

ANALYSING MATERIAL WELL-BEING: THE ROLE OF SOCIO-DEMOGRAPHIC AND SOCIO-ECONOMIC FACTORS

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Abstract

Well-being is comprised of material well-being (such as income, jobs, and housing) but also the broader quality of people's lives, including healthcare, education, environment, and social connections. However, based on the OECD Malaysia Economic Survey 2019 shows that there is slow progress in areas of health and family weighed on the improvement of well-being. Thus, the aim of this study is to identify the influence of socio-demographic and socio-economic with material well-being in society. The survey was conducted in Alor Gajah, Melaka, which involves society as a study population with 160 useable respondents. Our findings revealed that there is a significant influence between socio-economic and material well-being. Thus, Malaysia and other developing countries should focus on enhancing the well-being of the population by conducting robust research on well-being.

INTRODUCTION

Generally, well-being is widely defined as the physical, social and economic state which contributes to the improvement of the person's quality of life and satisfaction (OECD Malaysia Economic Survey, 2019), while other scholars (Bakar, Osman, Bachok, & Ibrahim, 2016) describe well-being as the dynamic process that leads to a better life which comprises of objective and subjective well-being. Table 1 shows that there are many definitions by different scholars of well-being. Well-being is an example of the condition of households, society, and the people of a nation generally. Well-being, in the modernized world, is explained in various ways. It is a crucial issue for a household as it reflects the status of comfort for mankind. It includes the whole living conditions of a family, such as shelter, food, clothing, safety, and such. Although the concept of well-being is widely exposed, there is still no common definition agreed upon. Works by Ringen (1988) and Bergman (2002) supported works by Sen (1987) who introduced the concepts of deprivation, well-being, and capability, widely known as multi-dimensional poverty, which is conceptualized in terms of objective and subjective well-being. Objective well-being is based on measurable indicators such as the number of rooms in a house, the number of meals taken, the type of dwelling ownership, and assets acquired. The subjective well-being

concept, on the other hand, is based on one feeling that she or he does not have enough to get by on, and it is difficult to quantify notions such as happiness and satisfaction (Gordon and Levita, 2006; Pickett and Wilkinson, 2007; Rojas, 2007, 2008).

TABLE 1: The definition of well-being.

Authors	Definitions
Felce and Perry (1995)	Consist evaluation of physical, material, social and emotional well-being
Ryan and Deci (2001),	Ideal models for an observational inquiry into well-being involve two philosophies which are firstly is hedonism and eudaimonism (happiness). The second vies of well-being consists of more than happiness.
Easterlin (2003)	Variety terms of well-being, utility, happiness, life satisfaction, and welfare.
Huppert & Baylis (2004)	The positive impact allows individuals and groups to thrive. It is a level that refers to psychological, physical, and social expression.
Rahmatina & Habib (2014)	Responsibility for sorts of consumption goods/services such as shelter, medical and education as the essential needs
Axford et al.,(2014)	Self-acknowledgment and describe well-being in terms of the degree to which a person is completely working
Sarah C.White (2015)	Positive development takes into account policies that will bring a positive impact on people's lives.

Objective well-being refers to the external components of individuals, while subjective well-being refers to self-evaluation of happiness and life satisfaction (Bakar et al., 2016). The importance of well-being research is highly emphasized, especially by the national policies, as potential guidance to the policy choices (Vik & Carlquist, 2017). Well-being measures will contribute to the understanding of progress and welfare of the societies as well as their health status. The European strategy Health 2020 main targets include improving the well-being of the European Region Population (WHO, 2013). Thus, Malaysia and other developing countries should set the same efforts to enhance the well-being of the population by conducting robust research on the well-being (Ahmad, Abdul Rasid, and Abdul Rasool, 2018). Furthermore, well-being should become a primary focus of policymakers (Diener & Seligman, 2004) since developing any program or mechanism will directly or indirectly affect the community. Therefore, the objective of this study is to identify the influence of socio-demographic and socio-economic with material well-being.

