

AN ASSESSMENT OF QUALITY OF LIFE AND PSYCHOLOGICAL WELL-BEING AMONG VILLAGERS IN NEGERI SEMBILAN

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Abstract: *Income and economic status have become the dominant factors that influence quality of life. Health, however, is a crucial factor to be considered in determining the quality of life of an individual. According to WHO, about fifteen percent of adults aged 60 and above suffered from mental disorder. This study aims to examine the level of quality of life and psychological well-being among villagers in Negeri Sembilan. A total of 440 (n=186 male, n=249 female) villagers with various range of age involved in this study. They live in villages in Ampangan, Kuala Pilah, and Jelebu. Data were collected utilizing the WHOQOL-BREF (Bahasa Malaysia version) and Ryff Psychological Well-being Scale (PWB). Descriptive analysis technique was used in analyzing the data. The findings showed that the level of quality of life among the villagers was at high level. Meanwhile, the state of psychological well-being of villagers was at the medium level. Based on the dimensions in PSW, the self-acceptance domain in all areas secured high score compared with other domains. The findings of this study are discussed. Several suggestions are stated.*

Keywords: *Quality of life, psychological well-being, villagers*

Introduction

Malaysia has aimed to achieve TN50, a far-reaching aspiration to position the country in its highest achievement and development. A country's achievement of success could not only be measured by its economic achievement and rapid growth alone but need to consider the quality of life and wellbeing of its people. Therefore, sustainable development and its concept are integrated into its national policy. The government has taken efforts to narrow the gaps between the progress of its citizen both in urban and rural communities. In 2012, the government has introduced the Malaysia Quality of Life Index (MQLI) which aimed to reflect the government's policy framework. There are also government strategies to urbanize the countryside by

providing modern urban facilities and conveniences such as introducing ICT center in rural communities to improve their quality of life in terms of educational access, economy and overall life satisfaction (Zurinah, Jalaluddin & Mohd Aruladlyi, 2016). Even though the quality of life has dramatically increased, the disparity between the urban and rural communities in certain aspects of life still exists. These disparities impacted on the psychological health and wellbeing of the rural communities. The rural dwellers whom majority is left-behind elderlies are reported to have low level of psychological wellbeing. Their social functioning, mental health, sensibility and vitality to move around are deteriorating due to age and environmental factors (Hu, 2016).

Many studies have investigated the aspects of quality of life at national and urban levels (Economic Planning Unit Malaysia, 2016), but there is a dearth of study that put emphasis on the psychological wellbeing and health of the Kampung residents. Many studies have also successfully researched on rural residents in certain parts of residential areas such as river side, and aboriginal population, none, however has been conducted in Negeri Sembilan. Thus, this brings the impetus to study the distinguished community who is still practicing cultural practices of *Adat Perpatih* with underlying matriarchal tradition. Therefore, this study aims to investigate the level of quality of life and psychological well-being among villagers in Negeri Sembilan.

Literature Review

This section discusses two major topics which are psychological well-being and quality of life in Malaysia case and psychological well-being and quality of life of villagers.

Psychological Wellbeing and Quality of Life: Malaysia Case

Psychological wellbeing is associated with a person's physical and mental functioning, their evaluation on lives and ability to develop and maintain social relationship. It is similar to other terms that refer to positive mental states, such as being happy and feeling contented with life. Diener, Suh & Oishi (1997) explicate psychological well being as subjective well being in the forms of one's evaluation of their cognitive (e.g., life satisfaction) and affective (e.g., pleasant emotions) domains. It may also measured by self-acceptance, environmental mastery, positive relations, purpose of life, personal growth, and autonomy (Ryff & Keyes, 1995). Meanwhile, there are many indicators to determine the dimensions of quality of life. Income and economic status have always become the dominant factors that influence quality of life. Nonetheless, health, education, political freedom, civic engagement, environment, life satisfaction and work life balance are other factors that bound with each other, including income, to determine one's quality of life (Bloom, Craig & Malaney, 2001). Other authors identified different domains of quality of life such as control, autonomy and choice, self-perception, activity and hope (Connel, O'Cathain & Brazier, 2014). World Health Organization (WHO) defines quality of life as individual perception of their life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (2019). The WHO provides the structure of quality of life which includes physical health, psychological, level of independence, social relationships, environment and spirituality, religion and personal beliefs.

