UNHEALTHY LIFESTYLE AMONG YOUTH IN KEDAH AND JOHOR

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CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter divides the main context of study into sections. The goal of this research is to investigate the factors that contribute to an unhealthy lifestyle among young people in Kedah and Johor. This chapter will go over the problem statement, research aims, research questions, study importance, word definitions, and summary at the end of the chapter in further depth.

1.2 Background

The key modifiable risk factors for noncommunicable illnesses are unhealthy behaviours or lifestyles. Evidence reveals that risk factors are to blame for the vast majority of disease burden over the world. In 2017, they contributed 340 fatalities per 100,000 people in Western Europe, accounting for one-third of overall mortality (Institute for Health Metrics & Evaluation, 2017).

According to Colpani et al. (2018), groups of risk variables are associated with a higher risk of total mortality as well as a higher incidence and death rate from cancer, cardiovascular disease, and cerebrovascular disease. The life expectancy at age 50 was reduced by 14.2 years for men and 12.2 years for women in comparison to those who reported making unhealthy choices regarding the five risk factors that have traditionally been studied (smoking, alcohol, diet, exercise, and obesity).

Adolescents' lifestyles strongly predict their psychosomatic health problems. Teenagers who adopt dangerous lifestyle choices are more likely to suffer from psychosomatic health issues (PHH), and the reverse is also true. According to studies, risky behaviours (use of alcohol and tobacco), lack of exercise, being overweight, having a negative self-image, having low self-esteem, having a lower sense of coherence, problematic internet use, playing online games for escape purposes, and perceived psychosocial stress are the main predictors of psychosomatic health complaints (Feher PV, 2018). Physical symptoms having an ambiguous biological cause are known as psychosomatic symptoms. They manifest as a result of the reinforcement of physiological needs by the mind.

Eating a diet low in fruits and vegetables, smoking, physical inactivity, having a sedentary lifestyle, and consuming alcohol are all behavioural variables associated with an unhealthy lifestyle,

World Health Organisation (WHO), according to Al-Hazzaa (2018). According to the literature, people who exercise and consume healthy foods are more likely to maintain a healthy lifestyle and are less prone to get chronic conditions like type 2 diabetes, hypertension, and cardiovascular disease. With rates ranging from 43% in the US and the Middle East to 17% in Southeast Asia, physical inactivity is on the rise globally (Kahan, 2019). In men and women aged 15 to 64, the prevalence of total physical inactivity was 60% and 73%, respectively, according to a national-level study conducted in Saudi Arabia (Saghaiana, 2018).

Sedentary lifestyles are linked to no communicable diseases such obesity, cardiovascular disease, musculoskeletal issues, depression, and cancer (Patterson R, 2018). Previous research has discovered that a lack of resources, increasing age, female gender, family duties, and unfavourable socioeconomic circumstances are some of the factors associated with physical inactivity and lifestyle in Malaysia (Majeed, 2018).

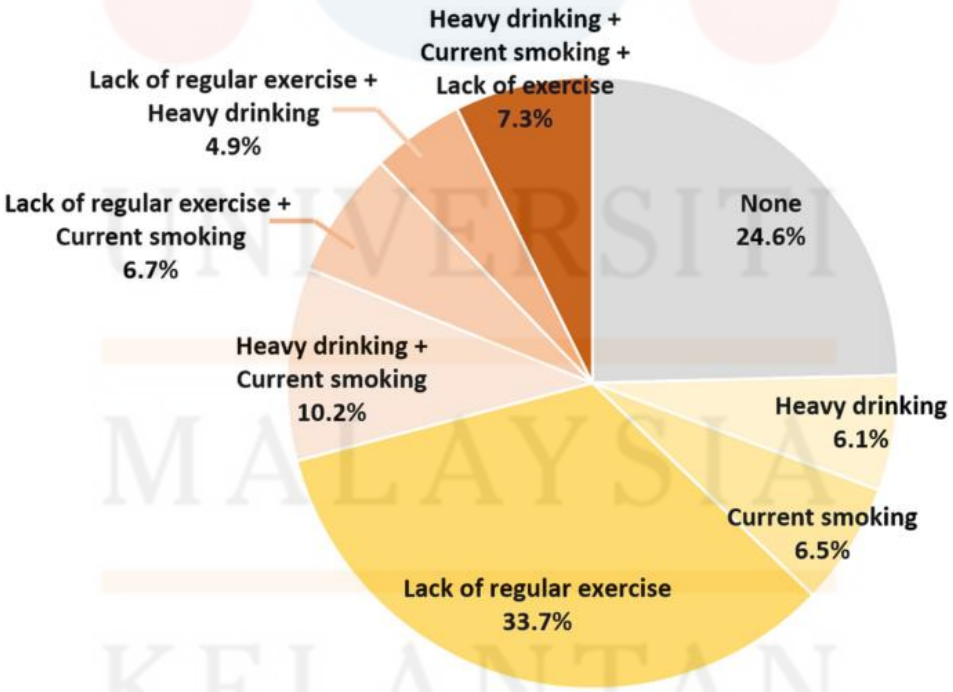


Figure 1.2 : Distribution of unhealthy lifestyle factors

The most prevalent unhealthy lifestyle factor was a lack of regular exercise (33.1%), followed by current smoking (6.5%) and excessive alcohol consumption (6.1%). Using a multivariable Cox proportional hazard model, it was determined that the absence of regular exercise was most strongly associated with an increased risk of atrial fibrillation (HR 1.11, 95% CI 1.08-1.13). As a singular risky behavior, smoking was associated with a marginally increased risk of atrial fibrillation (HR 1.06, 95% CI 1.01-1.10). Heavy alcohol consumption was not associated with a statistically significant increase in the incidence of atrial fibrillation (HR = 1.04; 95% CI = 0.99 to 1.05).

1.3 PROBLEM STATEMENT

A person's lifestyle is the way they live. It comprises their everyday behaviours, job functions, activities, personality, preferences, and diet. Thus, the researcher discovers the factor of the problem that significantly impacts an unhealthy lifestyle begins with smoking, which has a prevalence of 23.1 per cent. According to the National Health and Morbidity Survey (NHMS), 2019, the majority of smoking in Malaysia is 21.3 per cent, i.e., the highest significant impact of an unhealthy lifestyle. On top of that, a lack of exercise becomes a concern in an unhealthy lifestyle. As Tan Sri Dr Mohd Ismail Merican, a Director-General of Health, stated, the citizens are not nutritionally sensitive, making them vulnerable to hypertension. "They do not exercise and do not consume a well-balanced meal daily. It includes consuming foods heavy in sugar, salt, and fat," he remarks.

Furthermore, smoking and drinking alcohol are major contributors to those suffering from hypertension or high blood pressure. As we have heard, a lack of physical activity can contribute to heart disease, even in persons with no other risk factors. It can also raise the likelihood of developing other risk factors for heart disease, such as obesity, high blood pressure, high cholesterol, and type 2 diabetes.

As a final point, a lack of sleep contributes to an unhealthy lifestyle. Sleep deprivation is a prevalent issue among young individuals. Thereby, the researcher wishes to investigate this issue and give remedies to it.

Previous study has examined the factors that contribute to harmful lifestyles in Syria, such as physical activity, diet, alcohol consumption, smoking, stress, and sleeping disorders. In a previous study conducted in Saudi Arabia, physical inactivity, sedentary behaviour, unhealthy dietary habits, and inadequate sleep were found to be associated with a variety of adverse health outcomes, including

weight gain, obesity, decreased cardiorespiratory and musculoskeletal function, less favorable metabolic health, inflammation, insulin resistance, type 2 diabetes mellitus, decreased cognitive function, and negative psychological healing. The research will investigate smoking, sleep deprivation, and lack of exercise (Ann Agric, 2018).

1.4 RESEARCH OBJECTIVES

i. To determine the factors of smoking related to unhealthy lifestyles among youth in Kedah and Johor.

ii. To examine relationship between short sleep and lifestyles among youth in Kedah and Johor.

iii. To investigate the relationship between lack of exercise associated with unhealthy lifestyles among youth in Johor and Kedah.

1.5 RESEARCH QUESTIONS

i. What is impact between unhealthy lifestyles related to smoking on social media among youth in Kedah and Johor?

ii. How do short sleeps factor can give negative impact on unhealthy lifestyle among youth in Kedah and Johor?

iii. What is impact of lack of exercise associated with an unhealthy lifestyle among youth in Kedah and Johor?

1.6 SCOPE OF THE STUDY

This study focuses on the factors that contribute to an unhealthy lifestyle among young people in Kedah and Johor. Several factors of poor living among young have been studied by researchers, including smoking, insufficient sleep, and a lack of exercise. The researcher employed a questionnaire survey to target urban and rural young respondents in Kedah and Johor who were influenced by an unhealthy lifestyle. The researcher's primary goal is to educate consumers about the variables that contribute to unhealthy lifestyles and the need of addressing this issue.

1.7 SIGNIFICANCE OF THE STUDY

This study contributes to body knowledge by providing a full understanding of the reasons for unhealthy lifestyle among young in Kedah and Johor by its elaborative literature analysis and empirical data.

Second, it helps the researcher better understand the impact of unhealthy lifestyles on teenagers in Kedah and Johor. Unhealthy eating habits are one of the health problems that could lead to chronic illnesses and mortality in a person's later years. In order to efficiently and fairly address gaps in the continuum of care, epidemiology and surveillance can be used in cross-cutting and integrated solutions for early identification and prevention. The goal of the study is to identify the factors that contribute to adolescents in Kedah and Johor living unhealthy lifestyles and eating unhealthily, as well as the connection between stress and unhealthful eating. The unhealthful eating habits of young people in Kedah and Johor are also examined in this study.

Aside from the foregoing, the empirical findings of the study will serve as guidelines for Malaysian policymakers in the health and wellness sector. Finally, this study provides guidance for future research in the field of unhealthy lifestyles.

1.8 DEFINITION OF TERMS

For better understanding, the following term are defined in the context of the research.

1.8.1. Unhealthy Lifestyle

Unhealthy lifestyle choices are widespread in the population. According to the Public Health Agency of Sweden's 2016 nationwide study on lifestyle habits and living situations, half of all women and two-thirds of all men have at least one unhealthy lifestyle habit. In Sweden, smoking, excessive alcohol use, physical inactivity, and bad eating habits contribute for 20% of overall health-care costs (2019, Lönnberg).

