

ORIGINAL ARTICLE

Factors associated with awareness, knowledge and attitude towards prostate cancer among Malay men in traditional Malay villages, Negeri Sembilan, Malaysia

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ABSTRACT

Background: Lack of awareness, poor knowledge and attitude regarding cancer have been identified as possible reasons accounting for the late presentation which lead to the poor survival of cancer patients in Malaysia. **Method:** A cross sectional study was conducted in three traditional Malay villages in Negeri Sembilan among adult males. Those who were already diagnosed with prostate cancer or Non Malaysians were excluded from the study. Data was collected using self-administered questionnaires which consist of several sections namely socio-demographic, awareness about prostate cancer, sources of information, family history of prostate cancer, lifestyle associated with risk of cancer, knowledge and attitude towards prostate cancer. Data was analysed using SPSS version 22.0. Chi-square test was used to determine associations. Level of significance was set at $p < 0.05$. The knowledge and attitude scores were then categorized into 2 levels (50% or more of total score equals to 'good' and less than 50 % equals to 'poor'). **Results:** A total of 168 respondents participated in this study and 62.1% of them had heard about prostate cancer and it is associated with level of education, monthly income and age ($p = 0.023, 0.007$ and 0.022). Most common sources of information are television, newspaper and friends (52.8%, 43.4% and 39.6% respectively). Among those who had heard about prostate cancer, 58.5% had good knowledge and this was significantly associated with smoking status ($p = 0.022$). **Conclusion:** The percentage of awareness, knowledge and attitude regarding prostate cancer among the study population are still low. More effort should be carried out especially among men in rural communities to improve the situation.

Keywords: prostate cancer, awareness, knowledge, attitude, rural

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INTRODUCTION

Prostate cancer is the fifth most common cancer among Malaysian males, with an overall incidence of 11 per 100,000 population and the incidence increases with age showing a particularly sharp rise after the age of 60. The highest incidence of prostate cancer in Malaysia is reported among the Chinese population (Crude Rate (CR) 9.7) followed by Indians (CR 3.9) and Malays (CR 3.3). However, international comparisons of age-standardised rates show the incidence rate in Singapore is higher for the same ethnic group. For example, the incidence per 100 000 population among Chinese in Singapore is 29.5 compared to 9.0 among Chinese in Malaysia, while among Malays in Singapore it is 19.1

compared to 5.3 among Malays in Malaysia (1). These differences could be a true difference or it could also be due to lack of awareness thus leading to under reporting among the Malaysian population.

The causes of prostate cancer are not clearly identified. However, among the factors associated with prostate cancer are family history (especially involving first-degree relatives), obesity, high fat diet, physical inactivity, alcohol consumption and smoking (2,3). Prostate cancer usually does not present with symptoms especially in its early stages. The relative 5-year survival rate of prostate cancer is very good if detected at its local and regional stages (100%), and drastically declines at more advanced stage (28%) (4). Malaysia has organized Prostate Awareness Campaigns on a yearly basis to educate males over the age of 50 to have their prostate examined. Among the Malaysian population, only 40% of prostate cancer was detected at an early stage i.e. stage 1 (16%) and stage 2 (24%), while 60% of patients presented at the more advanced stage 3 (19%) and stage 4 (41%) (1). Among the reasons for this late presentation

Table 1. Respondents' socio-demographic and socioeconomic characteristics (ethnicity, education level, marital status, occupation), lifestyle (physical activity, alcohol intake and smoking status) and family history of prostate cancer (N=168)

Respondents' characteristics	Frequency (n)	Percentage (%)
Ethnicity		
Malay	168	100.0
Others	0	0
Education level		
No Formal Education	15	9.1
Primary	62	36.9
Secondary	74	44.0
Tertiary	17	10.1
Marital status		
Single	37	22
Married	126	75
Divorced/widower	5	3
Age		
≤ 20 years old	10	6.0
21 to 30 years old	23	13.7
31 to 40 years old	23	13.7
41 to 50 years old	23	13.7
51 to 60 years old	38	22.6
> 61 years old	51	30.4
Monthly income (RM)		
≤ 1000	50	29.8
1001 to 2000	62	36.9
2001 to 3000	35	20.8
3001 to 4000	8	4.8
4001 to 5000	9	5.4
>5000	4	2.4
Physically active		
Yes	102	60.7
No	66	39.3
Alcohol intake		
Yes	2	1.2
No	166	98.8
Smoking status		
Yes	82	48.8
No	86	51.2
Family history of prostate cancer		
Yes	4	2.4
No/don't know	164	97.6

