் கேட்பேன்

59. Saya menjalankan tugas
kerja saya dengan

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

bersemangat kerana
agama/Tuhan saya
*I perform my work duties
enthusiastically because of
my religion/ God.*

我积极地执行工作，
全因我的宗教

கடவுள் இருப்பதால் நான்
என் வேலையை உற்சாகத்து
டன் செய்கிறேன்.

Seringkali	Kerap kali	Kadang-kadang	Jarang	Tidak pernah
<i>Often</i>	<i>Usually</i>	<i>Sometime</i>		<i>Rarely</i> <i>Never</i>
经常	时常	有时候	很少	没有
அடிகடி	மிகஅடிகடி	சிலசமயம்	அரிது	இல்லை

60. Saya suka untuk
mengambil kebaikan
peluang untuk memahami
agama saya dengan keluarga saya
*I like to take advantages of
opportunities to understand
my religion with my family*
我会找就机会与我的家人一
起了解宗教信仰
என் குடும்பத்தினருடன்
மதத்தை புரிந்துக்கொள்ள
சந்தர்ப்பங்களை பயன்படு
த்திக்கொள்வேன்

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

61. Saya berusaha untuk
mematuhi peraturan/
nasihat agama saya (Tuhan)
dalam kehidupan seharian saya.
*I make effort to obey rules/
advice of my religion (God)
in my daily life.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

在我的日常生活, 我努力遵守
我的宗教规则

நான் வாழ்க்கையில் மத
விதிமுறைகளை கடைப்பிடுக்கிறேன்.

62. Saya terlibat dalam
kerja-kerja agama.
I am involved in religious

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

work.

我从事宗教行业

நான் மத பணியில்

ஈடுபட்ட ஓள்ளேன்.

63. Saya membuat usaha untuk
mengingati kematian dan
akhirat selalu.

*I make effort to remember
death and after-life often*

我努力记住死亡和来世

நான் இறப்பும் மறு

பிறவியையும்

நினைவில்வைத்

துள்ளேன்.

Seringkali Kerap kali Kadang-kadang Jarang Tidak pernah
Often Usually Sometime Rarely Never
经常 时常 有时候 很少 没有
அடிகடி மிகஅடிகடி சிலசமயம் அரிது இல்லை

64. Saya mengelakkan sesuatu
jika saya tidak pasti mengenai
kesannya kepada agama

*I avoid something if I am unsure
about its religious implication.*

我避免一些我不确定的宗教意义

எனக்கு தெரியாத மத

சம்மந்த விஷயங்களில்

ஈடுபடமாட்டேன்.

65. Saya sering berkongsi nilai-
nilai agama saya dengan rakan-
rakan saya.

*I frequently share my religious
values with my friends.*

我经常与朋友分享我的宗教观念

நான் என் மதத்தின்

பண்புகளை என் நண்பர்க

ளோடு பகிர்ந்துக்கொள்வேன்.

66. Saya berusaha untuk
menjiwai tata kelakuan etika
agama saya dalam kehidupan
seharian saya

*I make effort to internalize the
ethical conduct of my religion in*

my daily life

我努力的把宗教的道德运用在
我的日常生活中

நான் என் தினசரி வாழ்க்
கையில் மத முறைகளை
கடைப்பிடிக்க முயற்ச்சி
செய்கிறேன்.

67. Saya sayang saudara-
saudari se-agama saya
seperti saya sayangkan dirisaya
I love my brothers and sisters
in my religion as I love myself.
我爱我宗教里的兄弟姐妹们，
就像我爱我自己。

நான் என் மதத்தின் படி
என் சகோதர சகோதரிகளை
விரும்புகிறேன். என்னையும்
விரும்புகிறேன்.

Seringkali	Kerap kali	Kadang-kadang	Jarang	Tidak pernah
Often	Usually	Sometime	Rarely	Never
经常	时常	有时候	很少	没有
அடிகடி	மிகஅடிகடி	சிலசமயம்	அரிது	இல்லை

68. Saya memperuntukkan
wang setiap tahun untuk
tujuan keagamaan
I set aside money every year for
religious purposes
我每年都为我的宗教预留一
定的资金。

நான் மத காரணங்களு
க்காக ஒவ்வொரு
ஆண்டும் பணம் ஒதுக்கீடு
செய்கிறேன்.