1.8.2. Smoking

The most common cause of premature death, defined as death before the age of 70, is smoking manufactured cigarettes. For the last five decades, the scientific literature has universally acknowledged smoking as a major cause of numerous diseases in many populations. (Jha, 2020)

1.8.3. Short and Insufficient Sleep

Sleep deprivation and insomnia are linked to a variety of medical and mental health issues, including an increased risk of psychiatric illnesses, suicide, and chronic health diseases like obesity, diabetes, cardiovascular disease, and chronic pain. Many of the health problems related with inadequate sleep and insomnia are common among people. (2019, Lombardero)

1.8.4. Lack of Exercise

A lack of exercise is described as less physical activity than is required for optimal health. Exercise is a form of physical activity that is planned, systematic, repeated, and intended to enhance or maintain one or more aspects of physical fitness. Physical exercise is any movement produced by skeletal muscles that requires energy expenditure. (Dasso, 2019).

1.9 SUMMARY

Finally, maintaining a healthy lifestyle is critical. Staying fit and eating healthy foods contributes to a long and prosperous life. It can be difficult to determine your eating habits until you are forced to examine them. This initiative was created to help you become more conscious of your current eating habits. It was created to inspire you to incorporate healthier foods into your regular diet by changing and eliminating foods that are harmful to your health. I hope you have gotten an understanding of the significance of living a healthy lifestyle.

Living a healthy lifestyle also helps someone succeed since it increases his productivity and self-confidence. A person can enjoy their social and personal lives when they have a healthy lifestyle. Finally, poor eating habits and a sedentary lifestyle that involves little to no exercise can result in obesity, hypertension, diabetes, anaemia, and a variety of cardiac issues. The productivity and creativity of a person are reduced by an unhealthy lifestyle. It also negatively affects relationships and emotions. Humans experience melancholy and worry as a result.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The literature review is an important step in the analytical process. A literature review's primary goal is to transmit previously completed work, expertise, and ideas on a well-known research topic to readers. The goal of these articles is to describe and analyse the research topic. In an experiment, the variable dependent is the variable that is evaluated or assessed (Cherry,2019). The dependent variable will be analysed, identified, and changed by the researcher. An independent variable (IV) influences or has an effect on the dependent variable (DV). The DV variation is managed by the IV. The DV increases or decreases with each unit increase in IV. IV can have an effect on the DV in both positive and negative ways.

This chapter will look at the issue of unhealthy lifestyles among young people in Kedah and Johor. Smoking, poor sleep, and a lack of exercise are independent variables, whereas an unhealthy lifestyle is a dependent variable. Our physical health, economics, and social position will suffer if we do not maintain a healthy lifestyle. The link between independent and dependent variables is depicted in this figure. The hypothesis of this analysis was presented as follows based on the literature review and the research topic.

2.2 LITERATURE REVIEW

2.2.1 UNHEALTHY LIFESTYLE

After becoming unwell, it would be necessary to differentiate between heath therapy and illness therapy. A unhealthy lifestyle, on the other hand, may transform a robust individual into a patient. It is a lifestyle characterized by health-damaging behaviors, such as skipping breakfast or consuming too much or too rapidly, drinking too much or spending too much time watching television, smoking, not exercising, eating unhealthy foods, and failing to maintain a healthy weight. In addition, you are constantly exposed to tens of thousands of compounds in the workplace, at home, in the air, and in your food. Greater quantities of industrialized and fast cuisines are consumed than ever before.You persist in abusing your body with unneeded medications (Johnsen, N., 2018).

Cluster headache is one of the most excruciating illnesses known to man. Symptoms of severe, unilateral periorbital pain are accompanied by autonomic cranial symptoms and agitation. Observational studies have revealed that cluster headache patients have unhealthy lifestyle habits. The most commonly reported issues are excessive smoking and harmful alcohol consumption (Steinberg, 2018). Due to the close relationship between cluster headaches and smoking, it has been suggested that smoking may be directly linked to the development of cluster headaches. On the other hand, it has been argued that cluster headache patients have particular psychological characteristics that make them more prone to making poor lifestyle decisions. Men with cluster headache consume more illegal substances, such as cannabis and cocaine, compared to controls, whereas women do not (Fourier, 2018).

Tobacco use, excessive alcohol consumption, and poor dietary practices are all risk factors for the development of cerebrovascular and brain diseases, such as atherosclerosis, stroke, and myocardial infarction. These lifestyle-related diseases may negatively impact cluster headache treatment (Sacco, 2019).

2.2.2 SMOKING

People recognise that, from their own perspective, many people do not embrace a healthy lifestyle due to attitude components of personal, social, and family history, according to Majabadi et al. (2016). This is due to the high number of people who do not live a healthy lifestyle in their daily lives because of external environmental variables that affect them rather than their internal demands and desire to live a healthy lifestyle. As a result of health concerns and ailments, most people adopt harmful lifestyle patterns. For example, 38.7% of smokers who attempted to quit smoking in the previous 12 months, as well as 26.6% of smokers who suffered serious illness in 2018, are concerned about their future health. As a result, ex-smokers have higher health-care utilisation and higher health-care expenditures. People who lead an unhealthy lifestyle may not be concerned about their health or may be risk takers. They may face abandonment or health-care delays, which could lead to severe illness and higher health-care costs in the future.

Furthermore, according to Savelli et al. (2017), heavy smoking, inactivity, and a poor diet are found to cluster more frequently in an individual. In both men and women, smoking appears to have a substantial role as a gateway to unhealthy behaviours. Male smokers were also shown to be more constant in their lifestyle over time than nonsmoking guys. Furthermore, smoking prevalence has

grown, particularly among young individuals. Aside from cigarettes, other dangerous types of tobacco smoking, such as water pipes, vaporizers, e-cigarettes, and so on, are becoming more popular.

Moving on, Lassen et al. (2016) stated that youth, particularly guys who smoke, are more prone to smoke, which can lead to an unhealthy lifestyle as a result of parental influence. Parents should play an essential part in developing their children from an early age. Children may become involved with cigarettes if the stages are not performed appropriately. For example, if kids observe their father smoking since they were children, they will believe that smoking is a habit rather than an error.

Furthermore, ALFaris et al. (2015) discovered that emotional stress contributes to harmful lifestyle choices in young people. Some people smoke to cope with stress. Cigarettes contain nicotine, which gives them with momentary comfort. Even when the user is not conscious of it, it leads to cigarette addiction. When work stress, study pressure, or domestic problems are not effectively managed, they can lead to a person approaching cigarettes or smoking more. Cigarettes, in fact, exacerbate the condition because smokers are easily agitated and sensitive during the nicotine withdrawal phase. As a result, people will turn to cigarettes as a quick fix. This vicious loop is then perpetuated.

Moving on, Adam et al. (2016) claimed that one of the primary reasons people smoke is the ease with which cigarettes may be bought. No matter where you travel, cigarettes are a must. Almost all supermarkets, grocery stores, and convenience stores regularly carry it. Additionally, there are groups that market less expensive fake cigarettes, making the government's efforts to strictly regulate cigarette distribution useless. Even stores where those under the age of 18 can purchase cigarettes exist! Even if it's illegal, nobody will care if you don't get caught. The number of minor smokers has increased as a result of this situation as well. The problem was made worse by the development of the electronic cigarette craze.

2.2.3 SHORT AND INSUFFICIENT SLEEP

Sleep patterns, such as regenerative and undisturbed sleep, sleep onset latency, or how long it takes the person to fall asleep, the number of awakenings during the night, or how many times the

person wakes up during the night, and fatigue during daytime concentration, all reflect a person's sleep quality.

The previous technical report discussed the important circadian and sleep-wake regulation changes that take place during adolescence, listed the influences that parents and school start times have on adolescents' sleep patterns, and discussed the negative effects of insufficient sleep on adolescents' mood, attention, and academic performance. It also highlighted the link between clinical sleep disorders and daytime sleepiness in teenagers, such as narcolepsy, insomnia, and restless legs syndrome. The need of acknowledging inadequate sleep as a severe public health issue that is also directly applicable to paediatric practise is emphasised in this research, which adds to the body of knowledge regarding the extent of sleep restriction in the teen population. In 2010, the American Medical Association and the American Academy of Sleep Medicine jointly introduced a resolution that acknowledged adolescents' lack of sleep as a severe health issue. Additionally, one of the goals of the new topic Sleep Health in Healthy People 20203 is to increase the proportion of students in grades 9 through 12 who get enough sleep, which is defined as 8 hours or more.

Inadequate sleep has been associated to a variety of unfavourable consequences in adolescent health, including physical and mental health, as well as academic success. Inadequate sleep duration is linked to various cardiometabolic risk factors in children and adolescents, including dyslipidemia, glucose homeostasis, and high blood pressure, according to Owens J (2014). Ferranti et al. (2016) To explain the association between insufficient sleep duration and food consumption, hunger, satiety, and energy balance, endocrinological theories involving hormones such as cortisol, insulin, ghrelin, and leptin have been postulated in the literature.

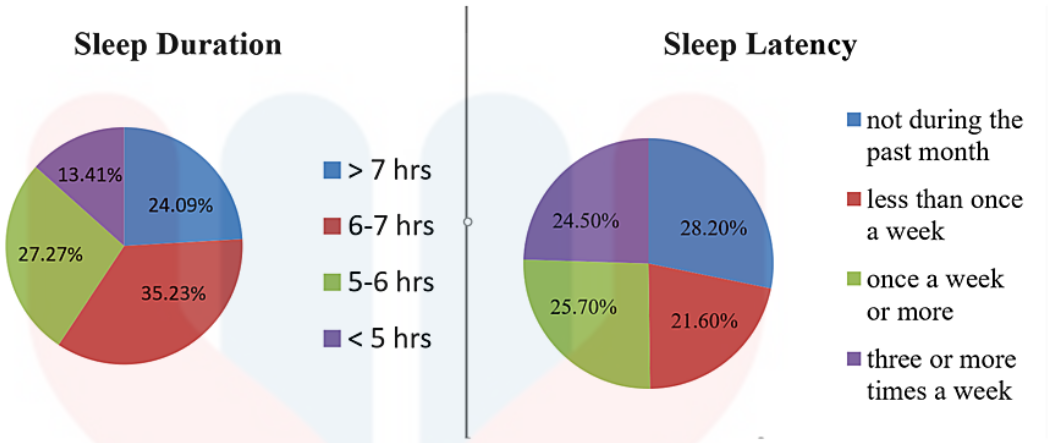


Figure 2.1 : Sleep profile, showing sleep duration per night and frequency of difficulty sleeping past 30 minutes of medical students.

