ORIGINAL ARTICLE

A Comparative Study on Family, Social Supports and Mental Health of Rural and Urban Malay Women

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Summary

The present study aims to compare the family's social environment, social supports and mental health of Malay women from rural and urban areas. Equal number (n-184) of Malay women from similar socio-economic back grounds were chosen from the rural areas of Kedah and urban areas of Pulau Pinang using the stratified random sampling method. The results indicated significantly higher level of mental health problems among the rural respondents when compared with the urban subjects. Among the family related variables included in the present study, cohesiveness, moral religious emphasis and organization and intellectual and cultural orientation were found to be significantly associated with the mental health problems of rural respondents. Whereas, only one variable, namely, active recreational orientation was found to be having an impact on the mental health of urban respondents. Similarly, deficiencies in the social support perceived from family and other members of the community were found to be significantly associated with the mental health problems of rural samples when compared to the social support perceived from the others for the urban subjects. The implications of these observations are discussed.

Key Words: Family, Social supports, Mental health, Malay women

Introduction

Family and social support networks are the situations in which the basic relationship functions originate and continue all through human life. When infants are born as very vulnerable and dependent for every single need, families provide them all the necessary basic services and help them to achieve growth and self-reliance. In this process originate a set of relationships to which the individual and the family feel obligated to each other in many ways. However, family can serve only certain specific functions which are not adequate to the overall growth and development of human beings. There are a few other roles which have to be performed by the others who live in the society such as relatives, friends, colleagues, members of the community, etc. These individuals significantly contribute to the development of human beings in various ways. They form very close social bonds which is known as social support networks and offer all the required material, social and emotional help. In this way, the family and the others present in the social environment function as fundamental sources of social and emotional support and provide the necessary network to the human being to feel safe and secure and to maximize their human potentialities.

Since humans are psychological beings, the social bonds established at the family and other contexts such as social support networks serve certain basic psychological purposes. Due to this reason the mental health of human beings has been found to be very closely related to the family and social support resources. It was in the 1950s that reasonably well

controlled studies on family started appearing in the literature[1]. Since then, a large number of investigations have assessed the family and its role in the maintenance of mental health. Some of the aspects of family reported to be closely associated with mental health are social contacts[2]; decision making[3]; spontaneous argument, decision time and choice fulfilment[4]; family verbal interaction[5,6,7]; attachment and social interaction[8,9] and external social contacts[10].

The relevance of social support to mental health was made more cogent in the 1960s by the works of Bowlby[11] who examined the patient's primary group through his Attachment Theory. Apart from this, the contributions of Caplan[12,13] and Henderson (14) revealed more details on the importance of social support network for the maintenance of mental health. Currently we have a number of studies which have specifically highlighted the deficiencies in social supports as causing mental health problems such as anxiety neurosis[8,14,15] and depressive neurosis[8,16-18].

Due to such an important role of family and social supports and also due to the continuous changes occurring in the families and social support networks from time to time, it is very important that these social systems are carefully analyzed frequently and the changes occurring in them are taken note of. This will help in understanding the variations occurring in human ecology and their impact on mental health. The families and social support networks have been undergoing major changes in Malaysia which has indicated the necessity of such an analysis. Malaysia has been experiencing rapid growth and development in its economic conditions, causing significant social changes in various spheres. The country has seen major industrialization and science and technological developments which have their own impact on the people and their outlook. Subsequently the families have to react positively and create adequate modifications in their structures and functions in order to accommodate the changes taking place among their members. Similarly, the social support networks of Malaysians have been subjected to significant alterations since many of them have to leave behind their traditional social supports and migrate to new places in order to enhance their educational and occupational backgrounds. Apart from this, modern transportation facilities have considerably increased the easy mobility of people which has brought significant alterations in the social support networks. Therefore, the families and social support system need detailed investigations regarding the changes occurring within them and the impact of the same on the mental health of the members.