Health is a crucial factor to be considered in determining the quality of life of an individual. The recent report on the rise of mental health issues among Malaysian population signifies the importance of concentrating on the aspect of health, both physical and psychological health of an individual. Mental illness is expected to be the second biggest health concern affecting Malaysian population after heart diseases by year 2020. According to the National Health and

Morbidity Survey 2015, mental health problems were found to be high among adults from low income families compared to higher income families (Ministry of Health Malaysia, 2015). The rural residents who fare more likely than urban areas to be poor, thus are not left with the impacts of mental health issues when they particularly have limited access to the primary health care and other problems related to stigma. The physical and psychological conditions of an individual have a direct effect on the overall quality of life. The state of illness such as having chronic diseases and mental problems could negatively impact the effectiveness of one's functioning within society, inability to perform as a contributing member to wider community, lack potential and become a liability (Ainul & Van Bortel, 2015).

Psychological Wellbeing and Quality of Life of Villagers

In terms of psychological health, myriad of studies revealed that not only poor health condition, life condition and physical states could directly affect the quality of life and hence psychological health (Hu, 2016). Studies on health are mainly investigating the mental health problems among elderly in rural areas. A study revealed that the poor general health status of male old adult and constricted social relationship become the main cause of mental and psychological illnesses such as depression, anxiety and emotional stress. The study among Malay rural elderly added that living arrangement in the rural community was a key factor that had influenced their psychological states (Abdul Manaf, Mustafa, Abdul Rahman, Yusof & Abd Aziz, 2016). Another study disclosed that chronic illnesses among elderly such as hypertension, diabetes and joint pains contributed to their psychological conditions. The study among elderly in a rural community in Sepang indicates that prevalence case of depression is higher among elderly who is unemployed. Unemployment and financial hardship are interconnected with their physical circumstances to influence their psychological wellbeing (Mohd Sidik, Rampal & Afifi, 2004).

Sustaining in low monthly income and hardship of life among residents in the rural area will also affect their wellbeing and therefore are more vulnerable to psychological or mental health problems. A study investigating the trend of psychological problems among children and adolescents in Malaysia highlighted that socially and economically disadvantaged groups appear to face deteriorating psychological health (Noor Ani et al., 2015). While most rural residents have received low monthly income, they are more susceptible of facing with mental health problems.

Most studies also highlighted that the major concern regarding Kampung people is their life conditions such as physical states of the area, main economic sources, social and cultural norms and political affinities (Zurinah, Jalaluddin & Mohd Aruladlyi, 2016). The physical conditions of the rural areas provide a significant impact on the overall quality of life of the rural residents, including health. Studies found that the rural infrastructure, specially the electrical facilities and road are very important to connect them with the city life. These facilities allow them to move freely and promote better access to the facilities like health care, education and occupation (United Nations Development Programme [UNDP], 2016). Another study among rural communities in river areas suggested that the rural communities feel unsatisfied with the infrastructure available, although they perceived the environment, psychological health and social relationship as satisfactory (Idris et al., 2016).

Design and Methodology

Method and participants

This study utilized a quantitative method (survey) to collect and measure the data about the quality of life and psychological well-being of kampung villagers. A total of 440 (n=186 male, n=249 female) villagers with various range of age involved in this study. They live in villages in Ampangan, Kuala Pilah and Jelebu. The study was conducted in Negeri Sembilan as it has distinguished cultural practices of *Adat Perpatih*, which may result in unique characteristics of the study. The questionnaires were distributed to respondents with the help of enumerators to read and explain to them.

Measures

Data were collected utilizing the WHOQOL-BREF (Bahasa Malaysia version) and Ryff Psychological Well-being Scale (PWB). The WHOQOL-BREF is 26 items abbreviated version of WHOQOL-100. This version translated by Hasanah, Naing & Rahman (2003) with the internal consistency of 4 domains; physical health=0.80, psychological=0.64, social relationship=0.65, environment=0.73. A pilot study was executed for the Malaysian population. Cronbach Alpha value for WHOQOL-BREF is .897. For each domain, physical health=.592, psychological=.659, social relationship=.773, environment=.787.