24.1% of individuals slept more than seven hours per night, while 27.3% slept between five and six hours and 13.4% slept less than five hours. The frequency of sleep latency problems varied considerably, with 24.5% having difficulty falling asleep within 30 minutes of entering bed three or more times per week (Figure 1). This was an issue for 25.7% of pupils once or twice per week, whereas 28.2% had no difficulty falling asleep in the previous month. 31% of students required 16 to 30 minutes to fall slumber each night, while 31.1 % required fewer than 15 minutes. The majority, 56.1%, felt that the quality of their sleep was very excellent, while 21.1% and 7% felt that it was very poor.

2.2.4 LACK OF EXERCISE

The National Sports Institution (2016) states that afternoon sports should be avoided in favour of morning, evening, and nighttime activities. Exercise in the morning can make you feel more energised, burn extra fat, and burn calories continuously. Morning exercise can burn up to 420 calories of energy, and even if you don't move again that morning, you'll still burn an additional 190 calories. You'll have more energy and fitness as a result, enabling you to engage in a wider range of activities afterwards. The National Sports Institution advises exercising in the evenings and at night if you are unable to work

out first thing in the morning. Evening and nighttime athletics can help to lower mental stress and increase physical fitness.

One of the reasons Malaysians are at danger of metabolic syndrome, according to Dr Lim Kien Chien, Clinical Cardiologist at the National Heart Institute, is a lack of exercise and bad eating habits. Despite being aware that the excessive fat, sugar, and salt content of such foods might have a negative influence on health, the availability of many unhealthy foods has become a nutritional trend within the community. Participants were deemed physically active if they engaged in moderate activity for at least 30 minutes three times per week, such as walking, running, square dancing, or tai chi.

According to a recent Cilisos.my and Fitness First, 2018 poll of 3,779 Malaysians, the three biggest reasons Malaysians do not exercise are a lack of motivation (51.32 percent), a lack of time, and a lack of friends to go with. Walking for hours in the mall is considered exercise by 19.42 percent, the average push-up activity that can be done non-stop is 18 times, and running a marathon and climbing a mountain are among the life goals to be accomplished.

Exercise research using the Health and Morbidity Survey Hl96 done across the country indicated that 11.6 percent exercise every three weeks, 69.1 percent do not exercise, and the rest exercise once or twice a week. Women, private sector workers, rural residents, and the elderly are shown to be less active. Running, jogging, aerobics, and other physical activities can help alleviate tension and anxiety. People in good physical condition are more open, tranquil, and make better decisions. As a result, each person has the ability to manage challenges in a more systematic and sensible manner. Consciousness practises style living a healthy life by exercising, eating a well-balanced diet, and dealing with stress wisely can be beneficial to maintaining more valuable behaviour to ensure good health until the end of life.

2.3 HYPOTHESES

The hypothesis in the study is to find out whether there are any correlation or relationship between dependent variables and independent variables. The hypothesis research is:

2.3.1 Smoking and unhealthy lifestyle.

H0: There is no significant relationship between impact of smoking related to media social and unhealthy lifestyle among youth in Kedah and Johor.

H1: There is significant relationship between impact of smoking related to media social and unhealthy lifestyle among youth in Kedah and Johor.

2.3.2 Short sleeps and unhealthy lifestyle.

H0: There is no significant relationship between short sleeps factor can give negative impact and unhealthy lifestyle among youth in Kedah and Johor.

H1: There is significant relationship between short sleeps factor can give negative impact and unhealthy lifestyle among youth in Kedah and Johor.

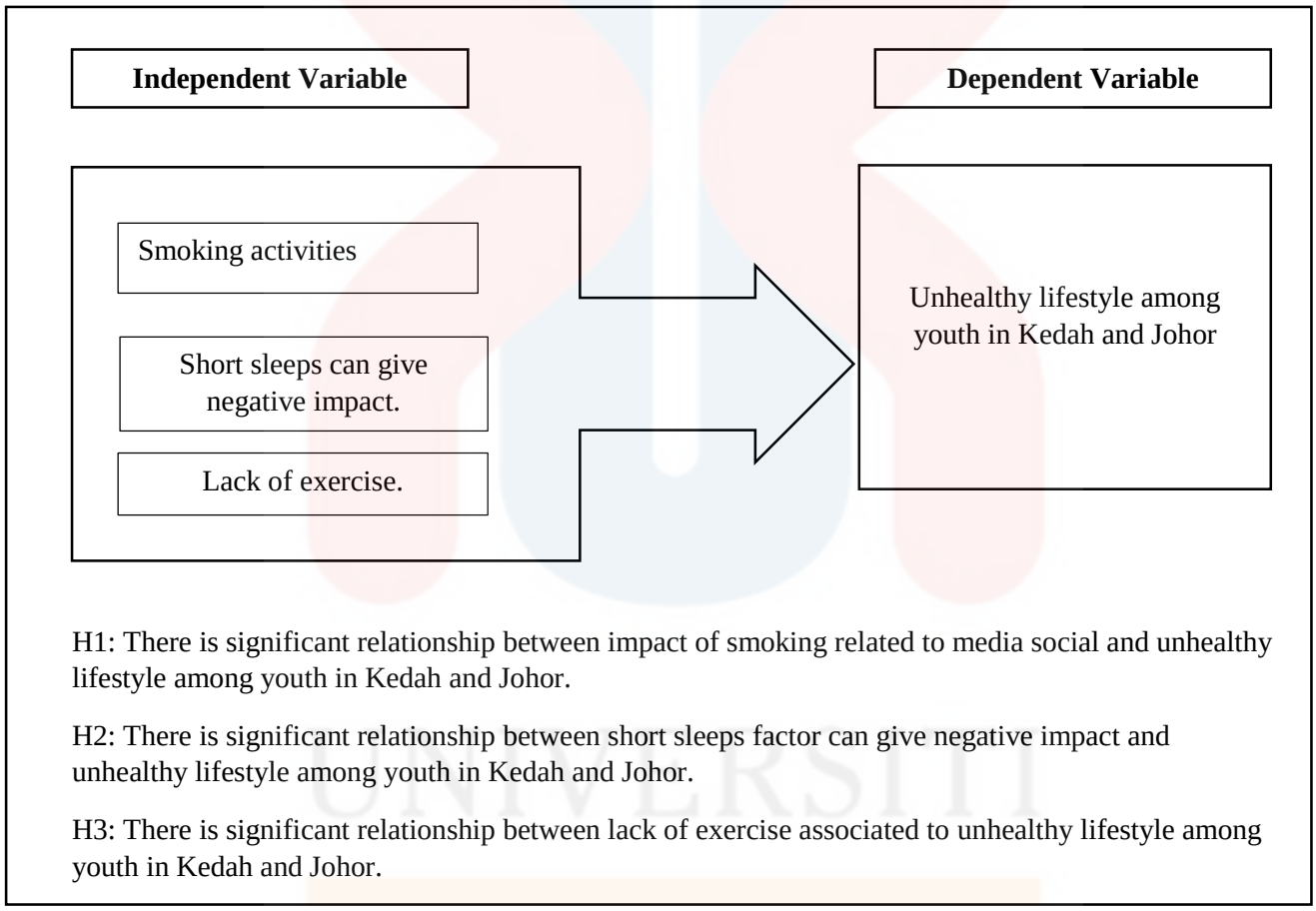
2.3.3 Lack of exercise associated to unhealthy lifestyle.

H0: There is no significant relationship between lack of exercise associated to unhealthy lifestyle among youth in Kedah and Johor.

H1: There is significant relationship between lack of exercise associated to unhealthy lifestyle among youth in Kedah and Johor.

2.4 CONCEPTUAL FRAMEWORK

Based on the literature analysis, a research framework was developed to investigate the relationship between factor and unhealthy lifestyle among adolescents in Kedah and Johor. The proposed conceptual framework is depicted in Figure 1. The dependent variable is an unhealthy lifestyle among Kedah and Johor youngsters. The proposed independent variable consists of three factors: smoking, short sleeps, and lack of exercise.



H1: There is significant relationship between impact of smoking related to media social and unhealthy lifestyle among youth in Kedah and Johor.

H2: There is significant relationship between short sleeps factor can give negative impact and unhealthy lifestyle among youth in Kedah and Johor.

H3: There is significant relationship between lack of exercise associated to unhealthy lifestyle among youth in Kedah and Johor.

Figure 3: Conceptual Framework

The synthesis of linked studies, a conceptual framework, and the unhealthy lifestyle among the youth in Kedah and Johor illustrate this. This study is based on the elements of smoking, short sleeps, and a lack of exercise, all of which are related with an unhealthy lifestyle.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

The research methods are explained in this chapter. In this chapter, the researchers provide a concise description of the methods used for data acquisition and study completion. The researchers also describe the data collection methodology. The information necessary to achieve the study's objectives, as well as how the queries were gathered, is then presented and analyzed. The findings of the study will be one of the factors affecting the research method. This chapter will conclude with a discussion of the methods used to conduct this study. The target population and sample are also discussed in this chapter. The following section of the chapter will cover sampling procedures, research instruments, data analysis, descriptive statistics, the reliability test, Pearson correlation, and the conclusion.

3.2 RESEARCH DESIGN

The research design is one of the frameworks that facilitate the planning, execution, and resolution of research challenges (Rahi, 2017). This study requires the researchers to acquire data that can be connected to the research topics. However, once the research is underway, the researchers will be able to consider the pertinent information. In this investigation, a quantitative research method was employed. The researcher wishes to investigate and assess the effects of a harmful lifestyle on young people in Kedah and Johor. Quantitative research is used when it is necessary to summarize statistical conclusions in order to gain practical insights. Future research decisions will be better informed by digital data and analytical insights, it has been demonstrated. Quantitative research is comprised of statistics, logical perspectives, and goals. In contrast to difference reasoning, quantitative research is preoccupied with data with fixed values and comprehensive convergence reasoning.

