Women's Well-Being During Covid-19 Pandemic

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Abstract

The official declaration of the Movement Control Order (MCO) since March 2020 in Malaysia signifies a major step taken by the government to contain the COVID-19 pandemic effectively. This cordon sanitaire has devastating effects on all sectors and ordinary citizens, especially for women (United Nations, 2020). The socio-economic implications of MCO on women requires attention and proper handling. Using data from 841 women, the participants of Family and Community Empowerment Program (FACE), this study explores the extent of changes in the lives of women amid COVID-19. This study describes the socio-economic status (SES) and the well-being of respondents during the implementation of MCO. The Personal Wellbeing Index-Adult (PWI) is used to measure the well-being of these women. Results of the study highlight the immediate effect of MCO on the employment status and income of the respondents. Respondents reported lower mean scores on four domains, i.e. future security (M=7.21, SD=1.79); the standard of living (M=7.31, SD=1.88); achievement in life (M=7.36, SD=1.82); and community-connectedness (M=7.39, SD=1.85). The differences in PWI based on the SES of the respondents are also discussed. This study emphasises on the response and recovery efforts that are tailored to support women during this infectious-disease outbreak.

Keywords: COVID-19, Movement Control Order, Personal Well-being, Socioeconomic Status, Women

Introduction

According to the Department of Statistics Malaysia (DOSM), the gender ratio in Malaysia for 6th consecutive years (2015-2020) was at 106 men compared to 100 women (DOSM, 2020). This record indicates that the number of men in Malaysia is at 16.4 million, while the women are at 15.3 million. The role, contribution and achievement of women in various industries is crucial due to the extensive contributions towards the development of the country and the community at large. The role of women shines through the fundamental position in a family unit and continues to shine through other aspects of life. The achievements of Malaysian women in various fields throughout these years have been documented in the fields of education, economy, business, politics, health, and multiple service sectors. The success of women in supporting the country as a pillar of strength has been increasingly challenging in

this current era of globalisation, especially in terms of the increasingly complex social issues. Many academic sources have stated that the central axis to the development of a country lies in society, which is built from the smallest unit, family institution. Hence, a family is crucial in the construction of a developed and competitive country.

Many theories and studies have presented evidence on the contribution of women on developing themselves and those around them. The role of women as wives and mothers in a family institution determines the direction and survival of family members in facing life challenges. Women who are resilient, educated and have full social support from their environment significantly contribute to the affluence of the family. This account relates to the theory of human ecology by Bronfenbrenner (1979), who emphasises that the environment influences human development. According to the theory, human interactions and transactions, both in the micro- to macro-environment, affect themselves and individuals around them. The influence of this theory can be traced empirically through numerous previous studies.

The government in Malaysia has addressed the importance of women and families towards the progress of the country through several Malaysian Plans. Previous research by Ahmad Rasyidee, Nadzif and Azlan (2019) has reported that the initiatives established for women should focus on determining the subjective well-being (SWB) of women as the government creates extensive opportunities in the field of economics, educations, politics and social sciences. The women will feel satisfaction by optimising the true potential and purpose in life, which helps women experience an existence that is meaningful, worthy, and valuable (Ferguson & Gunnell, 2016). This satisfaction can be measured through SWB, which is the cognitive and affective assessment of a person's life (Diener et al., 2002). SWB addresses not only the tangible aspects, such as physical infrastructure and economy but also the non-tangible aspects such as emotional, social, political, spiritual, psychological and happiness. Findings from the Fifth Malaysian Population and Family Survey (MPFS-5) in 2014 that highlights the SWB of women have discussed that older women have a higher level of well-being compared to younger women (Rasyidee, Nadzif & Azlan, 2019). The report emphasises that as women continue to age, their satisfaction would decline within the domains of health and security. Moreover, women who are married, not working and living in the rural areas are more likely to have a higher level of subjective well-being compared to divorced, widowed or unmarried, and working women living in the urban areas (Rasyidee, Nadzif & Azlan, 2019). Hence, issues surrounding working mothers living in the cities need specific intervention by the government to ensure their quality of life continues to contribute to the national development.