Particularly, Malaysian women need specific attention in this regard since the developments occurring in the country have certain specific impacts on them. Traditionally Malay women were home makers who were not involved in any occupations outside their houses[19]. The severe shortage of human resources necessary for the fast developing Malaysian economy has pushed a large number of Malaysian women into the work force. For example, in 1957, the percentage of women in the manufacturing sector was 17% but it soon increased to 29% in 1970 and 39.5% in 1980. On the other hand, the percentage of men in the manufacturing work force declined from 83% in 1957 to 71% in 1970 and 60.5% in 1980[20]. In order to meet the demands of the labour market, Malaysian women have been migrating in large numbers to the industrial centers and also to the centers of tertiary education. Even those who have not migrated and chose to stay back with their families ought to have certain difficulties in coping with the changes occurring in the structures and functions of their own families and social support systems. Authors such as Ackerman[21], Ariffin[22]; Lim[23]; Strange[24] have reported severe maladjustment of Malay women at their work situations. These studies have detailed the drawbacks present in the work sites and the emotional reaction of women towards these drawbacks. However, these studies have paid little attention to the other aspects of the psycho-social environment of the women such as family and social supports. Keeping this in view a research project in this regard has been conducted at the Universiti Sains Malaysia. The results based on Malay women will be discussed in the present paper which attempts to compare the family environment, social support perceptions and mental health conditions of the rural and urban Malay women.

Method and Materials

The universe considered for the present study was the District of Kuala Muda in the State of Kedah and

George Town in the State of Pulau Pinang. The rural samples were selected from Kuala Muda and urban samples were selected from George Town. Stratified random sampling technique was used to choose the samples. The District of Kuala Muda has been administratively subdivided into 16 Mukims. One third of these 16 Mukims i.e., 6 Mukims which means a ratio of 16/6=2.67, were selected on a random basis. Random numbers were used for this purpose. Using the same sample ratio of 2.67 which was adopted while sampling the Mukims, the number of villages to be included for the present study was chosen. Random numbers were used while choosing these villages. If one Mukim had 13 villages within it, as per the ratio 13/2.67=4.87 or 5 villages were chosen. In this way 18 villages were chosen for the present study. Depending on the number of houses situated in each village and their racial combination, the number of respondents to be selected from each village was decided. Similarly, George Town has been divided into 32 administrative units known as Rukun Tetangga areas. The ratio of 2.67 which was used for the sample selection in Kuala Muda was used for sample selection in George Town also. As per the ratio 32/2.67=11.99 or 12 Rukun Tetangga areas were selected using the random numbers. Out of the residents list of these 12 Rukun Tetanga areas, the respondents were chosen following the similar pattern that was adopted while choosing the rural respondents. Both married and unmarried Malay women were included in the present study. They were to be within the age-group of 19-45 years indicating them as adults in their early or middle adulthood[25], living with their families and they were to have no past history of suffering from any form of psychiatric or neurotic illness or any type of chronic physical illnesses. In the rural areas 200 respondents were selected and out of them 184 consented to participate in this research. Whereas, in the urban areas the respondents were not very cooperative. Nearly twice as many as rural respondents were chosen so that the required number of 184 samples can be interviewed. Overall, 184 (148 married and 36 unmarried) respondents each from Kuala Muda and George Town participated in the study. The rural and urban samples were chosen from similar socio-economic backgrounds. Hollingshed's[26] Four Factor Index was used to quantify the socio-economic background of the samples. This is an index of various occupations and educational backgrounds. The author has categorized the occupations and educational backgrounds systematically and has assigned factor scores to each of them. The index defines socio-economic background as a combination of educational and occupational backgrounds and the factor scores helps to quantify the socio-economic background of the respondents.

Method of data collection

Three women interviewers were appointed for the purpose of data collection. All these interviewers belonged to the Malay race. They were given sufficient training in the use of all the tools of data collection. In order to maintain a homogeneity in their interviews, the interviewers were trained through group discussions, mock interviews and also during pretesting and pilot study. The interviews were conducted in the respondents' homes.

Materials for data collection

The information required for the present study was collected through a questionnaire compiled for the study. The details regarding the background characteristics of the sample was collected through a questionnaire prepared by the research team. The 30-item version of the General Health Questionnaire (GHQ)[27] was used to collect the information pertaining to mental health. This is a questionnaire which has been widely used as a screening instrument in community surveys to identify the potential cases of non-psychotic psychiatric symptoms. The questionnaire has shown a high rate of reliability and validity in various Asian and Western settings[28,29,30].