The fact that data is frequently collected using structured research instruments distinguishes it. The findings are founded on a larger, representative sample size of the population. Quantitative research provided a high level of reliability due to the repeatability of the study. Researchers are required to formulate specific research questions and pursue objective answers. Utilizing instruments such as surveys and computer programs, researchers collect digital data. The primary objective of quantitative queries is to identify characteristics, calculate characteristics, and develop models to explain data (Hammersley, 2018).

However, three quantitative research methods, exploratory, descriptive, and informal, can generate primary data. For this investigation, the descriptive research design was chosen. Descriptive research design can assist in answering the who, what, when, where, and how inquiries regarding a particular research topic. The cause cannot be conclusively determined by a descriptive investigation. Descriptive research is used to learn about the current state of a phenomenon and to characterize the "presence" of environmental variables or conditions. Therefore, researchers in Kedah and Johor are investigating the factors that contribute to poor lifestyle choices among youths, such as smoking, insufficient sleep, and a lack of physical activity.

3.3 POPULATION

The population is the source of all entities, situations, or items that the researcher is investigating. Consequently, the study's target population consists of youthful Kedah and Johor residents with a hazardous lifestyle. A population is the entire group of individuals who share certain characteristics, while an example is a subset of the population.

This study aimed to determine the relationship between smoking, insufficient sleep, and absence of exercise and a hazardous lifestyle among young people in Kedah and Johor. Men and women of both sexes, from all over Kedah and Johor, were queried by means of a questionnaire for this study.

Unhealthy lifestyle can be decided by the factors of unhealthy lifestyle on social media, stress factor can have a negative impact, and habits are frequently related.

3.4 SAMPLE SIZE

The selection of a subset of a population based on an assessment or conclusion that applies to the entire population is referred to as sampling. The number or population of participant observations included in a study is referred to as the sample size. The focus sample size for this study is youth that we choose from Kedah and Johor's urban and rural areas. Random online questionnaires will be distributed to the target demographic via WhatsApp in the form of a Google form.

According to the sample measurement table developed by Krejcie and Morgan (1970), a total of population in Kedah and Johor are 1363553 people. So that, the sample size 384 respondent will be chosen to taking part in this survey. Researchers use the youth population because it is suitable for researchers to get respondents what are the factors of unhealthy lifestyle among youth in Kedah and Johor.

Table 3.1

Table for Determining Sample Size of a Known Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

Figure 1: Krejcie & Morgan 1970 Table

3.5 SAMPLING METHOD

SAMPLING METHOD

To draw valid conclusions from your findings, you must evaluate how you will select a representative sample of the entire group. This is what is known as the sampling procedure. For this research, we utilized nonprobability sampling. Non-probability sampling is defined as a sampling technique in which the sample is selected based on the researcher's subjective judgment rather than by random selection. This approach is gentler. This strategy relies significantly on the researcher's skill, involves non-random selection based on convenience or other factors, and makes data acquisition simple.

The researcher should nevertheless strive to make this study as representative of the population as feasible. Create an online quiz using social media, such as messaging programmes like WhatsApp. This would allow for faster data collection and eliminate the need to move around. Aside from covering the individuals most easily accessible to the researcher, another advantage of employing a convenience sample exclusively is that it saves money during the data gathering procedure.

3.6 DATA COLLECTION PROCEDURE

This study gathered information through primary data collecting (an online questionnaire). According to Wolf (2018), primary data is new information acquired directly from individuals. By asking a series of questions on the internet, online questionnaires are used to collect data. To reach potential respondents, the questionnaire was distributed via social media and messaging apps. Google Forms was used to develop the questionnaire for this study. The questionnaire is administered to Kedah and Johor youngsters.

3.7 RESEARCH INSTRUMENT

Researchers instrument research instruments to help them reach their ultimate aims when conducting research. Instruments for research are designed to aid in the collection of data for analysis. Data collection methods are classified into two types: qualitative and quantitative. As a result, quantitative data collection methods such as surveys are used by academics. Questionnaires are written interviews that can be administered via mail, computer, or phone (Quad, 2016). It makes a comparison.

3.7.1 Scale of measurement

Section A surveys are designed using a nominal and interval scale, whereas Sections B, C, D, and E are designed with a Likert Scale. The 5-Likert Scale was used in this study because the reactions are successfully quantitative and abstract to calculation of any scientific inquiry. Furthermore, unlike the 7-Likert Scale, this 5-Likert Scale lacks two extreme options: "very strongly disagree" and "very strongly agree" (Pearse, 2011). As a result, the 5-Likert Scale rates 1 as strongly disagree, 2 as strongly disagree, 3 as neutral, 4 as agree, and 5 as strongly agree. Questionnaires were used to collect data. The researchers sent questionnaires to teenagers in Johor and Kedah.

Table 3.2 Questionnaire Composition shows the outline of the research instrument that was prepared for this investigation. The questionnaire sample is attached in Appendix form, which helps condense enormous quantities of data into a concise summary. The mean and standard deviation will be calculated in each component of the independent variable in this study. The mean can be used to calculate the average of the questionnaire responses, and the standard deviation can be used to calculate the variation of each number.

Table 3.2: Questionnaire Composition

SECTION	VARIABLE	NUMBER OF ITEMS
Section A	Demographic	6
Section B	Unhealthy Lifestyle	5
Section C	Smoking	5
Section D	Short and insufficient sleep	5
Section E	Lack of exercise	6

3.8 DATA ANALYSIS

SPSS is being used to analyse massive amounts of data in order to answer the questions posed in Chapter 1. Data analysis is the systematic application of statistical or logical procedures to characterise and represent, compress, recapitulate, and analyse data in order to extract meaningful information. The Statistics for Social Sciences (SPSS) Tool is a statistical data analysis software tool. SPSS (Statistical Software for the Social Sciences) is a statistical package that includes descriptive and bivariate statistics, as well as numerical forecasts for group identification. Researchers conduct descriptive, correlation, and reliability analyses.

3.8.1 Descriptive Statistics

Data analyses that successfully describe or compress data are known as descriptive statistics. It does not, however, allow researchers to draw inferences about future ideas or extrapolate from previously analysed data. This is significant since it is difficult to visualise data if the researcher merely offers raw data, especially if it is large. As a result, researchers may employ descriptive statistics to present data in a more intelligible format, hence enhancing data interpretation. The collected data will be analysed using two approaches: descriptive analysis and inferential analysis. Descriptive analysis will be used to identify respondents' demographic features such as percentage, frequency, mean, and average mean. As a result, in parts B, C, and D, researchers utilise descriptive analysis to describe the degree of agreement. To evaluate whether respondents agreed or disagreed with the questionnaire statements, the mean table range was employed. A descriptive analysis is a basic quantitative description of a collection of dates. This allows the researcher to fully comprehend the experiment or data being supplied, as well as educate everyone on the critical aspects that help put the findings into context. Descriptive analysis also assists researchers in more efficiently displaying data and facilitating data explanation.

3.8.2 Reliability Test

Test reliability is the degree to which a test assesses without error. It is strongly related to test validity, despite the fact that reliability and validity are two distinct types of test qualities. In general, test dependability is related to a measuring technique's accuracy and precision, as well as the degree to

which the measurement is error-free. Meanwhile, test validity might be defined as the degree to which the test measures what we want it to measure. Dependability is not a fixed test quality, but rather a distinct type of dependability for different populations at different levels of the construct being evaluated. The manner in which the effect of multiple error sources is measured is related to the type of dependability. When the reason of the error in the examination is due to the subjectivity of the scoring, the approach to analyse the impact of the error is to ask various scorers to evaluate the same test protocol and compare the results.

Excellent measures must meet the requirements of validity, reliability, and practicability. So, when we want to measure something, there must be specific properties that ensure accuracy. Instruments, questionnaire distribution, and other components must be included in the measurement. Many measurements are taken in order to build a questionnaire that utilises instruments correctly. One of the phases is a validity test based on type content validity, face validity, criteria validity, and construct validity. When the instrument thoroughly analyses or measures the concept of interest, our study has excellent content validity. This happens when the experiment appropriately addresses the topic under inquiry, which is the impact of unhealthy lifestyles on youth in Kedah and Johor. Following that, our study had to deal with the validity of 'non-expert' judgements made by people filling out the instrument and/or executives who must approve its use. Thus, in our inquiry, the youngster serves as a tool for its responders. Because we met every criterion that should be evaluated based on four qualities: relevance, independence from bias, dependability, and availability, our study outperformed the criteria validity.

Finally, we examine both the theory and the measuring instrument while doing the construct validity test. Furthermore, the Test reliability was examined in two scenarios. The first is measure stability, which relates to an instrument's ability to give consistent results when repeated measurements are taken in two ways: test-retest reliability and parallel-form reliability. Other requirements include internal consistency of measures, which reveals the consistency of items used to assess the construct, and two approaches that use inter-item consistency reliability and split-half reliability. To measure reliability test, conduct the same test on the same group of the people at two different points in the time. Then calculate the correlaton between the two sets of results.

3.8.3 Pearson Correlation

The analysis of the intensity and direction of a relationship between two variables is known as correlation (Statistic Solution, 2019). The correlation coefficient of the product was also taken into account when calculating Pearson's coefficient. The letter r serves as an illustration. The sample was then selected from a population that had already been characterized. The correlation coefficient varies between +1 and -1 based on the link strength. The value 1 indicates that the two variables are interdependent. The relationship between the variables weakens as the correlation coefficient approaches 0. A coefficient sign signifies the direction of a relationship. The plus sign denotes a positive relationship, whereas the minus sign denotes a negative relationship. Positive coefficients denote a direct correlation, indicating that as one variable increases, so does the other. Negative correlation coefficients denote an indirect relationship in which one variable increases as the other decreases.

Table 3.8 Value of Correlation Coefficient

Value of the correlation Coefficient	Strength of Correlation
1	Perfect
0.7-0.9	Strong
0.4-0.6	Moderate
0.1-0.3	weak
0	Zero

3.9 SUMMARY

This chapter describes the research technique and design of the research investigation. The primary goal of this survey design is to investigate the factor of unhealthy lifestyle among young people in Kedah and Johor. The approach employed in this study is a quantitative method in which we build a questionnaire using a Google form and our target respondents are youngsters from a specific state. In this study, respondents were chosen via convenience sampling by the researcher.