Meanwhile, Ryff Psychological Well-being Scale (PWB) was developed by Ryff, C. D., & Keyes, C. L. M. (1995) and translated back-to-back by Nor Ezdanie Omar (2007) with the reliability value .75 and reliability value for each dimension .69 - .79. This questionnaire has 42 items representing 6 dimensions which are autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. For this instrument, the pilot study was also executed for the Malaysian population and the Cronbach Alpha value is.801.

Analysis and Findings

Demographic Background

The quantitative data were analysed using the Statistical Package for Social Science (SPSS). Descriptive statistics in the form of frequency and percentage for describing respondents' age, gender, level of quality of life and psychological wellbeing. Table 1 shows the frequency of gender and age of villagers.

Table 1: Demographic background of villagers

| | Frequency (%) (Ampangan) | | Frequency (%) (Kuala Pilah) | | Frequency (%) (Jelebu) | |
|-----------------|-----------------------------|------|--------------------------------|------|---------------------------|------|
| Gender | | | | | | |
| Male | 17 | 53.1 | 87 | 43.1 | 82 | 40.8 |
| Female | 15 | 46.9 | 115 | 56.9 | 119 | 59.2 |
| Total | 37 | 100 | 202 | 100 | 201 | 100 |
| Age | | | | | | |
| 18 – 35 | 9 | 28.1 | 30 | 14.8 | 58 | 28.9 |
| 36 – 53 | 7 | 21.9 | 55 | 27.2 | 86 | 42.7 |
| 54 – 71 | 12 | 37.5 | 81 | 40.1 | 48 | 23.9 |
| 72 above | 4 | 12.5 | 36 | 17.9 | 9 | 4.5 |
| Total | 37 | 100 | 202 | 100 | 201 | 100 |

Most of the respondents were women in Kuala Pilah (56.9%) and Jelebu (59.2%) villages. Various range of age among respondents was involved. In Ampangan (37.5%) and Kuala Pilah (40.1%) from age 54-71 while in Jelebu (42.7%) from age 36 – 53.

The Level of Quality of Life Among Villagers in Ampangan, Kuala Pilah and Jelebu Villages

Table 2 presents the frequency and percentage for the quality of life among villagers in Ampangan, Kuala Pilah and Jelebu villages.

Table 2: Level Quality of Life among Villagers in Ampangan, Kuala Pilah and Jelebu

| Level | Frequency | % | Frequency | % | Frequency | % |
|-----------------------------|------------|------|---------------|------|-----------|------|
| | (Ampangan) | | (Kuala Pilah) | | (Jelebu) | |
| Low (0 – 43) | 0 | 0 | 0 | 0 | 0 | 0 |
| Medium (44 – 87) | 7 | 21.8 | 23 | 11.4 | 35 | 17.4 |
| High (88 – 130) | 25 | 78.2 | 179 | 88.6 | 166 | 82.6 |

Overall, the level of quality of life among villagers was at a high level wherein Ampangan (78.2%), Kuala Pilah (88.6%) and Jelebu (82.6%).

The Level of Psychological Wellbeing Among Villagers in Ampangan, Kuala Pilah and Jelebu Villages

Table 3 shows the level of psychological wellbeing among villagers in Ampangan, Kuala Pilah and Jelebu villages.

Table 3: Level Psychological Wellbeing among Villagers in Ampangan, Kuala Pilah and Jelebu

| Level | Frequency | % | Frequency | % | Frequency | % |
|-----------------------------|------------|------|---------------|-----|-----------|----|
| | (Ampangan) | | (Kuala Pilah) | | (Jelebu) | |
| Low (0 – 110) | 0 | 0 | 1 | 0.5 | 0 | 0 |
| Medium (111–179) | 29 | 90.6 | 200 | 99 | 195 | 97 |
| High (180–252) | 3 | 9.4 | 1 | 0.5 | 6 | 3 |

The data shows that the level of psychological wellbeing among villagers in all areas (Ampangan, Kuala Pilah and Jelebu) was at medium level (90.6%, 99%, and 97%).