In contemporary well-being studies, various approaches are utilized toward the definitions and measurements of well-being, which goes beyond the old economic measurement. It includes responsibility for sorts of consumption goods/services such as shelter, medical, and education as the essential needs (Rahmatina & Habib, 2014). Well-being is an example of the situation of households, society, and the people of a nation commonly. Currently, governments are starting to truly consider the use of well-being measurement for monitoring progress, informing, and appraising public policy (Dolan and Metcalfe, 2012). This indicates that a family without access to the essential lives in need (Townsend, 1985; Yunus, 2007; Haughton & Khandker, 2009). Therefore, the objective of this study is to identify the influence of socio-demographic and socio-economic with material well-being. Further discussion on the socio-demographic and socio-economic are presented in the next sub-sections.

LITERATURE REVIEW

The study of human well-being has a long history, and the social approach to human well-being that is outlined here draws upon and synthesizes various traditions. It builds on Amartya Sen's focus on

'beings' and 'doings' in the human development approach. Despite that, Robert Chambers' emphasis on the need for the development profession to listen to the voices of poor people and to their perceptions and feelings about poverty was particularly influential in shaping the notion of 3-D human well-being (see Figure 1) (McGregor & Summer, 2010). These three elements make up the central aspects of well-being. The triangle shape indicates that all three are interdependent (White, 2009). It concentrates on incomes and human development indicators. It also includes the changes in the resources that a person is able to command, what they can accomplish with those resources, what requirements and objectives they can meet, the meaning that they provide for the objectives they achieved, and the technique in which they engage (McGregor, 2007).

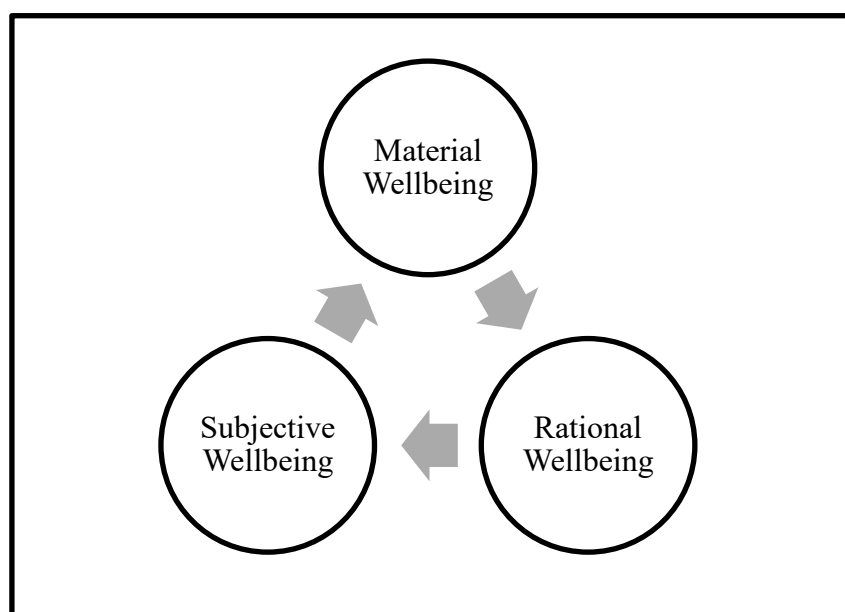


Figure 1: 3-D Concept of Human Wellbeing
Source: McGregor (2007); McGregor & Summer (2010)

Figure 1 above shows the triangle relationship between subjective well-being, material well-being, and rational well-being as the 3-D concept of human well-being by McGregor (2007). In addition, Figure 1 shows further discussion on what is to be studied and indicators for each dimension. To summarize well-being terms that have been widely explored in numerous researchers, a few types of well-being should be concentrated on. These three types most probably represent 3D human well-being which is material (financial well-being), relational (family well-being), and subjective (psychological well-being). Firstly, is family well-being. According to Wollny, Apps & Henricson (2010), family well-being is a multi-dimensional, dynamic, and highly complex concept. The family well-being concept involves child well-being, parent well-being, and family relationships. Meanwhile, family well-being is directly affected by family income (McKeown et al., 2003).

Next is psychological well-being. Increment due to uncontrolled expenditures may force households to cut back on their consumption of essential needs, which will diminish their utility. Besides, more awful financial circumstances may affect individuals' psychological well-being, aggravating them even worse in utility terms (Gomes & Lopes, 2016). Besides, individuals who are financially worse off due to higher expenditures have a high probability of being depressed and losing sleep due to stress and are also more likely to report that they have difficulties facing problems (Gomes & Lopes, 2016). According to Ryff (1989), psychological well-being implies dynamic engagement in various existential difficulties.