CHAPTER 4

DATA ANALYSIS

This chapter will begin with the analysis's conclusions and findings based on the data acquired via the questionnaire. The study data of the outcomes are available, with 384 respondents. It was determined by doing descriptive and inferential analysis on the questionnaire data.

The questionnaire is divided into sections A, B, C, D, and E. Section A discusses the respondent's demographics, which include gender, age, education level, state, occupation, and monthly income. Part B then addresses the dependent variable, whereas Parts C, D, and E address the independent variables.

This study's primary population consists of 384 respondents drawn from Johor and Kedah's residential areas. 384 surveys were successfully completed and returned. Respondents were given 3-5 minutes to complete all surveys and discuss the study.

In this study, the statistical package for the social sciences (SPSS) version 27 was utilised in the field of research to conduct information thinking analysis. The influence of unhealthy lifestyles on youth in Kedah and Johor was investigated in this chapter.

4.2 RESPONDENT PROFILE

In this study, there were 384 respondents involved. Data section A includes a questionnaire for section statistic factors of respondents counting gender, age, education level, state, occupation, and monthly income. The demographic profile was researched with descriptive statistics.

Table 4.1: Number of Respondent by gender

Gender				
Gender	**Frequency**	**Percentage (%)**	**Valid Percent**	**Cumulative Percent**
Female	219	57%	57%	57%
Male	165	43%	43%	100%
Total	384	100.0	100.0	

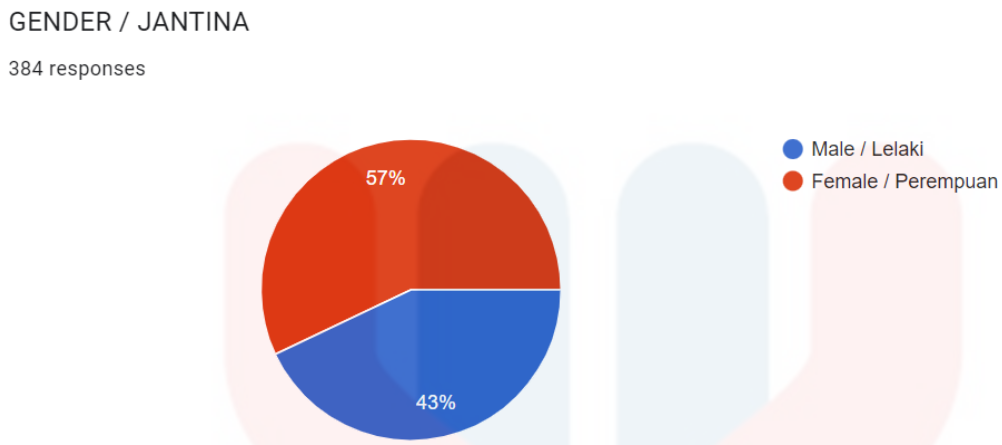
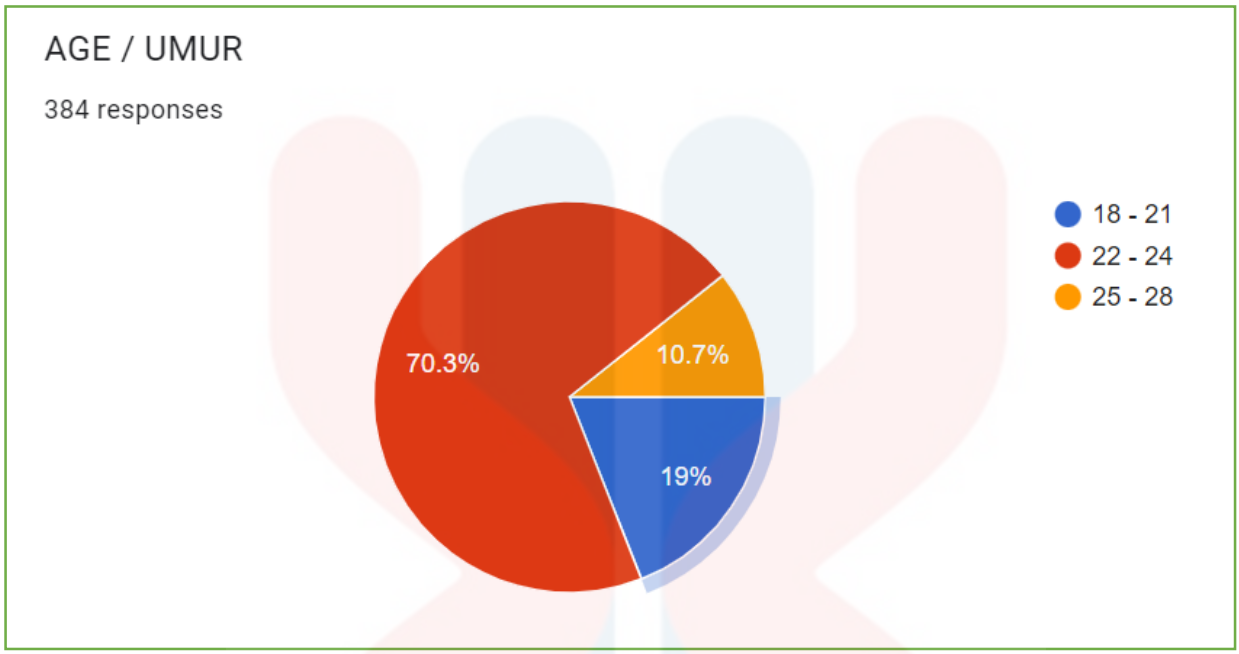


Figure 4.1 Percentage of Respondents by gender

Table 4.1 and Figure 4.1 show the respondents by gender. The chart shows that this survey's total number of respondents is 384. The total number of respondents for female is 219 highest, with 57%. One hundred sixty-five males, with 43, followed him.

Age				
Age	**Frequency**	**Percentage (%)**	**Valid Percent**	**Cumulative Percent**
18-21	73	19.0	19.0	19.0
22-24	270	70.3	70.3	89.3
25-28	41	10.7	10.7	100.0
Total	384	100.0	100.0	

Table 4.2: Number of Respondent by age



4.2 Number of Respondents by age

Table 4.1 and figure 4.1 show the respondents by age. The chart shows that the total number of respondents in this survey is 384. The total number of respondents aged 22-24 years is 270 first-person highest with 70.3 per cent. Followed by 73 respondents aged 18-21 with 19.0 per cent, 41 respondents aged 25-28 respondents with 10.7% cent is the lowest aged participating in the study.

4.2.2 Level of education

Level of education				
Level of education	**Frequency**	**Percentage (%)**	**Valid Percent**	**Cumulative Percent**
DEGREE	294	76.6	76.6	76.6
MASTER/PHD	14	3.6	3.6	80.2
SPM	37	9.6	9.6	89.8
STPM/STAM/DIPLOMA/FOUNDATION	39	10.2	10.2	100.0
Total	384	100.0	100	

Table 4.2: Number of Respondent by Level of education

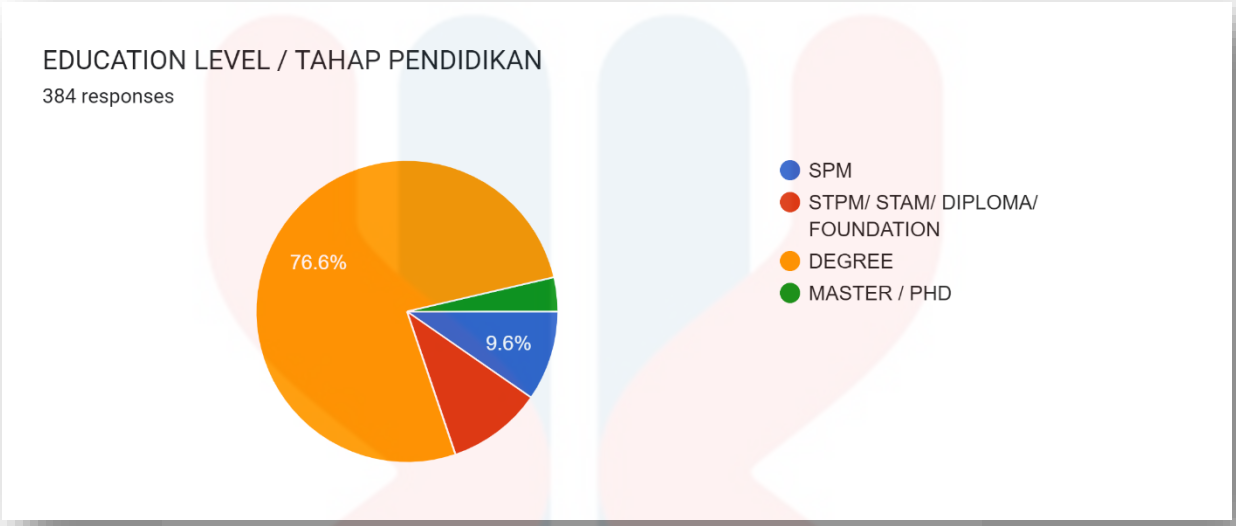


Figure 4.3 Percentage of Respondents by Level of education

Table 4.3 and Figure 4.3 show the total number of respondents by education level (384). The respondents' degree of education is divided into four groups. Degree reported the number of respondents in the level of education, which is 294 with a 76.6 percent response rate. STPM/STAM/Diploma/Foundation 39 respondents accounted for 10.2 percent of the total. Following that, SPM recorded 37 replies with 9.6 percent, and Master and PhD recorded 14 respondents with 3.6 percent, the lowest level of education.