Table 2. Source of information among 63.1% respondents who had heard about prostate cancer (N = 106)

Source of information	n	(%)
Medical personnel	28	(26.4)
Internet	25	(23.6)
Newspaper	49	(43.4)
Radio	25	(23.6)
Television	56	(52.8)
Friends	42	(39.6)
Family	8	(7.5)
Others	8	(7.5)

which could lead to poor survival is lack of awareness, poor knowledge and attitude regarding prostate cancer which could lead to low screening utilization.

Low awareness, poor knowledge and attitude regarding prostate cancer could be influenced by the source of information and socio demographic characteristics of a community. The commonest source of information (such as type of mass media, family or friend and health personnel) in a community should be identified to strategize for ways to improve awareness. A systematic review reported that the overall health information seeking behaviour among Malaysians are low (5). Another study regarding consumption of health information mentioned that there is disparity in term of accessibility between urban and rural populations which need to be addressed (6). With regard to prostate cancer, it is more worrying among the rural population since a study showed that the rural population in Malaysia has less awareness regarding cancers in general, particularly regarding its risk factors (7).

Although the incidence of prostate cancer in Malaysia (6.6 per 100 000 population) is still low compared to western countries such as the United States of America (206.7 per 100 000 population), Australia (111.1 per 100 000 population) and England (65 per 100 000 population), it has not been determined if this is due to a true low incidence or lower detection rates (8). Thus, it is necessary to assess the level of awareness, knowledge and attitude regarding prostate cancer and factors associated with it especially among men in a rural community. The objective of this study is to determine the percentage of the study population who are aware about prostate cancer, the sources of information, the percentages of good knowledge and attitude regarding prostate cancer and factors associated with it.

METHODS

This cross-sectional study was conducted among males, aged 18 years old and above in 3 traditional villages in Kuala Pilah, Negeri Sembilan. Those who were already diagnosed with prostate cancer or are

non-Malaysians or have cognitive problems were excluded from the study. Respondents were selected randomly from a list of eligible respondents and were given pretested self-administered questionnaires. The questionnaire consists of several sections namely socio-demography, whether they had heard about prostate cancer (to assess awareness) and if so what were the sources of information, family history of prostate cancer and lifestyle associated with risk for cancer (smoking, alcohol consumption and physical inactivity). Smoking in this study is defined as current smoker and alcohol consumption is defined as current consumption. The other sections of the questionnaire are questions to assess their knowledge (symptom, sign, risk factors, screening, treatment, prevention) as well as their attitude regarding prostate cancer. For each correct answer for knowledge questions 1 mark was given. The attitude questions used 5 points Likert scale. The knowledge and attitude scores were then categorized into 2 levels (i.e. good and poor). The cut of point was determined at 50% of range total score. Data was analysed using SPSS version 22.0. Chi-square test was used to determine associations and level of significance was set at $p < 0.05$. Ethical approval was obtained from Ethics Committee for Research Involving Human Subjects, Universiti Putra Malaysia (FPSK-U008)2017.

RESULTS

Response rate for this study is 100%. A total of 168 respondents participated in this study and their characteristics are as in Table 1. All respondents are Malay, had secondary education, married and aged more than 60 years old. There was 60.7% respondents who are physically active while 98.8% does not consume alcohol and 51.2% are not smoking. Only 2.4% of them have a positive family history for prostate cancer.

About 63.1% (106 respondents) had heard about prostate cancer. Of the 106 respondents, the majority gained information about prostate cancer from television (52.8%) and newspapers (43.4%) as shown in Table 2. Table 3 shows that having obtained secondary level education, 41-50 years age, monthly income more than

Table 3. Predictors of awareness about prostate cancer (N = 168)

