

Psychosocial Determinants of Mental Health among Rural Residents in Malaysia during COVID-19 Pandemic

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Received July 31, 2023; Revised October 16, 2023; Accepted December 5, 2023

Cite This Paper in the Following Citation Styles

(a): [1] Norhidayah Mohd Adenam, Engku Mardiah Engku Kamarudin, Nor Azzatunnisak Mohd Khatib, Zaida Nor Zainudin, Yusni Mohamad Yusop, Wan Norhayati Wan Othman, "Psychosocial Determinants of Mental Health among Rural Residents in Malaysia during COVID-19 Pandemic," *Universal Journal of Public Health*, Vol. 11, No. 6, pp. 945 - 953, 2023. DOI: 10.13189/ujph.2023.110619.

(b): Norhidayah Mohd Adenam, Engku Mardiah Engku Kamarudin, Nor Azzatunnisak Mohd Khatib, Zaida Nor Zainudin, Yusni Mohamad Yusop, Wan Norhayati Wan Othman (2023). *Psychosocial Determinants of Mental Health among Rural Residents in Malaysia during COVID-19 Pandemic*. *Universal Journal of Public Health*, 11(6), 945 - 953. DOI: 10.13189/ujph.2023.110619.

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Abstract The COVID-19 pandemic has impacted populations worldwide, including rural residents in Malaysia. Confronting such a formidable battle, this outbreak's potential mental health consequences are profoundly concerning. So, this study aimed to examine the relationship between financial well-being and resilience and their influence on the mental health issues experienced by 278 rural adults in the aftermath of COVID-19. Pearson Correlation and multiple linear regression analyses were employed to analyse the data. The findings revealed a significant negative correlation between financial well-being and mental health issues, indicating that poorer financial conditions were associated with higher mental health problems. Conversely, resilience exhibited a positive correlation with mental health, signifying that higher levels of resilience were linked to better mental health outcomes. Furthermore, the regression analysis demonstrated a significant negative effect of financial well-being on mental health issues and a positive impact of resilience on mental health problems. Consequently, the findings suggest that both resilience play influential roles in determining the respondents' mental health. These results have important implications, as they can guide the development and implementation of appropriate risk management strategies to mitigate financial hardships,

thereby enhancing the community's capacity to withstand this ongoing threat. This discovery holds significance for the rural population under investigation and other local communities seeking to bolster their resilience against post-COVID-19 and improve their financial stability.

Keywords Psychosocial Determinants, Mental Health, Rural Residents

1. Introduction

The first COVID-19 case in Malaysia was documented on January 23, 2020. However, it was not until March 11 of that year, when the World Health Organization (WHO) officially declared it a global pandemic that this initial case evolved into a nationwide outbreak two months later. In response, Malaysia implemented the Movement Control Order (MCO) on March 16, 2020, under the Prevention and Control of Infectious Diseases Act and the Police Act of 1967, aiming to halt transmission. Since then, the pandemic has disrupted normalcy and inflicted severe consequences on various aspects of daily life within Malaysia and worldwide [1]. Meta-analytical studies indicate that the

prevalence of stress, anxiety, and depression in the general population due to the pandemic is approximately 30% [2]. The potential mental health risks posed by the pandemic can be catastrophic, particularly during the arduous struggle [3]. Moreover, it has been observed that in addition to certain sociodemographic variables such as geographical location, specifically urban and rural areas, these variables are associated with heightened symptoms of stress, anxiety, and depression. Resilience is pivotal in reducing these mental health symptoms and preserving mental well-being when facing crises like the pandemic [4].

Resilience is a concept that refers to a person's capability to successfully adapt and recover from stressors or adversities [5]. It denotes how individuals can effectively confront and manage stress-induced challenges and burdens [6]. It is a crucial protective factor in safeguarding mental health and shielding against adverse psychological outcomes [7]. Extensive research has established a correlation between resilience and heightened social capital, collective action, and robust governance structures [8]. Urban areas primarily rely on economic capital to foster resilience, whereas social capital assumes greater significance in rural areas [9]. Furthermore, coping strategies, particularly positive and resilient coping strategies [10], have been shown to mitigate mental health concerns. Despite rural adults' cumulative burdens and challenges amid the pandemic, many have probably exhibited resilience and fortitude in surmounting obstacles and effectively managing essential resources for themselves and their families [11].