Challenges Faced by Women Pre-Pandemic
Although the dignity of women is valuable, women still face numerous challenges in life, whether as an adult, child, wife, mother, employee, community member or leader (Jamilah, 2009). Women continue to confront obstacles that have been acknowledged, from work-family conflicts, mental health, marital problems, violence, sexual harassment and social protection to elderly care issues (Muslihah & Zarinah, 2018). These challenges are more common as women play a significant role as wives, mothers, guardians of family members, household caregivers, employees and employer themselves. Based on the study by the National Population and Family Development Board (2014), almost 18.7% of working women

face problems in balancing the role between career and family. Working women are also exposed to being sexually harassed at the workplaces, which cases have seen a steady increase from 2013 to 2017 as female victims outnumbered the male victims (WAO, n.d.).

According to the Department of Statistics Malaysia (2019), women are expected to live an average of 4.6 to 5.1 years longer than men (72.2 years for men and 77.3 years for women). Since the minimum retirement age in Malaysia is 60, women are expected to live longer after retirement. Thus, they are more likely to live in poverty at old age without a strong social security scheme. Moreover, a total of 57,519 cases of violence against women have been reported from 2010 until March 2017 by the Royal Malaysian Police (PDRM) (Bernama, 2017). Of that number, 23,212 or 40 per cent are cases of domestic violence that involve women as victims. These number of cases are reported to the authorities, which would not reflect the actual situation of violence experienced by women.

Past studies have shown that women care more for elderly parents, regardless of the employability status (Alavi et al., 2015). Vice versa, older parents, also tend to choose daughters to be caregivers over men (Ahmad, 2015; Ibrahim et al., 2015). When society determines that women are more qualified and more suitable for care duties, women are seen to carry more responsibilities. As a result, women have been found to experience higher physical and mental stress than men due to higher expectations of women to provide care to ageing parents (Grigoryerva, 2017), the elderly with chronic illness (Chiao, Wu & Hsiao, 2015) or in need palliative care at the end of life (Morgan et al., 2016).

These previously mentioned studies and statistics are consistent with the study by the World Health Organization (2018), which shows that women are more at risk of mental illness. The U.K. Mental Health Foundation (n.d.) asserts that more women than men are found to have depression, which is highly due to social factors such as poverty and isolation, as well as biological factors such as hormonal changes. In a study on women and mental health in India, mental disorders are found to differ according to gender, whereby women score higher for internal disorders and men for external disorders (Malhotra & Shah, 2015). In Malaysia, the National Health and Morbidity Study (2016) has highlighted that approximately 4.2 million people in the country aged 16 years and above or 29.2 per cent of the population in the country suffer various mental problems, which percentage has increased by 11.2 per cent compared to 2006. The survey has emphasised women, early adolescents and adults from low-income families are more at risk of mental health problems.

Impact of Movement Control Order (MCO) and COVID-19 on Women
Coronavirus disease 2019 (COVID-19) is an illness of severe acute respiratory syndrome from the strain of coronavirus 2 (SARS-CoV-2), which is first identified amid an outbreak of respiratory illness in Wuhan City, Hubei Province, China. WHO declared the COVID-19 outbreak as a global health emergency in early 2020 and later, a global pandemic. Malaysia is not free from the raging pandemic as a massive spike of local cases has caused great concern within the nation, and even the Yang di-Pertuan Agong. As a measure to curb the rising cases locally, the government in Malaysia has enforced the Movement Control Order (MCO) in under the Prevention and Control of Infectious Diseases Act 1988 [Act 342] and the Police Act 1967 [Act 344]. A regulation has been issued in accordance of Section 11(2) of Act 342, the Prevention and Control of Infectious Diseases (Measures within the Infected Local Areas)

Regulations 2020 (Regulation) that is effective from 18 March 2020 to 31 March 2020, and is also known as the Control Period**.**

MCO is a preventive measure to combat the outbreak and to break the chain of COVID-19, which is announced by the Prime Minister on 16 March 2020. The two-months of MCO has been imposed on all industries, which include government departments and private sectors, with only essential services allowed to operate under tight measures. As a result, all businesses, public and private premises of non-essentials, and all education sectors are demanded to be closed throughout MCO. Outdoor movements and mass gatherings are restricted nationwide, which also include the prohibition on Malaysians from going abroad and foreign visitors from entering the country. Violators of MCO are subject to a fine amounting to RM1,000 and a maximum of 6 months imprisonment. Roadblocks are established across the country, and the military forces are mobilised to enhance the enforcement of MCO, which see improvement of compliance during the second and third phases that are essential to contain the spread of the virus.

