

SEXUAL HEALTH AMONG YOUTH-AT-RISK IN KUALA LUMPUR

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ABSTRACT --Sexual health is an important element in shaping the well-being of adolescents in addition to physical, intellectual and spiritual health. Therefore, this article is intended to (1) measure the extent of sexual health and (2) identify the influence of factors affecting sexual health among adolescents living in public housing flat projects (PPR) around Kuala Lumpur. The study was conducted using a quantitative cross sectional design involving 244 adolescents. The data were analyzed by using descriptive and stepwise multiple regression test. Descriptive analysis shows that 77.5 percent of adolescents living in PPR show low levels of sexual health and need to be improved. Multiple regression analysis found that the social media useage factor ($\beta = 0.0.215, p < 0.05$) was a major indicator that affects sexual health among adolescents. The combination of social media usage factor ($\beta = 0.268, p < 0.05$) and commitment to school ($\beta = 0.235, p < 0.05$) contributed 5.3 percent variance, fardu ain knowledge factor contributed 1.7 percent variance and combination of three predictor factors has contributed 11.6 percent of the variance to sexual health among adolescents living in PPR. The results are expected to have positive implications in an effort to improve programmes that can improve sexual health among adolescents especially those living in PPR.

Keywords--PPR adolescence, sexual health, social media, school, religious knowledge

I. INTRODUCTION

Generally, adolescence can be defined as the transitional phase of growth between childhood and adulthood. In this period, children have come of age where both male and female have hit puberty where they will experience various changes physically and emotionally. In this phase, adolescents are seen to give more attention to the development of their self-identity¹. Puberty signifies the development of self-image that is considered new and matured². Although adolescents at this phase have reached biological maturity in terms of their reproduction capabilities, but social and intellectual maturity seem to happen later in life³. When reproductive maturity has been

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achieved, naturally these adolescents would tend to have sexual fantasies and begin to be interested in having relationships and experiment with sexual behaviours. Relationships in this stage is often labelled as “monkey love” as it involves teenagers experimenting the feeling of love within them. In other words, an adolescent may simply change partners as it is seen as experimenting their love.

In the event where these behaviours cannot be controlled or are being supervised, it may result in adverse outcomes. It is at this phase that adolescents tend to go overboard with their partners. They would then be trapped in a phenomena where love turns to lust⁴. This means that in the early phases of adolescences, they tend to look for “love” however without any control or enough supervision especially from their parents, it may encourage the behaviour that first started as finding for love to go overboard and result in lust. A lot of times, love has been associated with factors of going overboard⁴. Those who have sexual relationships in their early stages of adolescences (before the age of 15 years old) have seen to have higher sexual risk in the future, including a higher number of sexual partners, unwanted pregnancy, and higher risks of sexually transmitted infection (STI).^{5,6,7,8}

Even worse, the increase in social media application as well as society accepting that androids and smartphones are now a need instead of “wants” or a luxury item exacerbates or complicates the issue⁹. Overuse of social media that is normally accessed through smartphones are reported to have adverse effects on social competence limiting these adolescents to positive social skills¹⁰. One of the social media applications that has been seen to give rise to social problems is known as *WeChat* since through this app, an individual may have access to chat with any virtual friend or stranger without limits and this has been acknowledged by the Royal Malaysia Police (PDRM)¹¹. Besides *WeChat*, other social media application that is often used include *Facebook*, *Instagram*, *Whatsapp*, *Telegram* dan *Tumblr*. Social relationships that are formed virtually without any boundaries create the tendency to include sexual elements. Pornographic photos and videos are easily shared due to the easiness of uploading and downloading materials which only need a smartphone and Internet access. These has led to adolescents being vulnerable to various social problems including premarital sex, baby dumping as well as the transmission of sexual infections (STIs) including Gonorrhoea, syphilis, HIV dan AIDS.

Recently, society have been appalled by a shocking news about a female teenager of only 18 years old has been brought to court on the offence of her newborn’s death¹². Not long after that, the local newspaper reports a rape case which occurred within the school compound in Jasin, Malacca where a 13 year old female student was raped by two male students aged 14 and 15 in a store room¹³. Overall, there have been 22, 234 cases of sexual abuse that has been reported by the Royal Malaysia Police (PDRM) since 2010 till May 2017¹⁴. The cases include four categories which are rape (13,272 cases), incest (1,796 cases), *luartabii* (1,152 cases) and sexual harassment (6,014 cases). For rape cases, Johor state recorded the highest number of cases with (2, 089 cases), while Sabah state recorded the highest number for incest with 263 cases. For cases of *luartabii* and sexual harassment, Selangor state recorded the highest number of cases with 235 cases and 1, 052 cases respectively.