Furthermore, from an economic perspective, Malaysia experienced a rapid escalation of financial difficulties, particularly among individuals categorized as medium and low-income earners, who had already lost their primary source of income [12]. According to research by Sabri and Aw[13] on executives working in several sectors in Malaysia, people who are under financial stress devote a sizeable amount of their time and cognitive resources to dealing with their problems. Every business is undergoing substantial transformations, with persistent pressure, particularly in the financial sector. Most Malaysians have been profoundly affected by the imposed Movement Control Order (MCO), and the ensuing economic crisis resulting from the pandemic's expansion will primarily impact the livelihoods of individuals residing in rural regions [14]. The enforced MCO has deeply impacted the lives of the majority of Malaysians, and the economic catastrophe that will ensue due to the spread of the pandemic will predominantly affect the means of subsistence for rural residents.

Financial issues and problems are a typical occurrence in rural areas, and the current worldwide pandemic has made these issues worse [15]. Rural economies typically rely on self-employment, predominantly comprising home-based, minor, or micro businesses, rendering them highly susceptible to financial challenges due to limited cash reserves and low resilience. The inherent lack of

preparedness within rural communities to withstand the adversities presented by highly uncertain circumstances, such as the COVID-19 pandemic, is well-established [16]. Numerous enterprises, especially microbusinesses and self-employed people, have gone bankrupt or faced financial issues after the implementation of COVID-19 as a result of social distancing measures and lockdowns, engendering psychological distress [15]. The WHO has expressed concern over the pandemic's effects on people's mental health and psychosocial well-being, claiming that the isolation policies put in place are likely to cause uncertainty, fear, distress, and sleep disorders while markedly increasing levels of panic, worry, anxiety, and apprehension in rural populations.

The industries that offer the largest job prospects in rural Malaysia are those related to agriculture and services [17]. The disruption of rural communities in the present economic climate is a cause for concern, particularly considering that during the MCO, 71% of self-employed workers had savings of less than one month [18]. Agriculture, livestock, and fisheries industries have been severely affected, with 21% of workers losing their jobs and 70% experiencing decreased income. The financial impact of the partial lockdown is most pronounced in the states of Sabah, Kelantan, and Perlis due to their significant rural populations [19]. This highlights the vulnerability of rural livelihoods. Consequently, this research aims to investigate the relationship between financial well-being and resilience, as well as examine these two constructs as determinants of mental health among rural residents in Malaysia.

2. Literature Review

The COVID-19 pandemic poses a serious risk to mental health, and the scientific community has repeatedly noted a decline in mental health status in affected areas [20]. The COVID-19 epidemic created a pervasive atmosphere of general doubt over the general situation of the economy, assets, social connections, and health. A person's mental health and well-being are substantially harmed by social exclusion and isolation, which is followed by a rapid increase in the number of cases of mental illness and suicidal thoughts that are recorded [21]. Based on the Conservation of Resources Theory (COR), every uncertainty has an impact on mental health, causing psychological distress and emotional exhaustion since resources meant to maintain stability and regulate mood are depleted [22].

According to the assumptions of COR, health is considered a valued resource that contributes to mental health in general. It is believed that structure, social support, full-time employment, and financial stability are essential elements that promote people's development, happiness, and sense of identity [23]. At the same time, stress and emotional stress are brought on by financial insecurity

[24,25]. Many people have already been deprived of essential resources like self-esteem, a positive outlook, self-accomplishment, self-efficacy, and social support because of social isolation and remote working policies, typically used to develop coping mechanisms to lessen stressors. Referring to the COR, financial well-being protects against the adverse effects caused by stress [26] by safeguarding their resources or limiting their use to maintain their mental health [27].