69. Saya mencari peluang
untuk Bersedekah/membuat
amal jariah.
I look for opportunities to give
charity.

我找机会行善。
நான் தொண்டு வழங்க

வாய்ப்புகளை

தேடி கொண்டிருக்கிறேன்

Sila isi tempat kosong pada kotak yang disediakan di bawah/Please fill in the blank on the boxes/
请填写以下空格/காலியான பெட்டிகளை நிரப்புக.

Pengukuran Measurement 測量 அளவு	Bacaan 1 Reading 1 读数 1 1 படித்தல்	Bacaan 2 Reading 2 读数 2 2படித்தல்	Purata Average 平均 சராசரி
Berat(kg)/Weight (kg) 重(kg)/ எடை (கிலோ)			
Tinggi (m)/Height (m) 身高 (米) /உயரம் (மீ)			
Indeks Jisim Tubuh (BMI)(kg/m ²) Body Mass Index (BMI) (kg/m ²)/身体质量指 数 (BMI)/ உடல் நிறை குறியீட்டெண் (பிஎம்ஐ)			

Soal selidik telah tamat, terima kasih atas penglibatan anda
This is the end of the questionnaire, thank you for you participation

问卷调查结束, 谢谢您的参与

கேள்வித்தாள் முடிவு, உங்கள் பங்கேற்புக்கு நன்றி.

**JAWATANKUASA ETIKA UNIVERSITI UNTUK PENYELIDIKAN
YANG MELIBATKAN MANUSIA (JKEUPM)
UNIVERSITI PUTRA MALAYSIA**

Research title	: Association between psychosocial status and their associated factors among early school-going adolescents in Pasir Gudang, Johor
Study Site	: Pasir Gudang, Johor
JKEUPM Ref No.	: FPSK_Mei (13) 54 (UNDERGRADUATE)
Principal Investigator	: Mohd Izudin Hariz Che Ghazali & Patricia Koh Chai Hsia
Supervisor	: Prof. Latiffah Abdul Latiff

Documents received and reviewed with reference to the above study:

1. Ethics Application Form, received on 21/5/2013.
2. Respondent Information Sheet, Version Malay and English.
3. Consent form, Version Malay and English.
4. Proposal, Version and English.
5. Questionnaire, Version Malay and English.

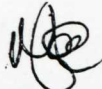
The University Research Ethics Committee, Universiti Putra Malaysia (JKEUPM) operates in accordance to the ICH-GCP Guidelines.

Decision by JKEUPM:

- Approved
 Conditionally Approved
 Disapproved

Please be informed that you are required to submit annual reports, completion reports and "all adverse events, both serious and unexpected" to the committee.

Date of Decision: 7/6/2013


PROFESSOR DR. NORLIJAH OTHMAN
Chairman
University Research Ethics Committee
(JKEUPM)
Universiti Putra Malaysia



Rujukan : UPM/FPSK/(TDAP)600-3/1/3-(SPP3621)
Tarikh : 19-04-2013

Prof. Dr. Norlijah Othman,
Dekan,
Fakulti Perubatan Dan Sains Kesihatan (FPSK),
Universiti Putra Malaysia,
43400 Serdang,
Selangor.

Melalui:
Dr Hayati Bte Kadir @ Shahar
Penyelaras Projek & Kaedah Penyelidikan (SPP3621)
Program Perubatan Tahun 2
Fakulti Perubatan Dan Sains Kesihatan
43400 Serdang
Selangor.

Tuan,

MEMOHON KEBENARAN UNTUK MENJALANKAN KAJIAN DI PASIR GUDANG, JOHOR.

Merujuk perkara di atas, saya sebagai ketua projek dan penyelia utama pelajar Tahun 2 Program Perubatan ingin memohon kebenaran dari pihak tuan untuk melakukan kaji selidik di Pasir Gudang, Johor. Berikut adalah butir-butir berkenaan kajian yang ingin dilakukan bagi memenuhi keperluan kursus SPP3621 Research Methodology and Project bagi Program Doktor Perubatan Universiti Putra Malaysia.