4.2.6 Occupation

Occupation				
Occupation	**Frequency**	**Percentage (%)**	**Valid Percent**	**Cumulative Percent**
Not working/ tidak bekerja	19	4.9	4.9	4.9
Student/Pelajar	298	77.6	77.6	82.6
Working/Bekerja	67	17.4	17.4	100.0
Total	384	100.0	100.0	

Table 4.6: Number of Respondent by Occupation

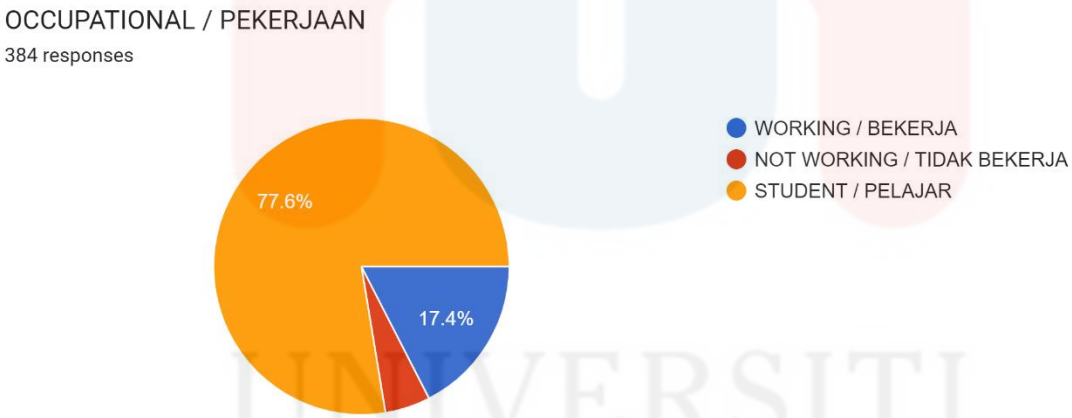


Figure 4.6 Percentage of Respondents by Occupation

Table 4.6 and figure 4.6 shows the total respondents by Occupation. The highest is Student recorded 298 respondents with 77.6 per cent. Followed by working have 67 respondents with 17.4 per cent. Last but no least is group that no working have 19 respondents with 4.9 per cent which is the lowest.

4.2.7 Monthly Income

Monthly Income **RM**				
Monthly Income **RM**	**Frequency**	**Percentage (%)**	**Valid Percent**	**Cumulative Percent**
2500-3500	26	6.8	6.6	6.8
3500-4500	32	8.3	8.3	15.1
4500-5500	6	1.6	1.6	16.7
Less than/kurang daripada 2500	15	9.9	9.9	26.6
No income/Tiada pendapatan	273	71.1	71.1	97.7
Over than/ lebih daripada 5500	38	2.3	2.3	100.0
Total	384	100.0	100.0	

4.7 Number of Respondents by Monthly Household Income

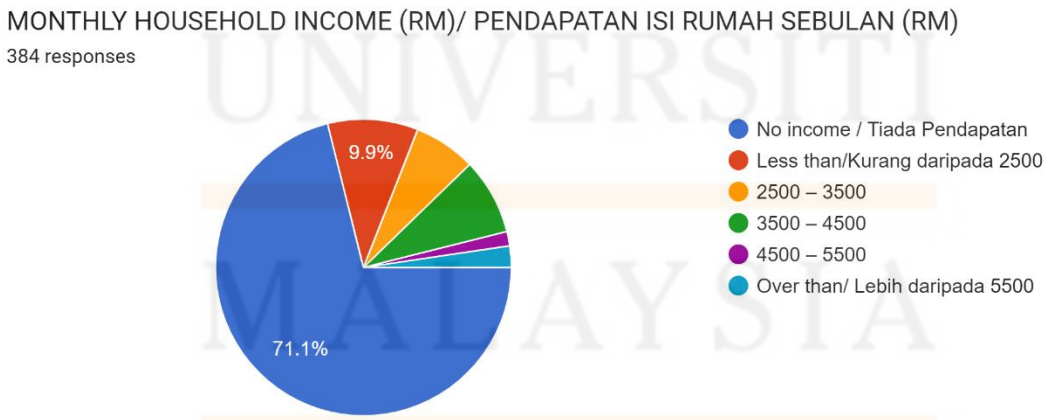


Figure 4.7 Percentage of Respondents by Monthly Income

Table 4.7 and figure 4.7 shows the total respondents by Monthly Income. Group of monthly income that over than RM5500 have 273 respondents with 2.3 per cent. Followed by the second highest is no income 38 respondent with 71.1 per cent. Next, RM3500-RM4500 with 32 respondents with 83 per cent. Next, 6.8 per cent for group that have monthly income RM2500-RM3500 have 26 respondents. Lastly, group that have monthly income RM4500-RM 5500 with 6 respondents get 9.9 per cent.

4.2.8 States

State				
state	**Frequency**	**Percentage (%)**	**Valid Percent**	**Cumulative Percent**
Johor	147	38.3	38.3	38.3
Kedah	148	38.5	38.5	76.8
Lain-Lain	89	23.2	23.2	100.0
Total	384	100.0	100.0	

Table 4.8: Number of Respondent by state

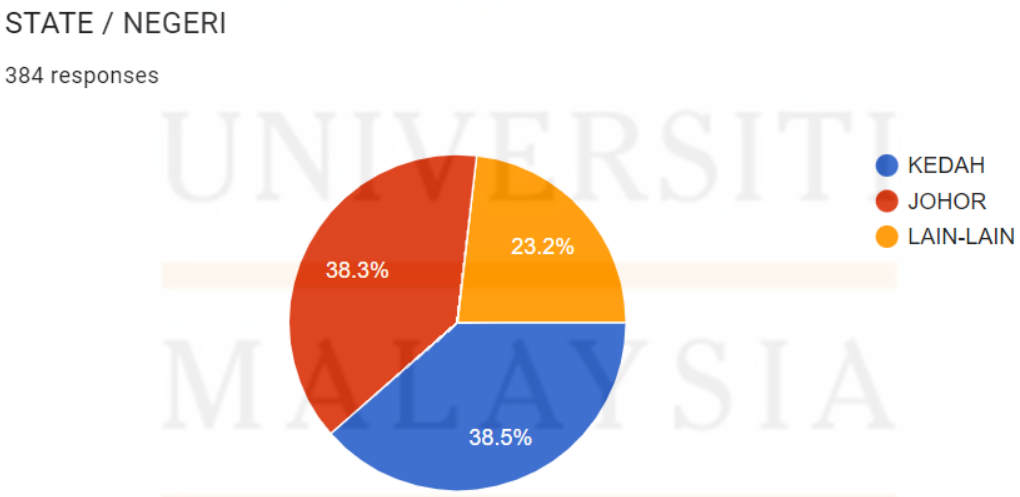


Figure 4.8 Percentage of Respondents by State

Table 4.8 and figure 4.8 shows the total respondents by State which Kedah, Johor etc. Kedah recorded the highest record with 148 respondents and obtained 38 percent. Followed by Johor that has 147 respondents with 38.3 per cent. Lastly is, random country with 89 respondents has 23.2 per cent.

4.3 RESULTS OF RELIABILITY TEST

The purpose of the reliability analysis was to elucidate the questionnaire's dependability. Cronbach's Alpha analysis was used to assess the data's reliability and internal consistency. According to Darren George and Paul Mallery (2020), the table below displays the principles for the range of the Cronbach's alpha coefficient.

Table 4.8 The range of the Cronbach's alpha coefficient

Cronbach's Alpha Range	The Reliability of Level
$\alpha > 0.9$	Excellent
$\alpha > 0.8$	Good
$\alpha > 0.7$	Acceptable
$\alpha > 0.6$	Questionable
$\alpha > 0.5$	Poor
$\alpha < 0.4$	Unacceptable

Source: Darren George and Paul Mallery (2020)

Table 4.9: Reliability analysis of unhealthy lifestyle

Cronbach's Alpha	N of Items
.772	**5**

The table 4.9 represents the analysis of the reliability of a unhealthy lifestyle. The value of Cronbach's Alpha coefficient is.772. Therefore, the questionnaire's validity for the purpose of study can be determined.

Table 4.10: Reliability analysis of smoking

Cronbach's Alpha	N of Items
.572	**5**

The smoking reliability analysis presented in table 4.10. Cronbach's Alpha indicates a value of 0.572. Thus, the questionnaire used for the purpose of study is reliable and valid.

Table 4.11: Reliability analysis of short and insufficient sleep

Cronbach's Alpha	N of Items
.668	**5**

The reliability analysis of short and insufficient sleeps is presented in Table 4.11. The Cronbach's Alpha measurement indicates a value of 0.668. Consequently, the questionnaire used in the study is reliable and valid.

Table 4.12: Reliability analysis of lack of exercise

Cronbach's Alpha	N of Items
.537	**5**

The reliability analysis of lack of exercise is shown in Table 4.12. The value calculated using Cronbach's Alpha is 0.537. Consequently, the questionnaire used in the study is reliable and valid.

4.4 DESCRIPTIVE ANALYSIS

Table 4.13: Unhealthy lifestyle

Frequency/Percent							Mean	St. Deviation
No.	Item Description	(Strongly Disagree)	(Disagree)	(Neutral)	(Agree)	(Strongly Agree)		
1	Sufficient sleep is for 8 hours every night?	15 (3.9%)	22 (5.7%)	62 (15.1%)	183 (47.7%)	102 (26.6%)	3.87	.997
2	I fall asleep easily and will sleep through the night?	20 (5.2%)	48 (12.5%)	58 (15.1%)	160 (41.7%)	98 (25.5%)	3.70	1.135
3	We need to eat at least five types of fruits and vegetables every day?	14 (3.6%)	31 (8.1%)	55 (14.3%)	183 (47.7%)	101 (26.3%)	3.85	1.018
4	Exercise or activity should be done for at least 30 minutes every day?	10 (2.6%)	14 (3.6%)	45 (11.7%)	198 (51.6%)	117 (30.5%)	4.04	.896

5	I limit the amount of sugar and salt in my daily diet?	7 (1.8%)	32 (8.3%)	60 (15.6%)	177 (46.1%)	108 (28.1%)	3.90	0.963

Table 4.13 shows the analysis of the mean and standard deviation of respondents on the dependent variable unhealthy lifestyle. Based on the table, item four shows the highest amount which is 4.04 "Exercise or activity should be done for at least 30 " with a standard deviation of the item 0.896. The lowest recorded a total of 3.70. Item 2 "2 I fall asleep easily and will sleep through the night?" With a standard deviation of 1.135.