Thirdly is financial well-being. Financial well-being had not been clearly defined from an individual's point of view. As clarified in the research by Consumer Financial Protection Bureau (2015),

they found that financial well-being from an individual's point of view is a condition of being where a person can completely meet achieved financial goals, can feel safe in their financial future, and can settle on better decisions that ensure them to enjoy life

TABLE 2: 3-D Well-being dimension, areas of study, and indicators

	Material well-being – 'Needs met' and 'practical welfare and standards of living'	Relational well-being – 'Ability to act meaningfully' and 'personal and social relations'	Subjective well-being – 'Life satisfaction and 'values, perceptions and experience'
Area of study	The objectively observable outcomes that people can achieve	The extent to which people can engage with others to achieve their needs and goals	The meanings that people give to the goals they achieve and the processes in which they engage
Key determinants	Income, wealth, and assets Employment and livelihood activities Education and skills Physical health and (dis)ability Access to services and amenities Environmental quality	Relations of love and care Networks of support and obligation Relations with the state: law, politics, welfare Social, political, and cultural identities and inequalities Violence, conflict, and (in)security Scope for personal and collective action and influence	Understandings of the sacred and the moral order Self-concept and personality Hopes, fears, and aspirations Sense of meaning/meaninglessness Levels of (dis)satisfaction Trust and confidence
Indicators	Needs satisfaction indicators Material asset indicators	Human agency indicators Multi-dimensional resource indicators	Quality of life indicators

Sources: Synthesised from Copestake (2008); McGregor (2007); McGregor and Sumner (2010); White (2008)

Based on the above table 2, it can be concluded that well-being can be classified into three different aspects. Material well-being focuses on the outcome that people are able to achieve. Meanwhile, relational well-being focuses on the extent to which people can engage with others, and lastly, the subjective well-being that people give and the processes for the goals they achieve.

Material Well-being

Human well-being is not only known as multi-dimensional in character (which are mainly made from three core elements-the material, relational and subjective dimensions of well-being) but is also known as a cross-disciplinary concept that involves drawing on development studies, financial aspects, human studies, psychology, and other areas of inquiry (Sumner & Mallet, n.d). McGregor (2007) recommends an expansive way of understanding people's well-being, drawing on the work of the five-year, cross-country Well-being in Developing Countries (WeD) research group. He emphasizes that a practical concept of well-being ought to be thought about as the combination of three things: (i) needs met (what individuals have); (ii) significant acts (what individuals do), and (iii) fulfillment in accomplishing

objectives (how individuals feel) (McGregor, 2007 & Copestake, 2008). Further, White (2008) arranges these three things as material, relational and subjective/perception well-being.

In terms of material well-being, it contains individuals' assets, welfare, and standard of living. Besides, well-being is also comprised of material well-being (such as income, jobs, and housing), but also the broader quality of people's lives, including healthcare, education, environment, and social connections (OECD Malaysia Economic Survey, 2019) While Arber S. et al. (2003) defined material well-being as household equivalized income, car ownership, homeownership and it is represented as an indicator of material inequality. Moreover, material well-being covers more than simply money in hand; it also includes homeownership, savings, and other assets and time free from paid employment (Thomson D., 1993). Those dimensions were claimed by Thomson D. (1993) as a contributing factor to material well-being.