News like these tend to give the impression that adolescents are a group that is vulnerable to negative sexual activities. Education on sexual health should be a priority to them. In reality, sexual health is not an issue that had

recently occurred. It has been discussed as early in 1975 at the World Health Organization (WHO). WHO¹⁵ has defined sexual health as:

...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Besides the definition given by WHO (2006), the definition by Lottes¹⁶ has always been cited by researchers when discussing issues on sexual health:

Sexual health is the ability of women and men to enjoy and express their sexuality and to do so free from risk of sexually transmitted diseases, unwanted pregnancy, coercion, violence and discrimination. In order to be sexually healthy, one must be able to have informed, enjoyable and safe sex, based on self-esteem, a positive approach to human sexuality, and mutual respect in sexual relations. Sexually health experiences enhance life quality and pleasure, personal relationships and communication, and the expression of one's identity.

In Malaysia, it has been brought to light on the issues of sexual health. The Malaysian Ministry of Health¹⁷ has already issued a guideline on managing issues on sexual health and teenage reproduction in health clinics which gives focus to four main issues: (1) pregnancy and abortion, (2) sexual transmitted infections and HIV/AIDS, (3) sexual aggression (rape, harassment, *liwat* and incest) dan (4) contraceptive services.

Knowledge on sexual health is necessary for adolescents to understand sexual development and protection which influences their emotion and psychological well-being¹⁸. Sexual orientation is also an important aspect of sexual health. Adolescents are oftenly seen to have emotional turmoils caused from the struggles in differentiating the good and the bad, the right and the wrong necessary for the development of moral values³. Most adolescents are unaware that sexual experiences that gives them pleasure, actually causes various problems for those not having enough knowledge on the matter¹⁹. However, discussing issues on sexuality and reproductive health are still treated as taboo among the Malaysian community. Issues like these are still awkward to be discussed openly especially among or with adolescents which are considered inappropriate to talk about sexual issues. In reality, failure to educate these adolescents on sexuality caused them to be more confused and have the tendency to choose the wrong route²⁰. For an example, research that on adolescents living in PPR found that 58 percent have reported of not being sure of their sexual attraction in fact 2 percent of them have been involved in doing oral and vaginal sex²¹. In relation to that, adolescent having the right sexual knowledge have rational and responsible sexual behaviours however, those having wrong sexual knowledge have incorrect perception on sexual relationships which causes risky sexual behaviours²². This have also been reported where early exposure on sexual knowledge among adolescents is necessary as they found that adolescents that have sexual education are 17 percent less likely to engage in sexual activities as compared to those without any formal education on sexual health²³.

Given that the sexual health aspect is very important in determining the well-being of adolescents, therefore an empirical research is carried out to (1) measure the level of sexual health among youth-at-risk and (2) identify factors that influence sexual health among adolescents that resides in public housing areas (Projek Perumahan Rakyat, PPR) in Malaysia. The results are hoped to serve as a guide and reference to all stakeholders in the effort of providing a strategic plan that is comprehensive in improving programs that can help sexual health among adolescents especially those residing in PPR in Malaysia.

II. METHODS

This research uses a quantitative cross-sectional design. This article is part of a bigger research finding on the well-being of adolescents residing in PPR in Kuala Lumpur. The research population refers to the youth community that lives in PPR around Klang Valley. The People's Housing Project (PPR) are housing areas that are exclusive for citizens in the low-income group (Dewan Bandaraya Kuala Lumpur 2005). Two hundred and forty-four adolescents between the age of 11 and 25 years old are involved in this research which represents three locations that are PPR Desa Rejang (N = 80), PPR Pantai Ria (N = 80) dan PPR Seri Pantai (N = 84). From the total sample (N = 244), majority have SRP/PMR and SPM education levels (67.9%). In terms of their frequency in accessing social media, the three most common locations where they have Internet Access is at home (67.6%), cyber cafes (32.4%) and restaurants (29.1%).