The second and third phase of the MCO has been carried out a month later, known as the Conditional Movement Control Order (CMCO), which is then replaced by the Recovery Movement Control Order (RMCO) that will continue until December 2020. Unfortunately, the 3rd wave of COVID-19 has been reported in early October, whereby the number of cases reported across the country has tripled compared to the 1st wave. Since most of the cases are reported in Selangor and Sabah, the government has, therefore, declared CMCO again for two weeks on 13th and 14th October 2020 that involve only these two states.

According to the United Nation (2020), the emerging indication on the impact of COVID-19 suggests that the economic and practical lives of women had been disproportionately and inversely affected compared to men. The COVID-19 pandemic is unearthing the pre-existing inequalities among women, which include social, political and economic systems inequalities, which are aggravated because of the pandemic. Across the globe, women are already earning less, saving less, holding less secure jobs and are more likely to be employed in informal sectors, with less access to social protection and would be the majority per cent of single-parent households (United Nation, 2020). Hence, the capacity of women to absorb economic shocks is also arguably less than men. The MCO in Malaysia, as well as the extended phases, are expected to put further pressure on women who are already facing financial hardships. Those mainly affected would be the urban poor with low paying jobs, low-skilled work, temporary or part-time work and in informal employment, such as petty traders and freelancers (Marjan & Theebalakhshmi, 2020). The nature of these jobs mentioned generally requires physical presence and inflexible.

According to the United Nations (2020), the compounding impacts of the pandemic on women due to earning less, saving less, and having insecure jobs, has resulted in living close to poverty. In Malaysia, there are more than 70,000 households under the People's Housing Projects (PPR) nationwide, with approximately 30,000 in the heart of the capital, Kuala Lumpur (Marjan & Theebalakhshmi, 2020). Unable to work during the MCO, women from these households who are considered to be the urban poor, are left with little monetary means to sustain their livelihood. The restriction imposed during MCO also means that every individual, including the women, would be denied from the sources of affordable food supply,

such as the night markets and farmers' markets. The situation could worsen if they do not have enough savings to sustain during the MCO period. The loss of daily income to make ends meet might cause family problems, although if there is positive family dynamics, the effects may be reduced as family members can spend time with each other. On other other hand, women who are still working during the MCO would experience a sudden change in their daily routines, such as becoming a full-time housekeeper. Others may not have been paid for the caregiving to children and older persons.

Besides, Malaysia has seen a spike in the number of domestic violence cases during MCO. The restricted movement and social isolation have become a nightmare for victims of domestic violence and sexual abuse (Tharanya, 2020). Domestic violence survivors are at a greater risk of being abused as they are trapped in the house all day with the abuser (Tharanya, 2020). These survivors may not be able to seek help as the abuser would be monitoring their every move. The Talian Kasih hotline has reported a 57 per cent increase (or 1,893 calls) from women in distress since the MCO is imposed up to 26 March 2020 (Tharanya , 2020). Moreover, the pandemic would have a negative impact on survivors who are both financially dependent on the abuser, as well as those who had to return to their abusers after being estranged from them due to unemployed or suffering from pay cuts because of MCO.

Across every spectrum of industries, from health to economy, as well as security, the impact of COVID-19 has exacerbated for women simply because of the gender (United Nations, 2020). Hence, the socio-economic implications of MCO on women requires attention and proper handling. This study explores the extent of life changes in women of Malaysia amid COVID-19. The objectives of the study are to describe the socio-economic background of the respondents and to determine their well-being during the implementation of the MCO.

Methods
Participants
The respondents in this study were 841 women who had also participated in the Family and Community Empowerment Programme (FACE) across Malaysia. FACE was a programme under the National Population and Family Development Board with the objectives to empower families and communities towards social progress. FACE aimed to build a productive society with appropriate interventions to improve the level of family well-being by strengthening the existing social mechanism to create 'Family Champions'. Hence, FACE focused on family members in the community, as well as community leaders for the well-being of family institutions. This programme had been rolled out from 2016 until 2020. The sample for this study was recruited from five locations of FACE, both in urban and rural areas, which involved fishing villages, traditional villages, residential areas, land settlements, and people's housing projects. These locations were selected using a cluster sampling technique.