In contrast, the theory put forward by Rees [28] includes a number of intrapersonal variables that are crucial for determining how to evaluate and react to stresses. This model suggests that results related to mental health are strongly correlated with an individual's resilience. People with stronger resilience scores also do better on assessments of their psychological well-being. In contrast, several findings show that resilient people are less likely to express sadness and anxiety throughout stressful situations, retaining optimum levels of well-being [6].

According to recent studies, resilience is essential for reducing COVID-19-related anxiety as well as the overall dread that develops during a pandemic [29]. Resilience is not only crucial during times of heightened stress but also serves as a significant predictor of subsequent mental health outcomes. Beames [30] found that higher levels of resilience were associated with reduced psychological distress and improved overall well-being. Moreover, resilience significantly predicted lower levels of depression and anxiety following periods of lockdown [31]. These findings support a protective model of resilience and underscore the influence of certain factors on promoting better mental health outcomes.

Several state-level measures were developed in reaction to the COVID-19 crisis to support saving nations' economies and prevent severe closures; wages were decreased. Workers who previously relied primarily on extrinsic incentives and rewards to build their self-esteem may feel unfulfilled and depressed [24]. As economic collapse impacts psychological and physical health and disrupts normal emotional and social functioning, it frequently results in a rise in depression and anxiety disorders [32].

Shafi [15] conducted a study highlighting the significant psychological impact of the pandemic on local communities, resulting in heightened socioeconomic vulnerability. Notably, irrespective of their socioeconomic status, income level, or industry involvement, local households expressed concerns regarding income loss, with percentages ranging from 40% to 43%. However, there was a noticeable decrease in stress levels as income increased. Rural communities, in particular, predominantly engage in small-scale business activities such as crafts production, small vending shops, small-scale restaurants, and tourism. The self-employed or micro-level operations were prevalent in rural economies, rendering these businesses highly vulnerable due to limited financial resources and inadequate resilience [33]. Similarly, it has

been posited that rural populations, given their limited resources and adaptability, are often less equipped to weather unpredictable circumstances such as the COVID-19 pandemic [16]. To address the gap in the prior research, the current study examines the association of financial well-being and resilience with mental health among residents in rural areas of Malaysia during the COVID-19 pandemic.

3. Methodology

3.1. Research Design

In this study, researchers used descriptive and correlation study designs. It aims to understand the relationship between financial well-being and resilience with mental health and examine these two constructs as determinants of mental health among Malaysian rural residents.

The respondents' average age was 35.7 (SD = 0.807). In terms of gender distribution, 150 (54%) respondents were female, while 128 (46%) respondents were male. Most respondents were Malay, accounting for 265 (95.3%), while 13 (4.7%) were Chinese. Three main occupational sectors were identified: government, private, and self-employed or engaging in self-work. Among rural residents, 79 (28.4%) worked in the government sector, 80 (28.8%) worked in the private sector, and the majority, 119 (42.8%), were self-employed or engaged in self-work.

3.2. Instruments

The questionnaire used in this study consists of a set of questionnaires that are divided into four parts. Part A requires participants to provide their demographic information. Part B is a questionnaire to measure the mental health Depression Anxiety Stress Scale (DASS-21). Next, part C is dedicated to a questionnaire to measure financial well-being using the Malaysian Personal Financial Well-being (MPFW) Scale. In contrast, part D is a questionnaire that measures resilience using the Resilience Scale (RS).

A self-report questionnaire called the Depression Anxiety Stress Scale (DASS-21) measures how severe respondents' feelings of anxiety, depression, and stress are. It has 21 elements that are divided into three subscales: stress, despair, and anxiety [34]. Each item was rated by respondents on a Likert scale from 0 to 3. The sum score for each subscale is calculated by adding the scores of each item for each subscale and multiplying the result by two. As a result, the total score for each subscale ranges from 0 to 42. The total sum score for the DASS-21 runs from 0 to 126. With subscale Cronbach's alpha scores ranging from 0.74 to 0.84, the Malay version of the DASS-21 exhibits satisfactory internal consistency. The Malay version of the DASS-21's three-factor model has also been confirmed,

and most of its items have acceptable factor loadings between 0.39 and 0.73 [35].