The researchers were helped by research assistants in the process of data collection. Before the process began, research assistants were briefed by the researchers. Questionnaires were distributed in stages at the three PPR locations. The questionnaires were filled by the respondents independently as reading and writing was not an issue. However, they were given the opportunity to ask questions when needed.

Four scales were used in this research (1) Sexual Health Scale (SKS): consisting of 6 items measuring sexual health among adolescents with Alpha Cronbach value of 0.767; (2) Social Media Use Scale (SPMS): consisting of 5 items measuring social media usage by adolescents with Alpha Cronbach value of 0.605; (3) Commitment Towards School Scale (SKTS): consisting of 6 items measuring adolescents' commitment towards school with Alpha Cronbach value of 0.734 and (4) Fardhu Ain Knowledge Scale (SPFA): consisting of 6 items measuring adolescents' knowledge on Fardhu Ain with Alpha Cronbach value of 0.952. All these scales used 4-point Likert Scale: (1) strongly disagree, (2) disagree, (3) agree and (4) strongly agree²⁴.

Data analysis were carried out via descriptive and inferential statistics. Descriptive analysis refer to statistics used to describe variable characteristic²⁵. Descriptive analysis including frequency, mean, percentage and standard deviation is used in this research to achieve the first research objective which measures the level of sexual health among adolescents living in public PPR. As for inferential analysis, multiple regression analysis via *stepwise* were used identify the changes between two or more factors (independent variable) which contribute to the changes of

the dependant variable²⁵. In this research, multiple regression analysis is used to measure the second research objective to identify factots that influence sexual health among adolescents living in PPR in Malaysia. The stepwise method holds more benefit compared to other multiregression method as only those significant predictors will be included in the analysis²⁶. The second benefit is that the stepwise method can avoid issues of multicollinearity that can occur from strong correlations between predictors. Multicollinearity would cause meaningless correlation leading to inaccurate analysis²⁶. Therefore, this can be overcome by using multiple regression via stepwise as problematic variables will be excluded from the analysis. Data was analysed using ‘Statistical Package for the Social Science for *Windows*’ (SPSS for Windows).

III. RESULTS AND DISCUSSION

In this research, sexual health refers to adolescents’ awareness on sexual orientation, sexual attraction, sexual behaviour as wells as their perceptions on sex before marriage. Based on the research analysis, the sample in general shows low levels of sexual health (77.5%). About 18.4 percent shows moderate levels of sexual health and only 4.1 percent of the sample reported high levels of sexual health (Table 1). These results have to be highlighted since sexual health is one of the important aspects to achieve positive well-being. Therefore, a program or intervention is needed for adolescents in PPT to manage the low levels of sexual health among them.

Table1:Level of Teenage Sexual Health in PPR (n=244)

Level	N=244	Percentage (%)	Mean
Low	189	77.5	
Moderate	45	18.4	1.73
High	10	4.1	
JUMLAH	244	100	

Table 2 presentsa more detail finding. Results show that 72.5 percent of adolescents from the PPR involved in this study are comfortable with their sexual orientation while the rest (27.5%) are not (Item 1). Next, 16 percent of the respondents reported being attracted sexually to their friends with the same gender (Item 2) while 15.2 percent of the respondents reported have engaged in passionate kissing with their partners (Item 3). Meanwhile, 9,4 percent of the respondents reported had oral sex with their partners and 10.2 percent had sexual intercourse with their partner (Item 4 and 5 respectively). At the same time, 9.8 percent hold the belief that sex before marriage is not wrong and is allowed (Item 6). These results are linear to a previous researchwhere they found that 2 percent from the sample were attracted to same the gender as them, 12.0 percent have kissed passionately, 10.0 percent have tadmitted to touch their partner’s private parts, 10.0 percent have been touched by their partners, 2 percent have done oral sex and 2 percent have had vaginal sex²¹.