Research Instruments
This study employed a quantitative approach to data collection and analysis. Thus, the research instruments involved descriptive questions on the socio-economic status (SES) and personal well-being (PWI) of the respondents through comparative questions on the differences in PWI among several SES variables.

Socio-economic Status (SES)

Socio-economic status (SES), usually measured by education, income, or occupational status, was used to determine the social standing of an individual or a group (APA, 2011). In this study, the socio-economic status of the respondents was based on their age, level of education, occupational status and monthly income before and during MCO, types of locations, types of communities, marital status, race and the head of household status in the family.

Personal Well-being

The level of well-being for the respondents was measured using the Personal Well-being Index - Adult scale (International Wellbeing Group, 2013). This scale consisted of 7 items, which was measured based on the 11-point Likert scale, from "0 = No satisfaction at all" to "10 = Completely satisfied". The PWI scale contained seven items of satisfaction, with each one corresponding to a domain for quality of life, which were standard of living, personal health, achieving in life, personal relationships, personal safety, community connectedness, and future security. Several examples of the questions were "How satisfied are you with your standard of living?", "How satisfied are you with what you are achieving in life?" and "How satisfied are you with feeling part of your community?". Each of the seven domains (items) was analysed as a separate variable. The scores for these seven domains were summed up to yield an average score that represented the 'subjective well-being' of the respondents. The higher the score, the higher the level of personal well-being among the respondents. The Cronbach's alpha coefficient of the PWI scale was 0.93 on the actual study, and 0.96 for the pilot study.

Data Collection

Data collection was carried out in May 2020 for three weeks, which was during MCO. The online survey was done using a structured questionnaire that required respondents to fill out a Google Form. A specific link was sent to the respondents using the WhatsApp application. Only respondents who had access to the Internet were able to participate in the study.

Data Analysis

The collected data were coded, computed, and analysed using the Statistical Package for Social Science (Version 26.0). Descriptive statistics (frequency, percentage, mean, standard deviations, minimum and maximum), as well as inferential statistics (t-test and One-Way ANOVA), were employed for the analyses. Nonetheless, to ensure the data were normally distributed, normality tests were performed.

Results and Discussion

The descriptive analyses of the socio-economic status among the respondents have included information regarding the respondents' age, race, marital status, level of education, employment status, monthly income, location, type of communities and the head of household status in the family (Table 1). The composite scores of the overall PWI levels and the mean items scores of PWI by domains were reported in the following tables (Table 2 and Table 3).

This study has categorized the age of the respondents into four categories, with the majority being from the age group between 26 to 60 years old (85.8%). Only 6.8% are from the age

group between 18 to 25 years old, while the rest (7.4%) was more than 60 years old. In terms of race, majority of the respondents were Malays (84%), followed by other races (13%), who were natives from Sabah and Sarawak, and only a small percentage were Chinese (1%) and Indians (2%). This study has involved 69% of married women and 31% of single women. Those with single status were either unmarried, divorcees, or widows. Moreover, 70% of the respondents have attained a low level of education. This result indicates that they either have not been able to complete year six (primary school), form three (lower secondary) and form five (upper secondary) or have not attended school at all. The rest (30%) of the respondents have attained a higher level of education, which is either upper six (college), matriculation, foundation studies, diploma, skills or degree certificates.

More than half of the respondents (52%) are from urban areas, while 48% are from rural areas. There are five types of FACE communities in this study, whereby 33% of them are living in people's housing project (PPR), 31% are from residential areas, 18% are from land settlements such as FELDA, 10% are from fishing villages, and the rest (8%) are from the traditional villages. More than half of the respondents (53%) report that they have been working before the MCO, while 47% report that they do not work. During the MCO, the percentage of those not working has increased to 57%, while the remaining 43% are still working. Respondents have reported that their earnings are affected during MCO, whereby 39% of them have earned less than RM1000 per month compared to 27% who are earning the same amount before MCO. The percentage of those earning more than RM1001 per month before MCO has also decreased from 73% to 61% during MCO. Among these respondents, 23% are head of their households while the rest (77%) are not.