Socio-demographic components

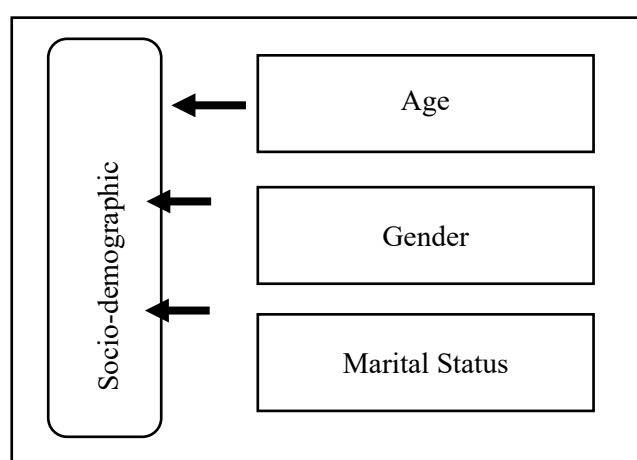


Figure 2: Socio-demographic components

According to Stephanie et al. (2014), age, educational level, urbanization level, and citizenship were factors in socio-demographics. Age was not included due to the different meanings for men and women, which makes gender a structural variable and thus a potential effect modifier. A study on how older adults in Bhutan perceive their well-being and its socio-demographic correlations has been assessed with the World Health Organization Five Wellbeing Index to measure well-being. Nidup et al. (2018) reported that the above-average well-being score with nature of the relationship with children, education level, and employment status as an independent correlate, while the well-being of older adults was more relevant to enhancing the relationship between family members.

As stated by Graham and Chattopadhyay (2012), the presence of legal and constitutional provisions has significantly affected the well-being of women in low-income countries, particularly married women, through a great variance in gender rights. However, it has much less variance, which shows an insignificant effect on the well-being of women in the higher-income countries as they practice an equal gender right.

According to Mensah, Asamani, and Asumeng (2017), about one quarter to one-third of all families were raised by single mothers due to increased divorce, desertion, death, and imprisonment. A study has been made by using factors of employment status, family size, and educational level to analyze the effect of the level of psychological distress of mothers and whether single and partnered mothers differ in these variables. Data from a questionnaire and structured interview guide from 364 single mothers and 355 partnered mothers were used in purposive sampling, convenience, and snowball sampling through descriptive and inferential statistics. These have resulted in a positive relationship of psychological distress between single and partnered mothers, as well as among those employed in the

formal sector, those employed in the informal sector, and the unemployed mothers, whereas there was no relationship between the age of mothers and psychological distress reported.

Socio-Economic components

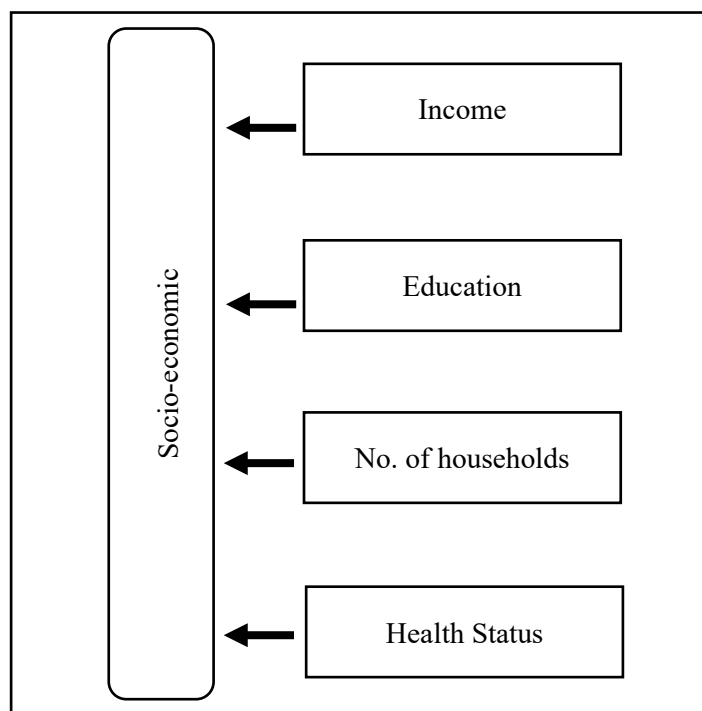


Figure 3: Socio-economic components

As for the socio-economic factors, education was found to be important in influencing individuals' well-being in terms of non-monetary aspects as compared to its impact on their financial status (Michalos, 2008). This is also supported by a past empirical study conducted in Australia that reveals that overall life satisfaction [which some authors referred to as evaluative well-being (Steptoe, Deaton & Stone, 2015)] is positively influenced by education (Powdthavee, Lekfuangfu, Wooden, 2015). In this study, they also mentioned that income, employment, marriage, children, and health are the other factors that contribute to well-being. At the same time, Diener et al. (1993) and Powdthavee (2010) viewed income as the main mediating factor between education and well-being. In addition, Steptoe, Deaton, and Stone (2015), in their study, conclude that age is closely linked to subjective well-being and health, especially for older people with chronic diseases. Whereas, in view of financial ability, the richest quartiles concern more with education and health as the important role in determining their well-being (Bookwalter & Dalenberg, 2004). Pertaining to several households, a past study on the association between housing crowding and child well-being reported a negative association between living in a crowded home and child well-being (Solari & Mare, 2012). In their study, housing crowding was measured by dividing the total number of household members by the total number of rooms.