Table2:Percentage and Number of Item on Sexual Health

No	Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
Sexual Health					
Percentage(%)/ Amount					
1.	I am comfortable with my sexual orientation	48 (19.7)	19 (7.8)	53 (21.7)	124 (50.8)
2.	I am attracted sexually to the same gender	148 (60.7)	57 (23.4)	20 (8.2)	19 (7.8)
3.	I have kissed my partner passionately	161 (66.0)	46 (18.9)	27 (11.1)	10 (4.1)
4.	I have done oral sex	175 (71.7)	46 (18.9)	15 (6.1)	8 (3.3)
5.	I have had sex	176 (72.1)	43 (17.6)	15 (6.1)	10 (4.1)
6.	Sex before marriage is allowed	193 (79.1)	27 (11.1)	13 (5.3)	11 (4.5)

Table 3: Percentage and Number of Item on Social Media Usage, Commitment towards school and Fardhu Ain Knowledge

No	Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
Social Media Usage					
Percentage(%)/ Amount					
1.	I get a lot of information from social media than from television	18 (7.4)	27 (11.1)	118 (48.4)	81 (33.2)
2.	I easily believe news that is shared on social media	36 (14.8)	98 (40.2)	76 (31.1)	34 (13.9)
3.	I have seen pornographic materials on social media	83 (34.0)	72 (29.5)	63 (25.8)	26 (10.7)

4.	I use social media for online business activities	44 (18.0)	57 (23.4)	76 (31.1)	67 (27.5)
5.	I spend most of my time on social media compared to with my family	46 (18.9)	94 (38.5)	67 (27.5)	37 (15.2)
Commitment towards school					
6	I like going to school	12 (4.9)	21 (8.6)	99 (40.6)	112 (45.9)
7	I have a good relationship with my teachers at school	12 (4.9)	19 (7.8)	95 (38.9)	118 (48.4)
8	I have good academic achievements	12 (4.9)	30 (12.3)	129 (52.9)	73 (29.9)
9	I like to be involved with co-curriculum activities at school	17 (7.0)	44 (18.0)	90 (36.9)	93 (38.1)
10	Fun learning makes me like going to school	9 (3.7)	36 (14.8)	103 (42.2)	96 (39.3)
11	I have skipped school	77 (31.6)	55 (22.5)	79 (32.4)	33 (13.5)
Fardhu Ain knowledge					
12	I know what is “ <i>kalimahSyahadah</i> ”	8 (3.3)	13 (5.3)	62 (25.4)	144 (59.0)
13	I know how to recite Al-Fatihah	9 (3.7)	4 (1.6)	66 (27.0)	148 (60.7)
14	I know the five pillars of Islam	5 (2.0)	14 (5.7)	58 (23.8)	150 (61.5)
15	I know the five pillars of faith	8 (3.3)	15 (6.1)	57 (23.4)	147 (60.2)
16	I know the pillars of prayers	10 (4.1)	19 (7.8)	65 (26.6)	133 (54.5)
17	I know what breaks my fast	6 (2.5)	11 (4.5)	60 (24.6)	150 (61.5)

Meanwhile, results of the multiple regression analysis (Table 4) via stepwise method using 244 samples show that the three factors which are social media usage, commitment towards school and Fardhu Ain knowledge influence sexual health among adolescents.

Table 4: Regression results of factors predicting sexual health among adolescents

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.215 ^a	0.046	0.042	0.57979
2	0.314 ^b	0.099	0.091	0.56483
3	0.340 ^c	0.116	0.104	0.56072

a. Predictor: (Constant), Social Media Usage

Table 5:anova

ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.659	1	3.659	10.886	0.001 ^b
	Residual	75.636	225	0.336		
	Total	79.296	226			
2	Regression	7.833	2	3.917	12.277	0.000 ^c
	Residual	71.463	224	0.319		
	Total	79.296	226			
3	Regression	9.182	3	3.061	9.735	0.000 ^d
	Residual	70.114	223	0.314		
	Total	79.296	226			

a. Dependent Variable : Sexual Health

b. Predictor: (Constant), Social Media Usage

c. Predictor: (Constant), Social Media Usage, Commitment Towards School

d. Predictor: (Constant), Social Media Usage, Commitment Towards School, Fardhu Ain Knowledge