The Malaysian Personal Financial Well-being (MPFW) Scale was developed by Jariah [36]. The MPFW Scale consisted of 12 items, whereas the PFWB Scale had eight items, using a 10-point scale. A lower average score indicates poorer average financial well-being and a higher score indicates better average financial well-being.

The resilience of the rural population was evaluated using the Resilience Scale (RS). Wagnild and Young [37] established and validated the Resilience Scale using a sample of older individuals aged 53 to 95. It has been discovered that the 25 items on this scale have good and negative relationships with mental health, morale, and life satisfaction. The resilience scale bases its measurement on the following five crucial traits: persistence, independence, self-control, calmness, and existential aloneness. The 17-item Personal Competence Subscale and the 8-item Acceptance of Self and Life Subscale are used to evaluate these five characteristics. Subsequent validation of the scale by Wagnild [38] reaffirmed its internal consistency and constructed validity, supporting its continued effectiveness in assessing resilience.

3.3. Sample

According to Malaysia's Age of Majority Act 1971, the adult is referring to the age of 18 years and above. Therefore, the respondents in this study are adult residents of a rural area in Kelantan, one of the states in Malaysia. Even before the pandemic, Kelantan was considered to have the greatest poverty rate in Peninsular Malaysia and the most susceptibility to natural calamities like floods [39].

In particular, the Pasir Mas district, one of Kelantan's most prominent districts, was chosen as the sampling frame for this study. We randomly selected three villages considered rural regions from the list of the villages within the district with the help of one local district officer. In this study, 278 residents from the three villages responded to the questionnaire. According to Cohen [40], the number of participants was considered appropriate.

3.4. Data Collection Procedure

Data collection took place between April 2022 and May 2022, during which the researchers physically visited designated locations within communities and systematically searched each established dwelling and

household. The surveys were distributed throughout the weekend, and participants were given a time limit of 30 minutes to complete them. Before administering the questionnaire, permission was obtained from the community leader of each village, and consent was also sought from the representative of every rural village participating in the study.

Participants were informed that they had the right to choose not to answer any questions. The study received ethical approval from the Ethics Committee for Research Involving Human Subjects (JKEUPM-2022-924). Informed consent was obtained from each participant before their engagement in the online questionnaire. The research objectives and aims were presented to potential participants before they agreed to participate in the survey. Participants were assured of complete anonymity, confidentiality, and adherence to other ethical considerations.

The study employed descriptive and inferential analyses to examine the variables of interest. Socio-demographic variables were characterized using suitable statistical methods. The relationship between variables was assessed using Pearson correlation, while the impact of coping styles and resilience on depression symptoms was determined through simultaneous multiple regression. Data for the study were gathered using a survey approach in the form of a questionnaire. The statistical analyses were conducted using SPSS 23.0 (SPSS Inc., Chicago, USA, IL), with a significance level set at $p < 0.05$.

4. Findings

4.1. Distributions of Respondents by Mental Health

As shown in Table 1, only 7.9% have a regular and 12.6% have mild depression. Furthermore, most respondents have moderate (47.1%), and 30.9% have severe levels of depression. However, only 1.4% have highly intense levels of depression. The findings showed only 6.1% have an average level of anxiety, and 14.0% are mild. Furthermore, most respondents have moderate (49.3%) and severe (28.4%) anxiety levels. Only 2.2% had highly extreme levels of anxiety. Meanwhile, most respondents reported extremely severe (47.5%), and 32.7% had moderate stress. Only 3.2% are average, 6.8% are mild stress, and 9.7% reported severe.