Variables	Crude OR	91% CI 95%	p value	AOR	91% CI 95%	p value
Education level						
No Formal Education	1			1		
Primary	2.769	0.846 9.067	0.092	2.544	0.687 9.425	0.162
Secondary	5.400	1.643 17.747	0.005*	4.000	1.033 15.490	0.045*
Tertiary	3.667	0.849 15.844	0.082	1.651	0.252 10.818	0.601
Marital status						
Single	1					
Married	1.641	.780 3.453	0.192	0.772	0.240 2.487	0.665
Divorced/widower	1.275	.190 8.545	0.802	1.108	0.128 9.622	0.926
Age						
≤ 20 years old	1			1		
21 to 30 years old	3.630	.740 17.812	0.112	2.648	0.505 13.878	0.249
31 to 40 years old	8.400	1.571 44.917	0.013*	5.704	0.812 40.079	0.080
41 to 50 years old	11.083	1.966 62.498	0.006*	9.874	1.372 71.090	0.023*
51 to 60 years old	4.487	.992 20.301	0.051	3.093	0.492 19.427	0.228
> 61 years old	2.625	.610 11.303	0.195	2.277	0.387 13.397	0.363
Monthly income (RM)						
≤ 1000	1					
1001 to 2000	2.134	.997 4.571	0.051	1.793	0.745 4.315	0.192
2001 to 3000	2.561	1.036 6.330	0.042*	2.474	0.854 7.170	0.095
≥3001	9.391	1.951 45.216	0.005*	6.093	1.025 36.232	0.047*
Physically active						
Yes	1			1		
No	1.803	.930 3.495	0.081	2.250	1.013 4.997	0.046*
Smoking status						
Yes	1					
No	1.027	.549 1.923	0.933			

* significant when $p < 0.05$

RM 3001 and not physically active were predictors for awareness about prostate cancer.

Table 4 shows the association between awareness on prostate cancer with respondents' characteristics (age, income and level of education). The percentage of respondents with good knowledge and attitude are 52.4% (88 respondents) and 48.2% (81 respondents).

In this study, the percentage of respondents with good knowledge and attitude are 52.4% (88 respondents) and 48.2% (81 respondents) respectively. Only smoking status shows significant association with level of knowledge on prostate cancer ($\chi^2=4.850$, p value = 0.022) (Table 5).

DISCUSSION

This study was carried out among 168 Malay men in selected rural villages in Kuala Pilah District, Negeri Sembilan (a state in the southern part of Malaysia). Most

of the respondents are married, aged more than 50 years old, earn less than RM 2000 per month and had formal education up to primary school. Of these, 63.1% had heard about prostate cancer and the percentages of those who had heard about prostate cancer are bigger in those with higher education, higher income and among the older age groups. The percentage of respondents who had heard about prostate cancer in this study is similar to the figures in a study among 80 male public staff in Kelantan (a state in north east of Malaysia) which reported the figure as 65.0% (9). However the percentages in these two studies in Malaysia are higher compared to two similar studies in Africa (i.e. among 545 males in the capital of Uganda and among 156 males in Ikenne, Nigeria which reported that 54.1% and 39.2% of their respondents had heard about prostate cancer (10,11). The percentages of those who had heard about prostate cancer is significantly higher among those with higher education level and income as opposed to the findings of the study in Kelantan which showed no association. The difference could be due to the wider range of sociodemographic characteristics in this study

Table 4. Association between respondents characteristics and awareness about prostate cancer (N = 168)

	Aware about prostate cancer		χ^2	<i>p</i> value
	Yes 106(63.1%) n(%)	No 62(36.9%) n(%)		
Education level				
No Formal Education	5(33.3)	10(66.7)	9.500	0.023*
Primary	36(58.1)	26(41.9)		
Secondary	54(73.0)	20(27.0)		
Tertiary	11(64.7)	6(35.3)		
Marital status				
Single	20(54.1)	17(45.9)	1.737	0.420
Married	83(65.9)	43(34.1)		
Divorced/widower	3(60)	2(40)		
Age				
≤ 20 years old	3(30)	7(70)	13.162	0.022*
21 to 30 years old	14 (60.9)	9(39.1)		
31 to 40 years old	18(78.3)	5(21.7)		
41 to 50 years old	19(82.6)	4(17.4)		
51 to 60 years old	25(65.8)	13(34.2)		
> 61 years old	27(52.9)	24(47.1)		
Monthly income (RM)				
≤ 1000	23(46)	27(54)	17.555	0.007*
1001 to 2000	40(64.5)	22(35.5)		
2001 to 3000	24(68.6)	11(31.4)		
3001 to 4000	7(87.5)	1(12.5)		
4001 to 5000	9(100)	0(0)		
>5000	3(75)	1(25)		
Family history of prostate cancer				
Yes	4(100)	0(0)	2.397	0.155
No/don't know	102(62.2)	62(37.8)		
Physically active				
Yes	59(57.8)	43 (42.2)	3.076	0.055
No	47(71.2)	19(28.8)		
Smoking status				
Yes	52(63.4)	32(37.2)	0.007	0.530
No	54(62.8)	30(36.6)		
Alcohol intake				
Yes	1(50)	1(50)	0.149	0.603#
No	105(63.3)	61(36.7)		