Family Environment Scale (FES)[31] was used to collect the information pertaining to the family's social environment of the study sample. It contains 90 items which are measured on a four-point scale ranging from the responses 'very false' to 'very true'. In its most recent version known as Form-R, all the items of the scale have been equally divided as 10 sub-scales known as Cohesion, Expressiveness, Conflict, Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active Recreational Orientation, Moral-Religious Emphasis, Organization, and Control. The items which elicit information pertaining to negative

aspects of the family are assigned a score of zero. The items on positive aspects of the family are assigned a higher score ranging from 1 to 3. Thus, a higher score indicates a better family environment. The ten sub-scales of the tool have been reported by the authors as indicating adequate internal consistency ranging from 0.64 to 0.79[31]. The tool also has been reported as showing good eight week test-retest reliability ranging from 0.68 to 0.86. Average sub-scale inter-correlations have been shown as around 0.20 indicating that the sub-scales measure distinct, though somewhat related aspects of family social environment.

The Social Support Appraisals scale[32] was used to collect information pertaining to the social support perceived by the respondents. The tool consists of 23 items which are measured on a 4 point scale namely strongly agree, agree, disagree and strongly disagree. A score of 1,2,3 or 4 is assigned to the responses for the items eliciting positive responses. A score of 4,3,2 or 1 is assigned to the items eliciting negative responses. Thus, a lower score indicates a better social support. Apart from this, the tool also facilitates the computation of scores for three sources of support, namely, social support perceived from family, friends and the others.

Except for the GHQ, all the instruments were translated to Bahasa Malaysia through the back translation technique. The Malay version of the GHQ was found to be in use in Malaysia and was used for the present study. Even though the validity of all these measures were not established through psychometric properties, a pilot study was conducted to assess their suitability to the local conditions. The pilot study revealed a few drawbacks in the translation of the items which was rectified subsequently.

Table I
Background characteristics

Variable	Domicile	Mean	SD	N	t value
Age	Rural	31.58	8.02	184	-1.30
	Urban	31.30	8.22		
Years of education	Rural	7.88	3.36	184	-2.56*
	Urban	8.66	3.19		
Monthly Income	Rural	111.14	235.22	184	-0.54
	Urban	122.81	192.14		
Number of children	Rural	3.69	2.27	102	1.27
	Urban	3.39	1.62		
Family size (unmarried only)	Rural	6.97	2.58	36	2.45*
	Urban	5.75	1.70		
Socio-economic score**	Rural	11.14	9.21	184	1.05
	Urban	11.92	10.66		
Socio-economic score** (husband & wife)	Rural	13.88	7.47	148	- 1.17
	Urban	14.88	6.95		

** Significant at 0.01 level ** Score based on Hollingshed's (1975) Four Factor Index*

Table II
GHQ Score Vs. Family Environment

Variable	Group	Rural Mean	Rural SD	Rural t value	Urban Mean	Urban SD	Urban t-value
Cohesion	Grp1	7.21	1.52	-2.65**	7.25	0.70	-1.09
	Grp2	7.78	0.92		7.61	0.91	
Expressiveness	Grp1	4.64	1.52	-1.39	5.88	1.89	-0.61
	Grp2	5.04	1.37		6.07	0.81	
Conflict	Grp1	4.21	1.03	-0.72	3.63	0.74	-0.85
	Grp2	4.37	1.08		3.91	0.96	
Independence	Grp1	5.39	0.96	-1.17	6.13	0.99	-0.03
	Grp2	5.64	1.05		6.14	1.08	
Achievement orientation	Grp1	17.36	1.39	1.21	7.88	1.13	-0.48
	Grp2	7.06	1.14		8.05	0.98	
Intellectual cultural orientation	Grp1	3.93	2.05	1.92*	4.63	2.00	0.57
	Grp2	3.26	1.63		4.35	1.32	
Active recreational orientation	Grpl	5.32	1.56	1.28	5.88	1.46	3.22**
	Grp2	4.92	1.54		4.72	0.97	
Moral religious emphasis	Grp1	7.25	1.08	-2.96**	7.25	1.04	-1.47
	Grp2	7.81	0.90		7.81	1.05	
Organization	Grp1	6.86	1.24	-1.94*	7.13	0.84	-1.69
	Grp2	7.38	1.32		7.78	1.08	