Table 6:coefficients

		<i>Coefficients</i>				
		<i>Unstandardized</i>		<i>Standardized</i>		
		<i>Coefficients</i>		<i>Coefficients</i>		
		<i>Std.</i>				
Model		B	Error	Beta	t	Sig.
1	(Constant)	1.098	0.195		5.636	0.000
	Social Media Usage	0.239	0.072	0.215	3.299	0.001
2	(Constant)	1.695	0.251		6.739	0.000
	Social Media Usage	0.298	0.072	0.268	4.115	0.000
	Commitment Towards School	-0.249	0.069	-0.235	-3.617	0.000
3	(Constant)	1.896	0.268		7.077	0.000
	Social Media Usage	0.325	0.073	0.292	4.450	0.000
	Commitment Towards School	-0.190	0.074	-0.180	-2.565	0.011
	Fardhu Ain Knowledge	-0.128	0.062	-0.146	-2.071	0.039

a. Dependant Variable: Sexual Health

Results show that social media usage ($\beta = 0.215$, $p < 0.05$) is the main factor influencing sexual health among the samples. This research also found that 45.0 percent said that they tend to easily trust news that are spread through social media, 42.7 percents report that they spend more time on social media compared to spending time with families, and 36.5 percent confesses have looked at pornographic materials on social media (Table 3). Therefore, parents should play an active role in supervising their children's behavior especially in the use of Internet and social media. This may be due to adolescents feeling lack of love from their family especially from parents which may influence their tendency to fill in the emptiness with external resources. Therefore, with the presence of Internet and social media, adolescence may misused it to fill in that feeling of emptiness. Due to the amount of knowledge and level of maturity leaves these adolescents vulnerable to predators and danger online and worryingly it could just happen at home¹¹.

Combination of social media usage ($\beta = 0.268$, $p < 0.05$) and commitment towards school ($\beta = 0.235$, $p < 0.05$) contributes 5.3 percent towards sexual health. Research also found that 45.9 percent of the sample confesses to intentionally skip school. It may be the case that the respondents skip school to spend more time on social media (Table 3). If skipping school is influenced by delinquent peers, it may exacerbate the tendency to engage in antisocial behaviours.

Meanwhile, knowledge on Fardhu Ain contributes 1.7 percent of variance towards sexual health. Eventhough this factor contributes a low amount, it does have a significant contribution and it has to be emphasize. This research also found that about 8.6 percent of the sample does not know what is "kalimahsyahadah". This was

considered a worrying result as the “*kalimahsyahadah*” is considered as the basic in Islamic teachings. We also found that 11.9 percent did not know how to perform prayers when its also considered basic knowledge in Islamic teachings (Table 3). This shows that religious knowledge is quite limited.

The combination of all three predictors contributed 11.6 percent of variance on sexual health. Therefore, to improve sexual health among adolescents living in PPR, factors including social media usage, commitment towards school and Fardhu Ain knowledge has to be encouraged through program organized by various parties. Programmes and intervention have to apply elements related to emotionl regulation where changes is affective process are considered important in understanding risky behaviours especially in the early phases of adolescents (before they are exposed to risky behaviours). Through interventions that integrates social and emotional context, it may be more effective and can be applied on the youth population generally to instill cognitive and emotional maturity which helps in decision making. Besides that, mental health, self-perception and belief in the future also has to be emphasized as it is an intrapersonal component that influences adolescents’ relationship with others²⁷. Negative self perception and self values play an important part in engaging in risky behaviours²⁸ especially sexual behaviours.^{29,30} Therefore, all three factors (social media usage, commitment towards school and Fardhu Ain knowledge) has to be emphasized towards a more holistic approach in improving sexual health of adolescents

IV. CONCLUSION

The results of this study contributes towards emphasizing the influence of social media usage, commitment to school and fardhu ain knowledge to sexual health among adolescents. Although the samples of this study was limited to youth-at-risk, but the findings may give insight to improve programmes and intervention to help give impact on improving sexual health among adolescents. In conclusion, the research shows that efforts from stakeholders to improve sexual health amongadolescents from PPR have to be pushed or initiated. This is because, the level of sexual health among adolescents from PPR is still low. This research also suggest that the three following aspects have to be emphasized by those involved in developing program for youth which would help sexual health among adolescents through programs that may help to increase safe use of social media, commitment toward school and Fardhu Ain knowledge. This is because results from this research was able to identify that the three aspects play an important role in improving sexual health among adolescents.