* significant when $p < 0.05$, #Fisher Exact value was used

population i.e. among male villagers as compared to the study in Kelantan which is among male public staff. Further statistical analysis revealed secondary education level, 41-50 years age and monthly income more than RM 3001 as predictors for awareness about prostate cancer. Interestingly being physically inactive was also shown as predictor for awareness about prostate cancer. The commonest source of information regarding prostate cancer in this study is the television and newspaper. This could be because the respondents were mostly older than 50 years old, have low income and education level, thus conventional sources of information such as

television and newspaper would be more appealing compared to other modern means such as the internet. In addition, the respondents also obtained information from friends (39.6%). Informal communication channel such as from friends including for matters regarding health is still one of the main sources of information in rural communities in Malaysia (12) especially among men (13). Information from medical personnel came in fourth (26.4 %) in this study. This is in contrast to a population based study in Riyadh, Saudi Arabia which showed medical personnel (specifically) physicians as the major source of information (62.4 %) followed by

Table 5. Association between respondents' characteristics with level of knowledge and attitude regarding prostate cancer (N=106)

	Knowledge		χ^2	p value	Attitude		χ^2	p value
	Good 62(58.5) n(%)	Poor 44(41.5) n(%)			Good 63(59.4) n(%)	Poor 43(40.6) n(%)		
Education level								
No Formal Education	3(60)	2(40)	0.890	0.828	1(20)	4(80)	5.530	0.137
Primary	22(61.1)	14(38.9)			21(58.3)	15(41.7)		
Secondary	32(59.3)	22(40.7)			32(59.3)	22(40.7)		
Tertiary	5(45.5)	6(54.5)			9(81.8)	2(18.2)		
Marital status								
Single	10(50)	10(50)	2.733	0.255	10(50)	10(50)	2.808	0.246
Married	49(59)	34(41)			50(62.2)	33(39.8)		
Divorced/widower	3(100)	0(0)			3(100)	0(0)		
Age								
≤ 20 years old	3(100)	0(0)	3.505	0.623	1(33.3)	2(66.7)	2.407	0.790
21 to 30 years old	8(57.1)	6(42.9)			7(50)	7(50)		
31 to 40 years old	10(55.6)	8(44.4)			11(61.1)	7(38.9)		
41 to 50 years old	13(68.4)	6(31.6)			13(68.4)	6(31.6)		
51 to 60 years old	13(52)	12			16(64)	9(36)		
> 61 years old	15(55.6)	27(44.4)			15(55.6)	12(44.4)		
Monthly income (RM)								
≤ 1000	10(43.5)	13(56.5)	8.064	0.153	10(43.5)	13(56.5)	6.042	0.302
1001 to 2000	21(52.5)	19(47.5)			23(57.5)	30(42.5)		
2001 to 3000	18(75)	6(25)			17(70.8)	17(29.2)		
3001 to 4000	5(71.4)	2(28.6)			4(57.1)	4(42.9)		
4001 to 5000	7(77.8)	2(22.2)			6(66.7)	3(33.3)		
>5000	1(33.3)	2(66.7)			3(100)	0(0)		
Family history of prostate cancer								
Yes	3(75)	1(25)	0.467	0.447	2(50)	2(50)	0.153	0.536
No/don't know	59(57.8)	43(42.2)			61(59.8)	41(40.2)		
Physically active								
Yes	39(66.1)	20(33.9)	3.175	0.057	33(55.9)	26(44.1)	0.677	0.267
No	23(48.9)	24(51.1)			30(63.8)	17(36.2)		
Smoking status								
Yes	36(69.2)	16(30.8)	4.850	0.022*	28(53.8)	24(46.2)	1.322	0.171
No	26(48.1)	28(51.9)			35(64.8)	19(35.2)		
Alcohol intake								
Yes	1(100)	0(0)	0.716	0.585	0(0)	1(100)	1.479	0.406
No	61(58.1)	44(41.9)			63(60)	42(40)		

*Fisher Exact value was used

family and friends (37.7%) (14). However the percentage of those getting information from medical personnel in this study is higher compared to a similar study in Kelantan and the study in Uganda, both reported only 12.5% of the respondents had heard about prostate cancer from medical personnel (9,10).