** Significant at 0.05 level ** Significant at 0.01 level*

Group 1 - Probable cases of Neurosis (GHQ Score 4 and above)
Group 2 - Non neurotics (GHQ Score 3 and below)

Statistical Package for Social Sciences (SPSS) - Windows Version 3.0 was used for the data analysis. Since the samples were selected on random basis and the parameters were measured on equal interval scales, the student's 't' test was used for the data analysis.

Results

A comparison of the background characteristics of rural and urban respondents (Table I) indicated statistically significant differences in two variables, namely, education and family size. These variables indicated rural subjects as less educated and as hailing from larger families when compared to their urban counterparts. Majority of both rural and urban respondents were housewives. The statistically insignificant differences in most of the background characteristics, especially in the socio-economic scores based on Hollingshed's[26] Four Factor Index, indicate the homogeneity in the socio-economic backgrounds of the respondents from rural and urban areas.

Table II shows the results based on the association between family's social environment and the GHQ score of the rural and urban samples. Rural subjects had statistically significant association for 4 variables, namely, cohesion, intellectual and cultural orientation, moral and religious emphasis and organization. Among these 4 variables, except for intellectual and cultural orientation, Group 1 respondents had significantly lesser mean scores than the Group 2. Pertaining to intellectual and cultural orientation, Group I had a significantly higher mean than Group 2. Regarding the urban respondents, only one variable, namely, active recreational orientation had statistically significant association with the GHQ score. The Group 1 respondents had significantly higher mean active recreational orientation in their families than their Group 2 counterparts.

Table III is based on the social support perception Vs GHQ score of the rural and urban respondents. Pertaining to the rural sample, except social support perceived from friends, all the variables had statistically significant difference between Group 1 and Group 2. It was found that Group 1 respondents had perceived significantly lesser social support from family and others and the results based on Student's 't' test indicated a significant association between the deficiency in their social support and mental health problems. For the urban subjects, only one variable, namely, social support perceived from the others had statistically significant difference between the Group 1 and Group 2 respondents. Group 1 respondents had higher score than Group 2, implying deficiency in social support perceived from the others as having the probability of increasing the GHQ score of urban Malay women.

Discussion

The present study has revealed a very wide difference in the prevalence rate of mental health problems among the Malay women from rural and urban areas. The rural samples have indicated three times more prevalence of mental health problems than their urban counterparts. The rural areas, in general, are believed to be offering more peaceful environment with less challenges and stress. The urban areas are more often described as posing more challenges and life in urban areas is presumed to be hectic, stressful and demanding. However, such descriptions of rural and urban areas seem to be not the same for Malay women and rather the truth may be the other way round.

Table III
Perceived social supports (PSS) vs GHQ - rural and urban

		Rural				Urban			
Source of PSS	**Group**	**Mean**	**SD**	**N**	**t-value**	**Mean**	**SD**	**N**	**t-value**
Family	1	18.71	2.07	28	2.95**	18.63	2.00	8	0.85
	2	17.93	1.11	156		18.30	1.02	176	
Friends	1	15.32	1.98	28	0.21	16.88	2.10	8	1.29
	2	15.27	1.26	156		16.00	1.86	176	
Others	1	19.07	1.56	28	3.89**	18.88	1.73	8	1.91*
	2	18.13	1.09	156		18.17	0.98	176	
Overall	1	53.11	4.76	28	2.96**	54.38	3.25	8	2.22**
	2	51.37	2.37	156		52.43	2.39	176	

Group 1: Probable cases of neurosis — * *Significant at 0.05 level*
Group 2: Non-Neurotics — ** *Significant at 0.01 level*

The rural respondents have indicated their life conditions as not conducive enough to give them positive mental health when compared to their urban counterparts who have implied that they are satisfied with their life circumstances and very few of them indicated mental health problems. Such a trend reminds us of the necessity of exploring the factors prevailing in rural areas which increase the vulnerability of rural Malay women to mental health morbidity.