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REFERENCE

1. Schwartz, S. J. (2008). Self and identity in early adolescence: Some reflections and an introduction to the special issue. *Journal of Early Adolescence*, 28(1), 5-15.
2. Douvan, E. (1997). Erik Erikson: Critical times, critical theory. *Child Psychiatry & Human Development*, 28(1), 15-21.
3. Coon, D. & Mitterer, J. O. (2012). *Introduction to psychology: Active learning through modules*. Ed. ke-12. Belmont, CA.: Wadsworth Cengage Learning.
4. Subhi, N., Abu Bakar, R. Ahmad, N., MohdHoesni, S., Ibrahim, F. dan Mohamad, M. S. 2012. Hubungan seksual remaja: antaracinta dan nafsu. *E-BANGI: Jurnal Sains Sosial dan Kemanusiaan* 7(1) (special): 15-25.
5. Capaldi, D., M., Stoolmiller, M., Clark, S. & Owen, D. (2002). Heterosexual risk behaviour in at-risk young men from early adolescence to young adulthood: prevalence, prediction, and association with STD contraction. *Developmental Psychology*, 38, 394-406.
6. Keastle C.E., Helpem, C. T., Miller, W. C., & Ford, C. A. (2005). Young age at first sexual intercourse and sexually transmitted infections in adolescents and young adults. *American Journal of Epidemiology* 161 (8): 774-780
7. Magnusson BM, Masho SW, Lapane KL. (2011). Adolescent and sexual history factors influencing reproductive control among women aged 18-44. *Sex Health*, 8(1): 95-101
8. Sandfort, T.G., Orr, M., Hirsch, J.S., Santelli, J. (2008). Long term health correlates of timing of sexual debut: results from a national US study. *American Journal Public Health*, 98 (1): 155-161
9. ShahrulNazmiSannusi, Fauziah Ibrahim, Azianura Hani Shaari & Nasrudin Subhi. (2019). Penggunaan Media Sosial dalam Kalangan Remaja B40 di sekitar Lembah Klang. *Malaysian Journal of Communication*, 35 (4) 101 - 118
10. Syed Ahmad Muhajir Alhaddad Syed Esa, Nurul Hudani Md Nawawi & Agnis Sombuling. (2018). Excessive Smartphone Usage among Early Adolescents: Impact on Social Competence. *Jurnal*
11. Siti Kamsiah Hassan. 2017. Pendidikan seks dan kesejahteraan remaja. Buasantai, 10 Disember
12. Fairuz Zaidan_a. (2016). Remaja takut mengakubunuh bayis sendiri. *BH Online*, 27 September. <http://www.bharian.com.my/node/196668> [06 Oktober 2016].
13. Fairuz Zaidan_b. (2016). Rogol: 2 pelajar lelaki direman 7 hari. *BH Online*, 1 Oktober. <http://www.bharian.com.my/node/197987> [6 Oktober 2016].
14. Ghosh A, Ghosh T. "Herbal Drugs of Abuse." *Systematic Reviews in Pharmacy* 1.2 (2010), 141-145. Print. doi:10.4103/0975-8453.75060
15. Anon. (2017). 22,234 kespenderaan seksual kanak-kanak. *Utusan Online*, 28 Julai. <http://ww.utusan.com.my/berita/parlimen/22-234-kes-penderaan-seksual-kanak-kanak-1.508301> [1 Ogos 2017].