From a health status perspective, this study emphasizes measuring the respondent's health conditions thru self-reporting chronic and acute diseases. The finding then tested the influence on material well-being, including the health component which was measured by asking, "Health enabled me to be productive at work and actively engage in social and economic environmental activities among the community." Evidence shows that health status would bring an impact on respondents' well-being; for example, a study by Fereshtehnejad et al. (2014) and Martinez-Martin et al. (2015) reported that well-being dimensions are impaired in Parkinson's Disease patients due to the illness-related consequences. This is also supported by Vescovelli, Sarti, & Ruini's (2017) study revealed that Parkinson's Disease patients reported lower levels of satisfaction with life and higher levels of distress.

METHODOLOGY

Data Collection

The research is based on primary data, and it is collected through a questionnaire. The survey was conducted in Alor Gajah, Melaka. The respondents are a society in Alor Gajah, Melaka. Overall, 160 useable respondents for the study are based on Tabachnick and Fidell's (2007) rule of thumb.

Study Instrument

In this study, a structured questionnaire was used as a research instrument in collecting the data from the respondents identified for this study. The questionnaire was developed based on an expert review. Regarding the measurement scales, for Section A (respondent profile), nominal measurement scales were usually used, while for Section B (independent and dependent), ordinal measurement scales were used. A 5-point Likert scale was used in Section B. It is to allow the variability in the results (Rasool, M., 2015) based on the following scale: (1) Not very agree, (2) Not agree, (3) Undecided, (4) Agree, (5) Very agree. According to DeVellis (2003), the Likert scale is a measurement scale used to check the opinion, beliefs, attitude, or feelings of someone. It is not directly measured because it acts as a latent variable.

Data Analysis

The data were analyzed using the SPSS approach. In SPSS, the data was analyzed to find the descriptive statistics and cross-tabulation test. Cross tabulations (also referred to as crosstabs) are a quantitative research method appropriate for analyzing the relationship between two or more variables. Cross tabulations provide a way of analyzing and comparing the results for one or more variables with the results of another (or others).

FINDINGS AND DISCUSSIONS

Descriptive Statistics on Socio-economic and Socio-demographic

Based on table 3 below, the result shows that most of the respondents are in a middle-age which is 18-44 years old (55.7%), and most of them are female (61.3%), those who are married (96.3%). The results also indicate that most of them do have income between RM1500-RM3000 (55.6%) and do have a higher level of education qualification (53.1%). The results also show that most of the respondents do have ≥ 3 households (72.5%). The result further indicates that 80% of the respondents have no self-reported disease in terms of health status.

TABLE 3: Descriptive statistic

Variables		Frequency	Percent
Age	18-44 years	85	55.7
	45- > 55 years	71	44.3
Gender	Male	62	38.7
	Female	98	61.3
Marital Status	Single	6	3.8
	Married	154	96.2
Income per Month	RM 1500 – RM3000	89	55.6
	RM 3001 - > RM 4500	71	44.4
Level of Education	Lower	73	46.9
	Higher	85	53.1
Number of Household	<3	44	27.5
	≥ 3	116	72.5
Health Status	Self-Reported Disease	32	20
	No Self-Reported Disease	128	80