Dimensions of Psychological Wellbeing among Villagers

This section presents the result for dimension of psychological wellbeing among villagers in Ampangan, Kuala Pilah and Jelevu villages.

Table 4: Dimensions of Psychological Wellbeing among Villagers

| Dimensions | Mean | | |
|--------------------------------------|------------|---------------|----------|
| | (Ampangan) | (Kuala Pilah) | (Jelevu) |
| Autonomy | 3.96 | 26.56 | 25.76 |
| Environmental Mastery | 3.59 | 28.00 | 27.01 |
| Personal Growth | 3.75 | 23.66 | 23.53 |
| Positive Relation with Others | 3.83 | 26.12 | 25.55 |
| Purpose in Life | 3.88 | 25.57 | 25.38 |
| Self-Acceptance | 4.25 | 29.33 | 28.53 |

Table 4 shows that the highest domain in psychological wellbeing in Ampangan is self-acceptance (4.25) while the lowest domain is the environmental mastery (3.59). For Kuala Pilah villagers, the highest psychological wellbeing domain is self-acceptance (29.33) while the lowest domain is the personal growth (23.66). Meanwhile, for the Jelevu villagers, the highest psychological wellbeing domain is self-acceptance (28.53) while the lowest domain is the personal growth (23.53).

Domains of Quality of Life among Villagers

There are four domains in QoL; physical health, psychological, social relationship and environmental. Table 5 shows the domain of quality of life among villagers in Ampangan, Kuala Pilah and Jelevu villages.

Table 5: Domains of Quality of Life among Villagers

| Domains | Mean | | |
|----------------------------|------------|---------------|----------|
| | (Ampangan) | (Kuala Pilah) | (Jelevu) |
| Physical health | 23.03 | 22.57 | 21.93 |
| Psychological | 21.41 | 18.25 | 17.31 |
| Social relationship | 11.53 | 12.49 | 11.85 |
| Environmental | 30.34 | 28.03 | 23.24 |

The highest domain for Ampangan, Kuala Pilah and Jelevu villages was environmental (30.34, 28.03 and 23.24) while the lowest domain is a social relationship (11.53, 12.49 and 11.85)

Discussion

There are many indicators to determine the dimensions of quality of life. Income and economic status have always become the dominant factors that could influence the quality of life. Nonetheless, health, education, political freedom, civic engagement, environment, life satisfaction, and work-life balance are other factors that bound with each other, including income, to determine one's quality of life (Bloom, Craig & Malaney, 2001). According to the result, the level of quality of life among villagers in Ampangan, Kuala Pilah and Jelevu villages was at a high level. Hence, this result related to the previous study by Human Development Reports (2016) that the physical conditions of the rural areas provide a significant impact on the overall quality of life of the rural residents, including

health. The rural infrastructure, especially the electrical facilities and road are very important to connect them with city life. These facilities allow them to move freely and promote better access to facilities like health care, education, and occupation.

The level of psychological wellbeing among villages in all areas was at a medium level. The study signals that living in suburban and rural areas affect their psychological wellbeing. This result is associated with the previous study by Abdul Manaf, Mustafa, Abdul Rahman, Yusof & Abd Aziz (2016) who indicated that living arrangement in the rural community was a key reason that had influenced their psychological conditions; unemployment and financial hardship are interconnected with their physical states to influence their psychological states (Mohd Sidik, Rampal & Afifi, 2004). Therefore, sustaining in low monthly income and hardship of life among residents in the rural area will also affect their wellbeing and they are more vulnerable to psychological or mental health problems.

Conclusion

Health is a crucial factor to be considered in determining the quality of life of an individual. The recent report on the rise of mental health issues among the Malaysian population signifies the importance of concentrating on the aspect of health, both physical and psychological health of an individual. Therefore, this study examined the level of quality of life and psychological wellbeing among villagers in Negeri Sembilan. The rural residents who fare more likely than urban areas to be poor, thus are not left with the impacts of mental health issues when they particularly have limited access to the primary health care and other problems related to stigma. The physical and psychological conditions of an individual have a direct effect on the overall quality of life.

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