Table 1. Mental health description

		Frequency	Percent	Valid Percent	Cumulative Percent
Depression	Normal	22	7.9	7.9	7.9
	Mild	35	12.6	12.6	20.5
	Moderate	131	47.1	47.1	67.6
	Severe	86	30.9	30.9	98.6
	Extremely Severe	4	1.4	1.4	100.0
	Total	278	100.0	100.0	
Anxiety	Normal	17	6.1	6.1	6.1
	Mild	39	14.0	14.0	20.1
	Moderate	137	49.3	49.3	69.4
	Severe	79	28.4	28.4	97.8
	Extremely Severe	6	2.2	2.2	100.0
	Total	278	100.0	100.0	
Stress	Normal	9	3.2	3.2	3.2
	Mild	19	6.8	6.8	10.1
	Moderate	91	32.7	32.7	42.8
	Severe	27	9.7	9.7	52.5
	Extremely Severe	132	47.5	47.5	100.0
	Total	278	100.0	100.0	

4.2. Correlation between Variables

Table 2. Correlation analysis between financial well-being and mental health

		Mental health
Financial wellbeing	Pearson Correlation	-.743**
	Sig. (2-tailed)	.000
Resilience	Pearson Correlation	.401**
	Sig. (2-tailed)	.000
	N	278

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

The results of the Pearson correlation test analysis presented in Table 2 indicate that financial well-being and respondents' mental health problems are significantly and negatively correlated ($r = -0.743, p < 0.01$). Additionally, the Pearson correlation test analysis reveals that

respondents' resilience and mental health problems are significantly and positively correlated ($r = 0.401, p < 0.01$).

4.3. Determinants of Mental Health

According to multiple linear regression, all variables were entered, resulting in an overall adjusted R-square value for the model of 0.58, and the overall model was found to be significant $F(2,275) = 191.954, p < 0.000$, as stated in Table 3. Thus, the model successfully explained 58.3% of the variation in mental health problems. The results in Table 4 show that financial well-being decreases rural respondents' mental health problems ($\beta = -0.685, p = 0.00$). Based on the analysis, the researcher concludes that resilience and financial well-being can influence the respondent's mental health. In addition, resilience passively determines the mental health problems of rural respondents ($\beta = 0.185, p = 0.00$).

Table 3. Model summary

Model	R	R ²	Adjusted R ²	Std. Error of Estimate	R ² Change	Change Statistics			Sig. F Change
						F Change	df1	df2	
1	.763 ^a	.583	.580	5.93375	.583	191.954	2	275	.000

Note. a. Predictors: (constant) financial well-being, resilience; b. Dependent variable: Mental health.

Table 4. Regression coefficient

Coefficients								
Model		Unstandardized Coefficients		Standardised Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	30.722	4.318		7.115	.000		
	Resilience	.131	.029	.185	4.506	.000	.901	1.110
	Financial Wellbeing	-.284	.017	-.685	-16.677	.000	.901	1.110

Note. a. Dependent variable: Mental health.

5. Discussion

This study sought to explore the impact of psychosocial factors on the mental health of rural residents in Malaysia amid the COVID-19 pandemic. A conceptual model was developed, with financial well-being and resilience identified as predictors, while mental health problems were established as the outcome variables. The findings demonstrated a negative association between financial well-being and mental health among rural residents. Individuals with higher levels of financial stability reported lower mental health issues, including depression, anxiety, and stress. These findings are consistent with previous research by Ding [41] and Zhang [42], highlighting the significance of culturally appropriate interventions that foster positive mental health and resilient coping during global health crises.

These findings underscore the critical role of financial well-being in mitigating the detrimental impact of the pandemic on mental health. Importantly, these findings align with prior research that has consistently demonstrated the negative repercussions of financial challenges on mental well-being [43]. Financial difficulties can create added stress and strain, significantly impacting mental well-being. In the context of the COVID-19 pandemic, the economic uncertainties and disruptions have further heightened the significance of financial stability for mental health.

Furthermore, the regression analysis confirmed that financial well-being significantly predicted lower mental health problems, aligning with the longitudinal study conducted by Simonse [44] in Dutch households. Financial issues have been identified as significant contributors to mental health problems, supported by Gloster [43] and Visser and Law-van Wyk [45]. Ongoing financial challenges, especially within vulnerable groups like rural

populations with financial responsibilities, exacerbate the likelihood of experiencing financial anxiety, a psychosocial condition characterised by negative attitudes and poor financial management [46,47].