16. WHO. 2006. Defining sexual health: report of a technical consultation on sexual health 28-31 January 2002, Geneva. Geneva: World Health Organization. http://www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health.pdf [1 Ogos 2017].
17. Lottes, I. (2000). New perspectives on sexual health. In *New views on sexual health: The case of Finland*, ed. I. Lottes and O. Kontula, 7-29. Helsinki, Finland: Population Research Institute.
18. Kementerian Kesihatan Malaysia. (2012). Garispanduanpengendalianmasalahkesihatanseksual dan reproduktifremaja di klinikkesihatan. Putrajaya: Bahagian Pembangunan Kesihatan Keluarga, Kementerian Kesihatan Malaysia. http://fh.moh.gov.my/v3/index.php/component/jdownloads/send/21-sektor-kesihatan-remaja/251-garis-panduan-pengendalian-masalah-kesihatan-seksual-dan-reproduktif-remaja-diklinik-kesihatan1?option=com_jdownloads [2 Ogos 2017].
19. Low, W. Y. (2009). Malaysian youth sexuality: issues and challenges. *J Univ Malaya Med Centre*, 12 (1), 3-14.
20. Chyntia, A. (2003). Pendidikan seks. <http://www.scribd.com/doc/14823326/Pendidikanseks.html>. [24 Mei 2012].
21. M. S. Neeharika, b. Jeevanajyothi (2015) chronotherapeutics: an optimizing approach to synchronize drug delivery with circadian rhythm. *Journal of Critical Reviews*, 2 (4), 31-40.
22. NorJumawatonShahrudin, MarianiMansor, Zainal Madon&Hanina
23. HalimatusaadiahHamsan. (2018). HubunganPengaruhRakanSebaya, EstimDiri dan LokusKawalandenganSikapterhadapTingkahLakuSeksual. *Akademika*, 88(2): 81-94
24. NasrudinSubhi, MohdSuhaimi Mohamad, Chong SheauTsuey, Nor Ba'yah Abdul Kadir dan Samsudin A Rahim. 2014. Kesihatan seksualdalamkalanganremajaberisiko. KertaskerjaPersidangan The 5th. International Conference of Social Science and Humanities, UniversitiKebangsaan Malaysia, Selangor, 10-13 November.
25. Aini, K. &Ramadhy A.S. (2013). Perilaku seksualremaja masa lalu, masa kini, dan masa depansertadampaknyaterhadapderajatkesehatanreproduksi di Indonesia. NaskahPublikasi.
26. Haglund and Fehring. 2010. The association of religiosity, sexual education, and parental factors with risky sexual behaviors among adolescents and young adults. *Journal of Religion and Health*, 49(4), 460-472.
27. Fauziah Ibrahim, Norulhudasarnon, Salina Nen, Azianura Hani Shaari, NasrudinSubhi, Zaizul Ab Rahman, ShahrulNazmiSannusi dan Mohd Nasir Selamat. (2017). KesejahteraanDiriRemaja Di KawasanPerumahan Rakyat di Malaysia: LaporanAkhirPenyelidikan. UKM, Bangi.
28. Chua Yan Piaw. (2012). *AsasStatistikPenyelidikan*. Kuala Lumpur: Mc Graw Hill Sdn Bhd.
29. Diekhoff George. (1992). *Statistics for the Social and Behavioral Sciences*. Dubuque: Wm. C. Brown Publisher.
30. Winter, V. R., Brandon-Friendman, R. A. & Ely, G. E. (2016). Sexual health behaviors and outcomes among current and former foster youth: A review of the literature. *Children and Youth Services Review*, 64 :1-14

31. Rozmi Ismail, Normah Che Din, Ong Lee Lee, Norhayati Ibrahim, Fauzi Sukimi. (2015). Role of Sensation Seeking and Aggression On Risk Riding Behaviors among Motorcycle Street Racers in Malaysia. *Knowledge for Social Transformation & Development in the 21st Century: International Conference on Social Sciences & Humanities (169-179)*. Malaysia:e-Bangi
32. Cabrera, P., Auslander, W., & Polgar, M. (2009). Future orientation of adolescents in foster care: Relationship to trauma, mental health, and HIV risk behaviors. *Journal of Child & Adolescent Trauma*, 2(4), 271–286. <http://dx.doi.org/10.1080/19361520903317311>.
33. Salehi, A., Rahiminejad, S., Yazdanpanah, P. Acute motor axonal neuropathy: Case report (2018) *International Journal of Pharmaceutical Research*, 10 (1), pp. 289-291. <https://www.scopus.com/inward/record.uri?eid=2s2.085059610096&partnerID=40&md5=30456de778b039f043f287f1be4772a0>
34. Wild, L. G., Flisher, A. J., Bhana, A., & Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of Child Psychology & Psychiatry*, 45(8), 1454–1467. <http://dx.doi.org/10.1111/j.1469-7610.2004.00851.x>.
35. Neenu Preetam, I., & Gupta, H. (2014). Cardless Cash Access using Biometric ATM Security System. *International Scientific Journal on Science Engineering & Technology*, 17(10), 893-897.
36. Revathi, M., Prakash, K., & Suguna, R. (2018). A Systematic Study on Cyber Physical System. *Bonfring International Journal of Research in Communication Engineering*, 8(1), 1-4.
37. Fracasso, C., Friedman, H. Near-death experiences and the possibility of disembodied consciousness: Challenges to prevailing neurobiological and psychosocial theories (2011) *NeuroQuantology*, 9 (1), pp. 41-53.
38. Fattahi, S., Naderi, F., Asgari, P., Ahadi, H. Neuro-feedback training for overweight women: Improvement of food craving and mental health (2017) *NeuroQuantology*, 15 (2), pp. 232-238