The present study explores two major correlates of mental health, namely, the family and social support perception. The results based on social environment of the families revealed more problems in the rural than the urban Malay families. The urban samples had only one variable, namely, active recreational orientation as significantly associated with their mental health problems. On the other hand, the rural respondents indicated deficiencies in three areas of their families, namely, cohesion, moral religious emphasis and organization, as having significant association with their mental health problems. Simultaneously the Group 1 rural families had observed significantly more intellectual and cultural orientation in their families than their Group 2 counterparts, implying the possible association between the excessive emphasis placed on the cultural aspects in these families and the mental health problems of women members. Such an observation necessitates the analysis of Malay culture known as 'adat' and the possible ways in which it can be associated with the mental health of Malay women. There are two patterns of 'adat' known as 'adat perpatih' and 'adat temenggong'. The distinguishing feature of 'adat perpatih' is its matrilineal law of inheritance which offers more freedom to women. Whereas, 'adat temenggong' is more bilateral and offers opportunities for interpersonal complimentary between men and women[33]. However, in practice under both these 'adats' males dominate subduing women. The women may manage the actual running of the household but the Malay's image of their society is such that the husband is regarded as the primary authority[34]. Hence, in most of their life circumstances women are lacking opportunities to express themselves. Islam has to be mentioned as an another major influence on the Malay families since they as part of Malay culture and identity are under the strong influences of dual forces, namely, 'adat' and Islam[33]. The dilemma of Islam in the equal allocation of gender roles to women is a widely discussed matter. It has been observed that Islam has been subjected to different interpretations over history and its formulations of gender role has been more patriarchal or fundamentalist. The same reason has been identified as a cause for mental health problems of Muslim women elsewhere[28,35-37]. When the results of the present study are analyzed from the cultural and religious points of view, it can be inferred that the rural Malay families might have put more emphasis on 'adat' while simultaneously assigning less importance to the accuracy of religious and moral values which is evident by the present study's results based on moral religious emphasis in the rural Malay families. This implies the possibility of women in the rural Malay families not being given adequate opportunities to express their views, emotions and feelings openly. Ultimately, their pent-up emotions might have got expression through neurotic symptoms. Earlier Ng[38] observed the women's inferior positions in the work situations and reported that the Malay women, more than the Chinese and Indians were inclined to express it through spirit-possession and this she explains in terms of the cultural constitution of Malay women which evokes a particular psychological response to work stress and gender hierarchy.

There seems to be a number of studies conducted regarding the unequal and inferior opportunities provided to Malay women at work[39,40]. Some of the writers have also argued that agricultural modernization and rural development as enhancing the gender differentiation[41]. Few of the anthropological works pertaining to ethno-medicine, midwifery[42] and political situations in Malaysia[43] have expressed their concern that Malay women could not effectively compete with men in the areas of ethno-medical and political arena. However, the observations of these studies focus primarily on the limitations suffered by Malay women in the larger societal context leaving the sensitive and more personal areas such as families as unexplored. Therefore, the observations of the present study need to be considered as hypothetical issue requiring a closer study.

The inadequate cohesiveness and organization observed among the Group 1 rural families offer another

dimension to the mental health of rural Malay women. Family as an important agency of socialization plays a significant role in monitoring the activities, defining the roles and responsibilities of individual members and also has the prime responsibility of leading them towards a specific direction by which the members benefit and progress. The Group 1 families which have indicated problems in cohesiveness and poor organization within themselves imply the deteriorating power and importance of rural Malay families. These families seem to be undergoing a major transition within themselves. The commitment of the members to the family and their motivation to support each other has been found to be diminishing. The poor organization observed in these families imply the confusions prevailing in the role allocation to the members. One of the major consequences of this trend could be a fast deterioration in the member's abidance to the rules and regulations of the family. Ultimately the family may lose its power and vitality as a body regulating the roles and activities of its members. Such families serve as major causes for deviant behaviours and mental health problems among the members[44].