Tarikh : 10th June 2013 – 28th August 2013

Tajuk : ASSOCIATION BETWEEN PSYCHOSOCIAL STATUS AND THEIR ASSOCIATED FACTORS AMONG SCHOOL-GOING ADOLESCENTS IN PASIR GUDANG, JOHOR.

Kaedah : 1. Menjawab borang kaji selidik (questionnaire)
2. Mengukur berat badan, ketinggian dan ukuran lilit untuk tujuan status BMI

2. Untuk makluman pihak tuan, kajian ini akan dilakukan di Pasir Gudang, Johor. Projek penyelidikan ini melibatkan pelajar tingkatan 1, tahun 2013 sahaja.
3. Antara tujuan kami mengadakan kaji selidik ini adalah untuk mengetahui hubungan kait antara psikososial status di kalangan pelajar tingkatan 1 dan faktor-faktor yang berhubung kait seperti sosiodemografi pelajar, status pemakanan, aktiviti fizikal, amalan agama berserta ahli keluarga dan sebagainya.
4. Pelajar-pelajar yang terlibat dalam kumpulan ini adalah seperti berikut :

Nama	No. Matrik
a. MOHD IZUDIN HARIZ BIN CHE GHAZALI	156444
b. PATRICIA KOH CHAI HSIA	161036

Pelajar-pelajar ini akan juga diseliakan oleh pensyarah dari Fakulti Perubatan dan Sains Kesihatan, yang terdiri daripada :

Nama	Jabatan
1. PROF. DR. LATIFFAH A. LATIFF	Jabatan Kesihatan Komuniti
2. DR. HABIBAH BINTI ABDUL HAMID	Jabatan O&G

5. Kerjasama dari pihak tuan amatlah kami hargai dan kami dahului dengan ucapan terima kasih.

Sekian, terima kasih.

“BERILMU BERBAKTI”

Yang menjalankan tugas,



.....
PROF. DR. LATIFFAH A. LATIFF
Jabatan Kesihatan Komuniti
 Fakulti Perubatan dan Sains Kesihatan,
 Universiti Putra Malaysia

s.k. - Ketua Jabatan Kesihatan Komuniti FPSK,UPM
 - DR. HABIBAH BINTI ABDUL HAMID (Penyelia bersama)
 - Penyelaras Modul Projek dan Kaedah Penyelidikan (SPP3621)

.....Lampiran

BORANG PERSETUJUAN RESPONDEN

HUBUNGAN ANTARA STATUS PSIKOSOSIAL DAN FAKTOR-FAKTOR BERKAIT DI KALANGAN REMAJA SEKOLAH MENENGAH DI PASIR GUDANG, JOHOR.

PENELIDIK : **PROF. DR. LATIFFAH A. LATIFF**
 DR HABIBAH BINTI ABDUL HAMID
 MOHD IZUDIN HARIZ BIN CHE GHAZALI
 PATRICIA KOH CHAI HSIA

156444
161036

Saya..... No Kad Pengenalan.
beralamat.....

.....dengan ini bersetuju untuk mengambil bahagian secara sukarela dalam menyertai penyelidikan komuniti *(pengajian soal selidik) seperti yang disebut di atas.

Saya telah diberi penjelasan secara menyeluruh mengenai dasar penyelidikan komuniti dari segi metodologi (seperti tertulis pada Helaiian Penerangan Responden). Saya memahami bahawa saya berhak menarik diri dari penyelidikan ini pada bila-bila masa tanpa memberi sebarang alasan.Saya juga memahami bahawa sebarang maklumat yang berkaitan identiti saya akan dirahsiakan.

Saya* berminat / tidak berminat untuk mengetahui keputusan kajian yang dijalankan ke atas penyelidikan yang sertai oleh *anak / jagaan saya.

*potong yang tidak berkenaan

Tandatangan
(Responden)

Tandatangan
(Saksi)

Tarikh :.....

Nama :.....