The percentage of good knowledge level among those who had heard about prostate cancer in this study is 58.5%. Although the percentage of those with good

knowledge in this study might not be accurately comparable to other studies due to the lack of similarities of study instrument, in general good knowledge regarding prostate cancer is often quoted as being poor in developing countries such as that shown by a study in Uganda which was reported as 10.3% (10), but a higher percentage (57.4%) was reported in a study conducted in Ghana (15). Some studies analysed knowledge of specific areas or questions such as the study in Perth, Australia (among men at risk) that showed 48% failed

to identify prostate cancer as the most common internal cancer in men (16) or pertaining to signs and symptom and predisposing factors (14).

Surprisingly, the level of knowledge in this study shows significant association with the respondents' smoking habit. The percentage of good knowledge is higher among those who smoked compared to those who were non-smokers. This could be due to the effect of anti-smoking messages that had been targeted at smokers. Smokers may have higher knowledge on cancer as cancer is one of the diseases highlighted in anti-smoking campaigns. In other studies level of knowledge is associated with level of education (17) however it was not shown in this study.

The percentage of respondents with good attitude among those who had heard about prostate cancer in this study is 59.4% and it is not associated with either respondent characteristics, having family history or lifestyle. This percentage is higher compared to the studies done in Perth, Australia (16,18). While the study in Riyadh reported 49% did not favour prostate cancer examination (14). The differences might be due to not only different study instruments being used but also the difference in cultural factors.

CONCLUSION AND RECOMMENDATION

According to the results of this study, only 63 % are aware of prostate cancer and less than half of the respondents have good knowledge and attitude towards prostate cancer. Therefore, it is necessary to focus on more health education campaigns about prostate cancer among men in these rural communities.

ACKNOWLEDGEMENT

The authors would like to thank the fourth year medical students from Group A, C and D who attended the Community Medicine Posting 2016/2017 (students' names in Appendix 1). The authors would also like to thank the respondents who participated in this study.

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Acknowledgement

Appendix 1

List of 4th year medical students (2016/2017) involved in the study

Group A	Group C	Group D
1. Mohamad Hariz Kamaruddin	1. Ruslan Tupo	1. Shandini Devy a/p Manoraj
2. Muhamad Syahir Abdul Razak	2. Faiz Farhan Mohd Ramli	2. Muhammad Syauqi Muqri Ilham Akhbar
3. Mohamad Haizif Mohd Ridzuwan	3. Ariff Khirruddin	3. Elfa Nora Jajuri
4. Ew Shao Chen	4. Thivya Ganeish a/l Muthiah	4. Liyana Alya Md Ghazali
5. Alyaa Awatif Amir Hamzah	5. Nurdini Aida Shamsudin	5. Khairul Aiman Rosly
6. Siti Nur Haziqah Binti Mahpar	6. Nurul Syakira Redzuan	6. Nur Liyana Abdul Malek
7. Ummu Sarah Zunah Kamaruzzaman	7. Siti Rohaiza Aida Harith Fadzilah	7. Nurin Amalina Sallahuddin
8. Nurhazzreen Haris	8. Nur Izzati Razmin	8. Looi Jie Shen
9. Nur Hidayati Muhammad Muhayyidin	9. Nur Syahirah Ab Ghani	9. Asma Huda Hatim
10. Wan Dhiya Athira Wan Abdul Razak	10. Nurhidayah Esa	10. Syakirah Abdul Rahman
11. Siti Aisyah Binti Amdan	11. Nurul Atiqah Embok Ungah	11. Nur Syazwani Ghazali
12. Husna Nabilah Binti Mohd Rapeia	12. Inas Deuraseh	12. Asma Maria Azlan
13. Nur Syaza Binti Zainulddin	13. Aina Amira Mohamad Nasir	13. Raja Nurzahratulamani Raja Zakaria
14. Hing Wee Ven	14. Chua Pei Wen	14. Mohd Zulikhwan Ayu
	15. Subatra a/p Ganeson	15. Akmal Abdul Rahim Abdul Munim
	16. Nurul Fatihah Ab Khalek	