When such deterioration observed in the rural Malay families are analyzed from the point of view of the actual situations prevailing in the rural areas included in the present study, certain trends seem more relevant to be mentioned. The outlooks and ways of life of the people living in these areas seem to be undergoing vast changes probably because of the changes occurring in the country as a whole. Migration from these villages to various industrial and urban areas or daily travel to work in the neighbouring town is a very common phenomenon which has brought enormous changes in the structure and functions of Malay families. Most often members of these families, due to their migration to far destinations, make short visits to their families during festive occasions. Each and every member of the family has become independent and self-regulated due to their migration and physical absence from their families. This has considerably changed the roles performed by the members for their families and also the leadership functions within the family. The present study has implied such a situation as having its significant association with the mental health problems of rural Malay women. These women seem to have got affected by the imbalances occurring within their families and the lack of emotional and social supports offered by the members of the family. Family is considered as one of a significant source of support to human beings[45] and through the intimate ties inculcated among the members, family provides an endless support of various forms to its members[46]. Therefore, there are possibilities that the changes occurring within the rural Malay families might have significantly contributed for the emotional problems of Malay women. The observations based on the social support perception of these respondents have revealed a similar trend.

The social support perceived from three sources, namely, family, friends and others were analyzed and compared between the rural and urban samples. It was found that the mental health problems of rural respondents had a close association with the deficiencies prevailing in their social support from two sources, namely, members of their own family and the others who live in their communities. For the urban sample, on the other hand, deficiencies in social support perceived from the members of the community were found to be having a significant association with the mental health problems. The present study's observation pertaining to the social support perception of the rural Malay women coincides very well with the observations made in their family's social environment. Their families indicated less cohesiveness and organization, which means that the members of these families are self-centered, not interested in helping and supporting the other members and also not having any specific guideline with regard to their roles and responsibilities within their families. There is a possibility that the female members of these families might have felt emotionally unsupported and the same is getting reflected through their assessment of social support from their families.

In addition, the other members of the rural Malay community also were indicated by the present study subjects as not offering adequate social support. This implies the discontentment of Group 1 rural Malay respondents with the social support resources available within their larger social system. Most often these are the support resources which are sought for help whenever the other sources such as family are unable to offer their social support. Specifically, for the Group

1 Malay respondents, the support from this source plays a crucial role due to the pathologies observed in the social environment and social supports available within their own families. Often they may require a lot of support and assistance from their community resources due to the deficiencies in their family. Friends seem to be the only resource on which most often they rely for their social support requirements. Even though the social support perceived from their friends is important, the support offered by the community serves certain specific purposes which friends cannot provide. Hence, the present study's observation regarding the deficiency in social support from the others implies the dissatisfaction of the Malay subjects towards their larger societal environment and the resources available within it. This indicates the possibility that the rural people in Malaysia who were very well known for their personal touch in their interpersonal relationships and also supportive outlook towards each other as gradually declining.

Thus, the present study has clearly highlighted the increasing deficiencies in the social support system of rural Malay women and the same as having a significant association with their mental health problems. The urban respondents have also expressed a similar concern regarding the deficiency in social supports from the members of their society. This clearly indicates the impersonal relationships existing in the urban areas and their negative impact on the mental health of Malay women is getting clearly evident. Overall, the impersonal and unreliable situations within the Malay societies living in both the rural areas of Kedah and urban areas of Pulau Pinang is clearly highlighted by the present study which questions the concept of 'caring society'. The present study has certain limitations in terms of its coverage of geographical areas and small sample size. Nevertheless, it has rightly pointed out the urgent necessity of further studies in the area of personal social relationships of Malay women.

Conclusion

The present study has clearly highlighted the deficiencies prevailing in the social environment of the rural Malay families and inadequate social support in the rural areas as closely associated with the mental health problems of Malay women. Based on these observations, it is argued that the growth and development occurring in the economic and industrial sectors of Malaysia seem to have had certain side effects on the social sphere of the rural communities included in the present study. These communities in the process of preparing themselves to meet the national needs have neglected the well-being of their significant members such as women. The Malay women, as members of the Asian culture who are very much emotionally attached to their kith and kin, seem to be the target groups who are affected by the impersonal outlook getting built in their own societies. If such a trend continues, the rural communities in Malaysia will lose their caring attitude towards one another and will lose their originality. This will affect the quality of interpersonal relationships among people and may cause various social ills in the community.

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