Table 4.14: Smoking

Frequency/Percent					Mean	St. Deviation
No.	Item Description	(Yes)	(No)	(Non-Smoker)		
1	I am a heavy smoker?	36	384		1.91	.292
2	Have you ever thought about quitting smoking?	31	19	334	2.79	.573

Frequency/Percent							Mean	St. Deviation
No.	Item Description	(Strongly Disagree)	(Disagree)	(Neutral)	(Agree)	(Strongly Agree)		
3	The smoking cessation campaign has	21 (5.5%)	20 (5.2%)	51 (13.3%)	165 (43%)	127 (33.1%)	3.93	1.078

	had an effect on me?							
4	Nowadays, there are various medical methods to quit smoking?	3 (0.8%)	13 (3.4%)	40 (10.4%)	159 (41.4%)	169 (44%)	4.24	.832
5	I think that smoking will affect the health of the body in the future?	4 (1.0%)	13 (3.4%)	24 (6.3%)	140 (36.5%)	203 (52.9%)	4.37	.829

Table 4.14 shows the analysis of the mean and standard deviation of respondents on the independent variable of smoking. Based on the table, item 5, "I think that smoking will affect the health of the body in the future?", recorded the highest number of 4.37 and a standard deviation of 0.829. Item 1 recorded the lowest "I am a heavy smoker?", recording a mean of 1.91 with a standard deviation of 0.292.

Table 4.15: Short and Insufficient Sleep

Frequency/Percent							Mean	St. Deviation
No.	Item Description	(Strongly Disagree)	(Disagree)	(Neutral)	(Agree)	(Strongly Agree)		
1	Often waking up when sleeping makes me feel sleepy during the day?	9 (2.3%)	8 (2.1%)	60 (15.6%)	184 (47.9%)	123 (32.0%)	4.05	.878

2	My average sleep per night is no more or less than 8 hours?	9 (2.3%)	23 (6.0%)	57 (14.8%)	182 (47.4%)	113 (29.4%)	3.96	.945
3	I have difficulty falling asleep once in bed?	19 (4.9%)	32 (8.3%)	56 (14.6%)	178 (46.4%)	99 (25.8%)	3.80	1.070
4	I will feel refreshed when I wake up in the morning?	9 (2.3%)	41 (10.7%)	60 (15.6%)	180 (46.9%)	94 (24.5%)	3.80	1.002
5	I will often feel sleepy during the day?	9 (2.3%)	18 (4.7%)	67 (17.4%)	176 (45.8%)	114 (29.7%)	3.96	.933

Table 4.15 shows the analysis of the mean and standard deviation of respondents on the independent variable of Short and Insufficient Sleep. Based on the table, item 1, "Often waking up during sleep makes me feel sleepy during the day?", recorded the highest number of 4.05 min with a standard deviation of 0.878. The lowest record numbers are items 3 and 4 "I have difficulty falling asleep once in bed?" and "Will I feel refreshed when I wake up in the morning?" which is equal to 3.80 with the standard deviation of item 3 is 1.1070 while item 4 is 1.002.

Table 4.16: Lack of Exercise

Frequency/Percent										Mean	St. Deviation
No.	Item Description	Every day	5-6 time per week	3-4 time per week	2 time per week	1 time per week	2-3 time per month	1 time per month	none		
1	How often do you exercise or participate in sports activities each week?	23 (6.0%)	9 (2.3%)	36 (9.4 %)	103 (26.8 %)	112 (29.2 %)	41 (10.7%)	36 (9.4%)	24 (6.3%)	4.72	1.668

Frequency/Percent							Mean	St. Deviation
No.	Item Description	(Strongly Disagree)	(Disagree)	(Neutral)	(Agree)	(Strongly Agree)		
2	Do you need to exercise or participate in any sports activities?	4 (1.0%)	13 (3.4%)	50 (13.0%)	215 (56.0%)	102 (26.6%)	4.04	.791
4	Exercise helps me sleep better at night?	8 (2.1%)	17 (4.4%)	51 (13.3%)	206 (53.6%)	102 (26.6%)	3.98	.874
5	Exercise increases my mental alertness?	7 (1.8%)	21 (5.5%)	50 (13,0%)	188 (49.0%)	118 (30.7%)	4.01	.907

Frequency/Percent							Mean	St. Deviation
No.	Item Description	(>40 minutes)	(30-40 minutes)	(20-30 minutes)	(20-10 minutes)	(<10 minutes)		
3	How long do you exercise for each section	41 (2.3%)	27 (2.1%)	96 (15.6%)	143 (47.9%)	102 (32.0%)	3.49	1.198

Table 4.16 represents the analysis of mean and standard deviation of the dependent variable which is lack of exercise. The higher mean value is item 1 which is 4.72 with a standard deviation of 1.668, where respondents agree with "How often do you exercise or participate in sports activities every week?". The lower mean value is 3.49 which is "How long do you exercise for each section" in item 3 with a standard deviation of 1.198.

4.5 PEARSON CORRELATION

Pearson's correlation analysis is one of the basic evaluations that assesses the linear relationship between two variables. The object of the research was to determine wherever there was a correlation linking the independent variable (smoking, short and insufficient sleep, and lack of exercise) and the dependent variable (Unhealthy lifestyles among youth Kedah and Johor). The relationship's strength level is described acceptable and valid as well as appropriate.

Table 4.17 The Scale of Pearson's Correlation Coefficient

The scale of correlation coefficient	Value
$0 \leq r \leq 0.19$	Very Low Correlation
$0.2 \leq r \leq 0.39$	Low Correlation
$0.4 \leq r \leq 0.59$	Moderate Correlation

$0.6 \leq r \leq 0.79$	High Correlation
$0.8 \leq r \leq 1.0$	Very High Correlation

Source: Pei Xin et al., 2020

Table 4.18: Results of analysis Pearson correlation between variables

Correlation	Unhealthy lifestyle among youth Kedah and Johor	**Smoking**	**Short and insufficient Sleeps**	**Lack of exercise**
Unhealthy lifestyle among youth Kedah and Johor	1	.477**	.510**	.316**
Smoking	.477**	1	.448**	.443**
Short and insufficient sleeps	.510**	.448**	1	.414**
Lack of exercise	.316**	.443**	.414**	1

**. Correlation is significant at the 0.01 level (2-tailed).

4.5.1 Smoking and unhealthy lifestyle.

H1: There is relationship between smoking and unhealthy lifestyle among Kedah and Johor.

Table 4.18: Correlations between Smoking and Unhealthy lifestyle among youth Kedah and Johor.

According to the findings in table 4.18, the correlation coefficient is positive at.477**, indicating that there is a moderate association between smoking and an unhealthy lifestyle among young in Kedah and Johor. As a result, smoking has a modest link with determining an unhealthy lifestyle among Kedah and Johor young. According to the table, the significant level two of variable is.001, which is less than the usual threshold of.05, indicating a meaningful link. As a result, the hypothesis (H1) that there is a strong association between smoking and an unhealthy lifestyle among young people in Kedah and Johor is accepted.

4.5.2 Short and insufficient sleep and unhealthy lifestyle.

H2: There is relationship between short and insufficient sleeps and unhealthy lifestyle among youth Kedah and Johor.

Table 4.18: Correlations between short and insufficient sleeps and Unhealthy lifestyle among youth Kedah and Johor.

The correlation coefficient in table 4.18 is.510, which indicates a moderate relationship between smoking and an unhealthy lifestyle among Kedah and Johor youth. Therefore, short, and insufficient sleep has a moderate effect on determining a youth's unhealthy lifestyle in Kedah and Johor. The table indicates that the significant level of the variable is less than the standard criterion of 0.5, indicating a significant relationship. Then, the hypothesis (H2) that there is a significant relationship between short, and insufficient sleep duration and an unhealthy lifestyle among youths in Kedah and Johor is acceptable.

4.5.3 Lack of exercise and unhealthy lifestyle.

H3: There is relationship between Lack of exercise and unhealthy lifestyle among youth Kedah and Johor.

Table 4.18: Correlations Between Lack of Exercise and Unhealthy lifestyle among youth Kedah and Johor.

According to the findings in table 4.18, the correlation coefficient is positive at.316**, indicating that there is a low association between lack of exercise and unhealthy lifestyle among young in Kedah and Johor. As a result, absence of exercise has a low correlation with unhealthy lifestyle among Kedah and Johor young. The table reveals that the significant level of variable is.001, which is less than the conventional threshold of 0.39, indicating a substantial association even if both variables tend to rise in response to one another. The hypothesis (H3) that there is a strong association between lack of exercise and unhealthy lifestyle among young people in Kedah and Johor is then accepted.

4.6 SUMMARY

Finally, the technique utilised analyses the results of a questionnaire survey issued to 384 respondents on the influence of unhealthy lifestyle among young in Kedah and Johor. The data analysis for the demographic section, dependent variables, and independent factors were all covered in this chapter. All the results in this chapter are based on the responses of 384 of the respondents. The independent variables exhibit a positive linear connection and are statistically significant. Furthermore,

all the hypothesis H1: There is a link between smoking and an unhealthy lifestyle among young in Kedah and Johor. H2: There is a link between short and insufficient sleep and an unhealthy lifestyle among young people in Kedah and Johor. H3: There is a link between a lack of exercise and an unhealthy lifestyle among young people in Kedah and Johor. After the correlation analysis, all hypotheses were approved.

CHAPTER 5

CONCLUSION

5.1 INTRODUCTION

This chapter will discuss the previous chapters' finding.

The research objective are as follows:

i. To determine the factors of smoking related to unhealthy lifestyles among youth in Kedah and Johor.

ii. To examine relationship between short sleep and lifestyles among youth in Kedah and Johor.

iii. To investigate the relationship between lack of exercise associated with unhealthy lifestyles among youth in Johor and Kedah.

To meet the Research Objectives, the following Research Question will be formulated:

i. What is impact between unhealthy lifestyles related to smoking on social media among youth in Kedah and Johor?

ii. How do short sleeps factor can give negative impact on unhealthy lifestyle among youth in Kedah and Johor?

iii. What is impact of lack of exercise associated with an unhealthy lifestyle among youth in Kedah and Johor?

Besides, in this chapter 5 also will explain more detail about the implication, limitation of the study and gave some recommendation for future research to continue this study the impact of unhealthy lifestyle among youth Kedah and Johor.