Cross Tabulation Analysis

Table 4 shows the result of the cross-tabulation analysis of this study. The relationship between well-being and socio-economic level has been a controversial one. Our findings revealed that there is a significant influence between socio-economic and material well-being. This is supported by a study from the Ibero-American population that provides evidence supporting the link between socio-economic level and well-being, where higher socio-economic levels had more well-being in the society (Vera-Villarroel et al., 2012). Socio-economic factors such as education and gender could eventually lead to persistent social inequalities in health and well-being (Klug, Drobnic, & Brockmann, 2019). Other studies had also pointed evidence in this direction (Blanchflower & Oswald, 2004; 2005; Diener et al., 2010, Di Tella et al., 2003; Easterlin, 2001; Stutzer, 2004). Kanheman and Deaton (2010) also stated that income has a positive relationship with happiness and well-being. Table 4 shows that only education level and health status were found to have a significant influence on the material well-being of society in Alor Gajah, Melaka. Klug, Drobnic, and Brockmann (2019) supported our significant influence on education, which stated that education led to persistent social inequalities in health and well-being. At the same time, a past study conducted by Powdthavee, Lekfuangfu, and Wooden (2015) mentioned that health is the other factor that contributes to well-being. This is consistent with our finding, which reveals that health status influences material well-being. Meanwhile, in terms of health status, the importance of health status on health outcomes is better understood in terms of their role in providing the necessary conditions required for maintaining a healthy lifestyle to encompass the quality of life and well-being (Zarini et al. 2014; Gate et al. 2016; Bishwajit et al. 2017; Yaya, Ghosh, and Ghose, 2019).

TABLE 4: Cross tabulation

Variables	Agree (1)	Disagree (0)	Chi-Square	p-value
Gender				
Male	28.7%	10.0%	.339	.915
Female	49.4%	11.9%		
Total	78.1%	21.9%		
Age				
18 - 44 years old	41.3%	14.4%	.174	1.848
45 - > 55 years old	36.9%	7.5%		
Total	78.2%	21.8%		
Marital Status				
Single	3.8%	0.0%	.186	1.745
Married	74.4%	21.9%		
Total	78.2%	21.8%		
Income Level				
RM1500 - RM3000	42.5%	13.1%	.556	.347
Rm3001 ->RM4500	35.6%	8.8%		
Total	78.1%	21.9%		
Education Level				
Lower	41.3%	11.9%	.876	.024
Higher	36.9%	10.0%		
Total	78.2%	21.8%		
Number of Household				
< 3	16.9%	10.6%	.002	9.977
≥ 3	61.3%	11.2%		
Total	78.2%	21.9%		
Health Status				
Yes	15.6%	4.4%	1.000	.000
No	62.5%	17.5%		
Total	78.1%	21.9%		

SPIDER WEB CHART

Spider Web Chart, also called radar chart, is a graphical method to represent multivariate data in the form of a two-dimensional chart of three or more quantitative variables. Figure 5 shows the result of the spider web chart of this study. It can be seen that age, marital status, education level, and the number of households do have the highest percentage in influencing the material well-being of society in Alor Gajah, Melaka. This figure illustrates the result of the cross-tabulation analysis in Table 4.

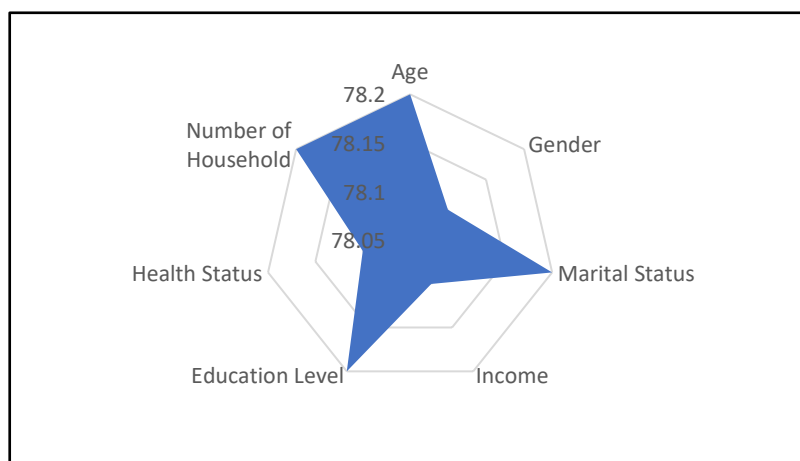


Figure 5: Spider Web Chart

CONCLUSIONS

The current study reveals several key findings. First, there is a significant influence between socio-economic and material well-being. Second, education level and health status were found to have a significant influence on material well-being, proving that obtaining a higher education level and having good health status will determine the increase in material well-being. By examining the material well-being and its antecedents, this study provides a new research direction for understanding how communities' well-being is being affected; thus, intervention efforts need to be focused on improving communities education levels and, most importantly, their health status. We expect this study to be used as a basic reference for the related authorities on improving the well-being of communities.

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