No. K/P:

Saya mengesahkan bahawa saya telah menerangkan kepada responden sifat dan tujuan penyelidikan komuniti tersebut di atas.

Tarikh

Tandatangan
(Penyelidik)

BORANG PERSETUJUAN PENYERTAAN (IBUBAPA/ PENJAGA)

HUBUNGAN ANTARA STATUS PSIKOSOSIAL DAN FAKTOR-FAKTOR BERKAIT DI KALANGAN REMAJA SEKOLAH MENENGAH DI PASIR GUDANG, JOHOR.

**PENELIDIK : MOHD IZUDIN HARIZ BIN CHE GHAZALI
PATRICIA KOH CHAI HSIA**

**156444
161036**

Saya..... No Kad Pengenalan.
beralamat.....
.....dengan ini secara sukarela bersetuju membenarkan *anak / jagaan saya
..... menyertai penyelidikan komuniti *(pengajian soal selidik) seperti
yang disebut di atas.

Saya telah diberi penjelasan secara menyeluruh mengenai dasar penyelidikan komuniti dari segi metodologi (seperti tertulis pada Helaian Penerangan Responden). Saya memahami bahawa *anak / jagaan saya berhak menarik diri dari penyelidikan ini pada bila-bila masa tanpa memberi sebarang alasan. Saya juga memahami bahawa sebarang maklumat yang berkaitan identiti *anak / jagaan saya akan dirahsiakan.

Saya* berminat / tidak berminat untuk mengetahui keputusan kajian yang dijalankan ke atas penyelidikan yang sertai oleh *anak / jagaan saya.

*potong yang tidak berkenaan _____

Tandatangan Tandatangan
(Ibubapa/ Penjaga) (Saksi)

Tarikh : Nama :
No. K/P:

Saya mengesahkan bahawa saya telah menerangkan kepada ibubapa/penjaga responden mengenai sifat dan tujuan penyelidikan komuniti tersebut di atas.

Tarikh Tandatangan
(Penyelidik)



CONSENT FORM (PARENTS/GUARDIAN)

ASSOCIATION BETWEEN PSYCHOSOCIAL STATUS AND THEIR ASSOCIATED FACTORS AMONG SCHOOL-GOING ADOLESCENTS IN PASIR GUDANG, JOHOR.

RESEARCHER: MOHD IZUDIN HARIZ BIN CHE GHAZALI
PATRICIA KOH CHAI HSIA

156444
161036

I Identity Card No.
address.....

..... hereby voluntarily agree to allow my *son / daughter to
take part in the Community research (questionnaire study) specified above.

I have been informed about the nature of the community research in terms of methodology (as written in the Respondent Information Sheet). I understand that my *son / daughter has the right to withdraw from this community research at any time without assigning any reason whatsoever. I also understand that this study is confidential and all information provided with regards to the identity of my* son / daughter will remain private and confidential.

I* wish / do not wish to know the result of the tests performed on my *son / daughter during this study .

* delete where necessary

Signature
(Parent/Guardian)

Signature
(Witness)

Date :

Name :

I/C No. :

I confirm that I have explained to the respondent's parent/guardian the nature and purpose of the above -mentioned community research.

Date

Signature
(Researcher)

Surat Makluman kepada Ibu Bapa

Tajuk Kajian:

HUBUNGAN ANTARA STATUS PSIKOSOSIAL DAN FAKTOR-FAKTOR BERKAIT DI KALANGAN REMAJA SEKOLAH MENENGAH DI PASIR GUDANG, JOHOR.

Penyelia dan Ketua Projek:

Prof. Dr. Latiffah A. Latiff

Penyelia:

Dr. Habibah Abdul Hamid

Pelajar:

Mohd Izudin Haris Bin Che Ghazali

Patricia Koh Chai Hsia

Tujuan Kajian:

Kajian ini dijalankan untuk mengkaji tahap status psikososial dan faktor-faktor yang berhubungkait seperti status pemakanan, fizikal aktiviti dan agama keluarga di kalangan remaja Sekolah Menengah Kebangsaan Pasir Gudang, Johor. Di samping itu, untuk mengefektifkan hasil kajian, kajian ini juga melibatkan ibu/bapa serta guru kelas.