Enhancing the financial stability of rural households is paramount in promoting improved mental health outcomes amidst and beyond the COVID-19 pandemic. Interventions should concentrate on enhancing financial support mechanisms [48], expanding access to resources and employment opportunities [49], and tackling structural constraints that contribute to financial instability in rural areas [50,51]. Policymakers, healthcare professionals, and community leaders possess the capacity to effectively bolster rural communities in upholding improved mental health and resilience during challenging periods, such as the COVID-19 pandemic, by prioritizing financial stability and formulating targeted interventions. Our Pearson correlation test analysis results indicate significant relationships between resilience and mental health outcomes. Specifically, a positive correlation was observed between resilience and mental health problems among respondents, suggesting that higher levels of resilience are associated with better mental health outcomes. These findings support existing research that resilience is a protective factor, especially in adverse conditions such as the COVID-19 pandemic.

The study findings also indicate that resilience plays a significant role in predicting the mental health outcomes of rural adults, aligning with prior research conducted by Khodabakhsh and Ooi [52].

In the context of the pandemic, rural populations face unique challenges that can affect their mental well-being, including limited access to resources, social isolation, and constrained healthcare infrastructure. The scarcity of resources and support systems in rural areas makes resilience particularly significant [53]. The limited

availability of mental health services and difficulties accessing healthcare facilities further compound the situation [54]. In such circumstances, individuals with higher levels of resilience are better positioned to effectively utilize available resources, seek appropriate support, and employ adaptive coping strategies. Additionally, the social fabric of rural communities, characterized by strong social connections and supportive networks, plays a role in fostering resilience [55]. These social ties enable a sense of belonging, provide emotional support, and enhance problem-solving abilities, contributing to resilience. Individuals with robust social support systems tend to experience better mental health outcomes during distress [56].

Recognizing that resilience is a dynamic process that may be developed and reinforced through time rather than a fixed feature is crucial [57,58]. Interventions to enhance resilience among rural populations during the COVID-19 pandemic can be beneficial [59]. Such interventions may involve psychoeducation on resilience-building strategies, fostering social connections through community programs or support groups, and enhancing the accessibility of mental health services through user-friendly technological platforms. Strengthening resilience at both individual and community levels is crucial in promoting better mental health outcomes and assisting individuals in effectively navigating the challenges posed by the pandemic.

It is significant to emphasize that this study only examined the connection between resiliency, financial security, and mental health issues among people living in a rural Malaysian region. Because the sample size was small and restricted to a few regions in Kelantan, care should be used when extrapolating the findings to the total Malaysian population. Further research encompassing a broader range of rural areas from different states across adulthood would provide a more comprehensive understanding of adults' resilience, financial well-being, and mental health. Additionally, in light of the growing body of research on mental health, future researchers are encouraged to delve into the experiences of both rural and non-rural populations, with a particular emphasis on examining the influence of financial well-being.

6. Conclusions

The outcomes of this study demonstrate that the mental health of rural residents was indeed impacted by their financial stability and capacity for resiliency during the pandemic. In response to this result, this study discovered the circumstances and mechanisms that may influence variations in mental health outcomes. The findings revealed financial well-being as the factor that decreases mental health issues. This study concludes that providing early financial aid to rural households may help them avoid short-term financial instability and may benefit their mental health in ways that go beyond the epidemic.

Limitations

The study's participants were drawn exclusively from rural communities in Malaysia, limiting the findings' applicability to broader contexts. Future research could benefit from including diverse samples from various countries to enhance generalizability. Additionally, the quality and completeness of responses were compromised, partly due to time constraints and the lack of willingness among some respondents. Future studies should allocate more time for data collection to address these issues. Lastly, given the restricted budget and time frame, along with the specific focus of this research, future work could provide valuable insights by further exploring the link between resilience and financial well-being in rural populations.

Acknowledgements

Researchers would like to acknowledge participants from the three villages, the municipal of Pasir Mas, Kelantan and all parties involved during this study.

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