5.2 RECAPITULATION OF THE FINDINGS

This study looked at how smoking, short insuficent sleep, and lack of exercise affect young people in Kedah and Johor living unhealthy lifestyles. This study is mainly concerned with the connection between smoking, little or no sleep, and inactivity and an unhealthy lifestyle among young people in Kedah and Johor. Researchers may determine how all the variables may be connected to the unhealthy lifestyle among kids based on this connection. The findings presented in Chapter 4 are based on the questionnaire that the researchers created for the responder. The questionnaire has 29 questions

in all, including open-ended questions and questions from each component. The demographic data for the respondents, including gender, age, educational attainment, state, occupation, and monthly household, is the main emphasis of Section A. The unhealthy lifestyles of the dependent variables (DV) were the subject of Section B. The independent variables (IV) that were the emphasis of Sections C, D, and E were smoking, getting little to no sleep, and not exercising, all of which are bad lifestyle choices for young people in Kedah and Johor. There are also three open-ended questions.

384 respondents made up the sample size for the survey, which was calculated using the Krejcie and Morgan (1970) equation. There were 348 respondents in all that completed the Google Form to respond to the survey. Reliability analysis, frequency analysis, descriptive analysis, and Pearson correlation coefficient analysis were all included in this data study. The internal consistency of the measuring tool was examined using the reliability test for independent variables (IV). When the Cronbach's Alpha is 0.5 or higher, it indicates that the dependability is high. Nunnally (1978); Wortzel (1979).

5.2.1 Research Question 1 : *What is impact between unhealthy lifestyle related to smoking on social media among youth in Kedah and Johor ?*

The negative consequences of smoke on social media among Kedah and Johor's youth. Based on the findings of the study, the correlation between ill living and smoking on social media among young people in Kedah and Johor is 0.477. According to these surveys, an increasing number of individuals are confident that they are fully aware of the hazards of smoking. After reviewing 29 previously published studies, we discovered that individuals who encountered tobacco-related content on social media were more than twice as likely to report using tobacco and more likely to do so in the future compared to those who had never seen it. Social media marketing is effective for residents and societies when a campaign with effective content is designed to change consumer behavior and encourage it to adopt new behaviors, particularly when attempting to combat a particular habit such as smoking. Therefore, it is essential that social marketing has a significant impact on consumer awareness and behavior.

5.2.2 Research Question 2 : *How do short sleeps factor can give negative impact on unhealthy lifestyle among youth in Kedah and Johor ?*

Short sleep duration has a significant influence on young people's unhealthy lifestyles in Kedah and Johor. The short sleeps correlation, which is 0.510 based on the results, indicates that young people in Kedah and Johor were more likely to have unhealthy lifestyles. This research has revealed that people more firmly concur that 8 hours of sleep per day is the minimum amount needed for adequate and quality rest. For both physical and mental health, proper sleep patterns and length are essential. One of the needs for physical strength, daily vitality, and immunological improvement, especially in cancer patients, is sufficient sleep duration of 7-8 hours. The depth and effectiveness of sleep constitute another

important element called sleep quality. There are several pharmaceutical and non-pharmacological therapeutic options available to help with sleep quantity and quality (Matthews & Wang, 2022).

5.2.3 Research Question 3 : *What is impact of lack of exercise associated with an unhealthy lifestyle among youth in Kedah and Johor ?*

The effects of a sedentary lifestyle and lack of exercise on young people in Kedah and Johor. According to the findings, inactivity has a correlation of 0.318, indicating a positive significant relationship between inactivity and an unhealthy lifestyle among young people in Kedah and Johor. We can see that regular exercise is necessary to build our stamina and safeguard our health against illness. Physical activity can strengthen your bones and muscles, help you maintain a healthy weight, improve your ability to perform daily tasks, and enhance your cognitive health. The health of adults who spend less time seated and engage in rigorous physical activity of any intensity is improved.

5.3 LIMITATIONS

Despite several measures to assure the research's effective execution, several shortcomings were identified and served as obstacles to the study. Because of this, it's critical to understand and take lessons from the constraints to keep raising the caliber of research. The capacity of this study to accomplish the research is constrained by a few factors, including the time limits for data collecting and questionnaire distribution. Finding the knowledge or research materials required for this project is made more challenging by these limitations.

One of the study's flaws is the method employed to get the data. Only utilise online surveys as a means of gathering and processing data. This is since a large portion of the study's respondents are young people from Kedah and Johor, making it difficult for the researcher to gather information through interviews. While conducting the online survey, the researcher was unable to confirm the validity of the information supplied by the respondents, which is a flaw. Additionally, since it takes a long time for respondents to complete an online survey, lengthy response times to surveys may slow down the data gathering process.

The second drawback is that researchers experience psychological distress when they are unable to utilize SPSS to conduct the system's data analysis. This is because there aren't enough research skills. Therefore, researchers must acquire knowledge on their own, which requires time. Because of this, researchers' abilities are constrained while analyzing data, and they require more time to comprehend how to read and analyze data.

Finally, the attitude of the responder makes it difficult for the researcher to finish the analysis. To collect replies, the researchers had to spend almost a month sending out surveys using social networking sites like WhatsApp and others. The researcher must be very patient and able to communicate with the intended respondents because it is hard to foresee their behavior or response.

However, the process of receiving them proceeded well because many responders demonstrated their dedication in a very strong manner.

5.4 RECOMMENDATION FOR FUTURE RESEARCH

Learning about this subject is quite intriguing. There are some suggestions for future researchers to help them comprehend the pertinent study field. This proposal's recommendations may assist future exploration efforts by other scholars.

First, any group and all of Malaysia are eligible to change the kind of response. There are about 384 respondents who answered the questionnaire that was previously sent. This can assist us in determining the link between youngsters' attitudes, knowledge, and understanding of the negative repercussions of unhealthy lifestyles. Additionally, the questionnaire's focus might be broader, and it might not just be for youths in the states of Johor and Kelantan. By doing this, the questionnaire's impact will be activated more completely and precisely.

To locate people who are more competent and suited to be responders, future researchers should give the distribution of questionnaires more time. It was challenging to finish data collecting in a short amount of time for a sample size of 384 respondents. After then, if the respondents are still having trouble answering the questions, the researcher might clarify the goal of the study to them. To prevent responders from answering the questions too quickly, this is crucial. So that researchers may obtain more precise and trustworthy data, they could want some justification and explanation.

How to utilise an analytic system like SPSS, which we did, is a third tip for future researchers. After gathering the responses from the respondents, also known as the input information, we must analyse them. SPSS (statistical programme for social science) has been utilised to analyse the pertinent data. It takes a lot of study to learn how to use SPSS since no one is sure which approach to apply while analysing the data. After the data has been analysed and summarised, the assessment becomes genuinely important. Therefore, future researchers are advised to carefully review and comprehend the analytic system that will be employed for their research.

Finally, healthy lifestyle knowledge should be a worry for all young people since it is important to take care of our health from a young age because it will improve when we follow healthy lifestyle habits in daily life.

5.5 SUMMARY

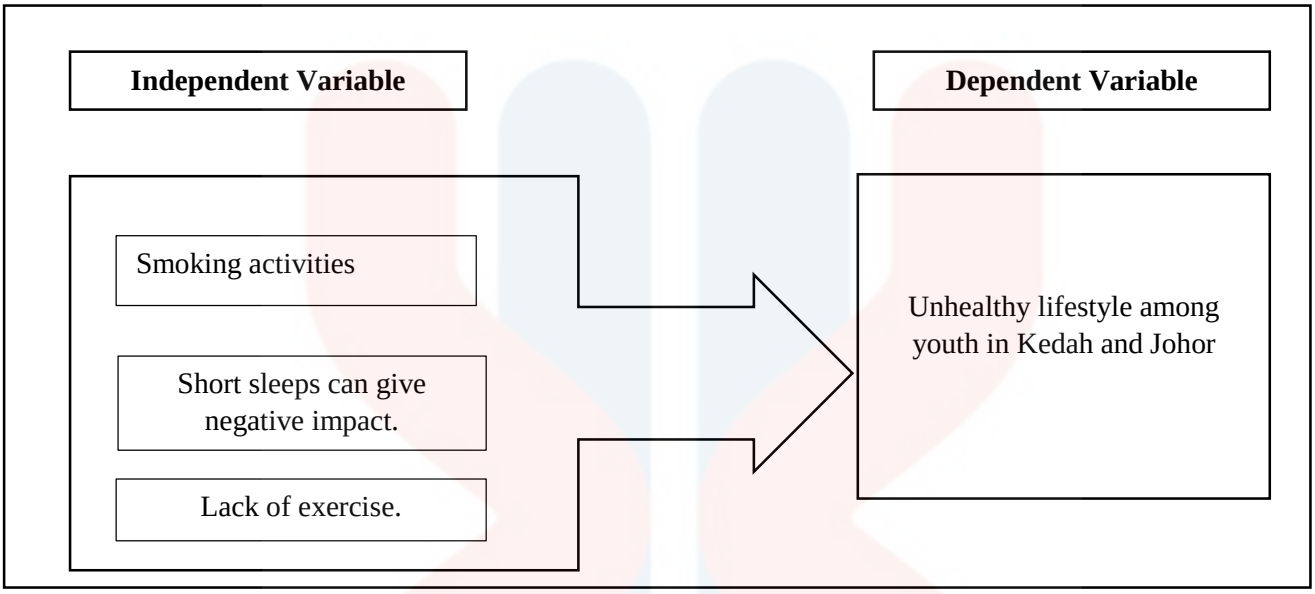


Figure 5.1: Final Model

From the figure 5.1 the finding has shown that there are three of independent variable which are smoking, short and insufficent sleeps and lack of exercise was related moderately to the unhealthy lifestyle among the youth Kedaah and Johor. "I think that smoking will affect the health of the body in the future?" is the statement with the smoking's highest mean of 4.37 and .829 standard deviation. The highest mean for the short and insufficient sleeps is 4.05, and the standard deviation is.878. This corresponds to the question "How often do I wake up when sleeping makes me feel sleepy during the day?" The highest mean for the last independent variable, "How often do you exercise or participate in sports activities each week?" is 4.72, with a standard deviation of 1.668. Additionally, according to this report, female students in Kedah and Johor are more affected by smoking, wearing shorts, getting little sleep, and not exercising. The findings indicate a link between smoking, shorts, insufficient sleep, and a lack of exercise among young people in Kedah and Johor.

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