Peranan Responden Kajian:

Remaja : Menjawab borang soal selidik untuk remaja serta mengambil ukuran lilit badan

Ibu/Bapa : Menjawab borang soal selidik untuk Ibu/Bapa

Guru : Menjawab borang soal selidik untuk Guru

Hasil Kajian:

Hasil kajian yang telah dikumpul akan dikaji mengenai status psikososial remaja, ibu/bapa serta guru dan faktor-faktor yang berhubung-kait supaya hasil kajian ini akan diteruskan untuk kajian seterusnya iaitu fasa intervensi.

Sokongan pihak tuan/puan amatlah kami hargai bagi menjayakan kajian ini. Terima Kasih.

Information Letter for Parents

Research Topic :

ASSOCIATION BETWEEN PSYCHOSOCIAL STATUS AND THEIR ASSOCIATED FACTORS AMONG SCHOOL-GOING ADOLESCENTS IN PASIR GUDANG, JOHOR.

Supervisor and Project Leader:
Prof. Dr. Latiffah A. Latiff

Supervisor:
Dr. Habibah Abdul Hamid

Students:
Mohd Izudin Haris Bin Che Ghazali
Patricia Koh Chai Hsia

Purpose of Research:

This study is conduct to examine the psychosocial status and related factors such as nutritional status, physical activity and family religion in School-going Adolescents in Pasir Gudang, Johor. In addition, to achieve the effectiveness of the research findings, this study also involves the parents as well as classroom teachers.

Respondents' role:

Adolescent : Answer questionnaire for adolescent and Anthopometry measure
Parents : Answer questionnaire for parents
Teachers : Answer questionnaire for teachers

Research outcome:

The findings collected will be reviewed on the psychosocial status of the adolescents, parents and teachers and the associated factors that are related to the results of this study will be continued for the next phase of the study which is the intervention phase.

We appreciate the support from Sir/Madam for the success of this study. Thank You.



HELAIAN PENERANGAN RESPONDEN

Sila baca maklumat berikut dengan teliti. Sekiranya anda mempunyai sebarang pertanyaan, sila kemukakan kepada penyelidik.

TAJUK KAJIAN

Hubungan antara Status Psikososial dan Faktor – faktor berkaitan dalam Kalangan Pelajar Awalan Sekolah-Melangkah ke Remaja di Pasir Gudang, Johor.

PENGENALAN

Istilah 'Psikososial' adalah gabungan aspek psikologi dan Sosiologi. Aspek psikologi ditakrifkan sebagai fenomena minda yang akan dipengaruhi oleh pelbagai faktor seperti ketakutan dalam hidup, rasa kemurungan, ketegangan, kematangan emosi, kepuasan diri dan lain-lain. Aspek sosiologi mengambil tahu mengenai hubungan manusia dan hubungkait yang merangkumi pengiktirafan dan kelulusan, interaksi dengan orang lain dan sebagainya. Status psikososial boleh dikaitkan dengan beberapa faktor iaitu sosio-demografi, pencapaian akademik, makanan keluarga, status pemakanan, aktiviti fizikal dan amalan agama keluarga & pematuhan.

APAKAH YANG PERLU ANDA LAKUKAN?

Sila baca helaian penerangan responden ini untuk mengetahui maklumat lanjut tentang kajian ini. Seterusnya, anda dikehendaki menandatangani borang persetujuan responden sebagai tanda persetujuan. Penyelidik akan memberikan anda soal selidik bertulis kepada anda untuk dijawab.

SIAPA YANG TIDAK BOLEH MENYERTAI KAJIAN INI?

Pelajar-pelajar yang tidak hadir pada hari pengumpulan data.

APAKAH FAEDAH MENYERTAI KAJIAN INI?

a) KEPADA ANDA SEBAGAI PENYERTA?

Anda akan mengetahui Indeks Jisim Badan anda (BMI) dan mempunyai pemahaman tentang status psikososial anda.

b) KEPADA PENYELIDIK?

Kita akan dapat menilai status psikososial pelajar dan faktor-faktor yang berkaitan mereka di kalangan awal remaja yang masih bersekolah. Hasil kajian ini akan membantu untuk mengurangkan penularan status psikososial di kalangan remaja.

ADAKAH IA BERISIKO?

Tiada risiko tambahan oleh kerana penyelidikan ini tidak melibatkan prosedur tambahan dan prosedur yang dilakukan adalah sebahagian daripada rawatan piawai.

ADAKAH MAKLUMAT DAN IDENTITI SAYA KEKAL RAHSIA?

Maklumat dan identiti diri anda akan dirahsiakan. Selain itu, sebarang data yang digunakan daripada kajian ini untuk tujuan penerbitan adalah berpandukan data terkumpul semua responden. Keputusan yang diperolehi akan dimaklumkan secara keseluruhan (kolektif) dan tidak akan merujuk pada nama individu pesakit. Maklumat dan keputusan dari setiap pesakit adakah sulit. Sebagai responden, anda hanya berhak mengetahui keputusan ujian anda sahaja.



**JAWATANKUASA ETIKA UNIVERSITI UNTUK
PENYELIDIKAN MELIBATKAN MANUSIA (JKEUPM)
UNIVERSITI PUTRA MALAYSIA, 43400 UPM SERDANG,
SELANGOR, MALAYSIA**

**SIAPA YANG SAYA PERLU HUBUNGI SEKIRANYA SAYA MEMPUNYAI SOALAN TAMBAHAN
SEMASA MENGIKUTI PENYELIDIKAN INI?**

Anda boleh menghubungi kami di:
Prof. Dr. Latiffah Abdul Latiff
Community Health Department, Faculty of Medicine and Health Sciences
University Putra Malaysia
Tel:0389472374



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SELANGOR, MALAYSIA**

RESPONDENT'S INFORMATION SHEET

Please read the following information carefully and do not hesitate to discuss any questions you may have with the researcher.

STUDY TITLE

**ASSOCIATION BETWEEN PSYCHOSOCIAL STATUS AND THEIR ASSOCIATED FACTORS
AMONG EARLY SCHOOL-GOING ADOLESCENTS IN PASIR GUDANG, JOHOR**

INTRODUCTION

The term 'Psychosocial' is a combination of Psychological and Sociological aspects. Psychological aspects is defined as a phenomena of mind which will be affected by various factors such as fearfulness in life, sense of depression, tension, maturity of emotion, self satisfaction and etc. Sociological aspects concern on human correlation and interrelation which includes recognition and approval, interaction with others and etc. Psychosocial status can be associated by many factors which are socio-demographic, academic achievement, family meals, nutritional status, physical activity and family religious practices & adherence.

WHAT WILL YOU HAVE TO DO?

Please read this respondent's information sheet for further information on the study. If you agree to participate in this study, you will need to sign the informed consent as evidence of approval. The researcher will then give you a written questionnaire for you to answer.

WHO SHOULD NOT ENTER THE STUDY?

Students who absent on the day of data collection.

WHAT WILL BE THE BENEFITS OF THE STUDY:

(a) TO YOU AS THE SUBJECT?

You will know your Body Mass Index (BMI) and have an insight on your psychosocial status.

b) TO THE INVESTIGATOR?

We will able assess the students' psychosocial status and their associated factors among early school-going adolescents. The result of this study will help to reduce prevalence of psychosocial status among adolescents.

WHAT ARE THE POSSIBLE RISKS?

There are no additional risks as the research only involves answering the questionnaire.

WILL THE INFORMATION THAT YOU PROVIDE AND YOUR IDENTITY REMAIN CONFIDENTIAL?

The results of the data obtained will be reported in a collected manner with no reference to a specific individual. Hence, data from each individual will remain confidential.

WHO SHOULD YOU CONTACT IF YOU HAVE ADDITIONAL QUESTIONS DURING THE COURSE OF THE RESEARCH?

You may contact us at:

Prof. Dr. Latiffah Abdul Latiff

Community Health Department, Faculty of Medicine and Health Sciences

University Putra Malaysia

Tel: 603-8947 2537