Table 1: Respondents' Socio-economic Status (N=841)

Variables	n	%
Age:		
18-25	57	6.8
26-35	166	19.7
36-60	556	66.1
>60	62	7.4
Race:		
Malays	703	84.0
Chinese	6	1.0
Indians	19	2.0
Others	113	13.0
Marital Status:		
Married	582	69.2
Single	259	30.8
Education:		
High education	292	29.6
Low education	592	70.4
Location:		
Urban	437	52.0
Rural	404	48.0
Type of FACE Communities:		
Residential areas	263	31.3
People's housing project	276	32.8
Fisherman's village	85	10.1
Traditional village	70	8.3
Land settlement	147	17.5
Employment Status:		
Before MCO		
Working	440	52.6
Not working	401	47.4
During MCO		
Working	361	42.7
Not working	480	57.3
Monthly Income:		
Before MCO		
<RM1000	218	27.4
RM1001 – RM3000	378	47.5
>RM3001	245	25.1
During MCO		
<RM1000	307	39.2
RM1001 – RM3000	312	39.8
>RM3001	222	21.0

Head of Household:		
Yes	192	22.8
No	649	77.2

Table 2 shows the composite scores of the respondents' personal well-being index (PWI). Majority of the respondents in this study have reported a high level of personal well-being (91%), while only 9% of the respondents have a low level of well-being. This result indicates that women can attain high personal well-being even when facing the risk of a pandemic and prolonged period of MCO. However, a previous study has reported that in an ordinary situation, working women, in particular, appear to face more challenges while carrying out their dual roles that involve being at home and work (Chawla & Sharma, 2016). Societal beliefs and expectations make women more vulnerable to stress, which decreases their level of happiness and well-being (Chawla & Sharma, 2016). Hence, the well-being among respondents needs to be examined extensively, which in this study, is based on the domains of PWI.

Table 2: Level of Respondents' Personal Well-being

Personal Well-being	n	%
High (0-35)	769	91.4
Low (36-70)	72	8.6

Table 3 below highlights the mean scores of the domains according to PWI, which involve the satisfaction of the respondents towards their standard of living, personal health, achievement in life, personal relationship, safety, community-connectedness and future security. The PWI mean scores for the respondents in seven domains are found to range between 7.21 to 7.71 (SD: 1.79 – 1.92). Respondents have reported lower mean scores on four domains, which are future security (M=7.21, SD=1.79); the standard of living (M=7.31, SD=1.88); achievement in life (M=7.36, SD=1.82); and community-connectedness (M=7.39, SD=1.85). Their highest mean score is on the personal relationship (M=7.71, SD= 1.92), followed by personal health (M=7.60, SD=1.89) and safety (M=7.50, SD=1.87). These results highlight that being confined in their own homes during MCO gave women the opportunities to strengthen their bond and attachment with their family members. The MCO might have also improved their health because of less stress-related work, and having more time to prepare healthy meals for the family.

Table 3: PWI Mean Score by Domains

Personal Well-being	Mean	SD
Standard of living	7.31	1.88
Personal health	7.60	1.89
Achievement in life	7.36	1.82
Personal relationship	7.71	1.92
Safety	7.50	1.87
Community-connectedness	7.39	1.85
Future security	7.21	1.79

SD= Standard Deviation

The following discussion emphasises the differences of the personal well-being among the respondents based on age groups, marital status, level of education, the household head of household status, location and type of FACE communities. Analyses are performed using t-test and one-way ANOVA. Results of the one-way ANOVA on PWI mean scores by age groups (Table 4) show that there is a statistically significant difference on personal health between the four age groups ($F (3,837) = 6.393$, $p=0.000$). A Tukey's post hoc test reveals that those who are more than 60 years old are statistically significantly lower on personal health (M=6.82) compared to the younger age groups, i.e. 18 to 25 years old (M=8.21, p=0.000); 26 to 35 years old (M=7.81, p=0.002); and 36 to 60 years old (M=7.56, p=0.019). These results are consistent to the study by Ryff (2017), as well as Ahmad Rasyidee, Irwan Nadzif and Azlan (2019), which have shown a decline in well-being as people age, except for those who can maintain their life purpose that will benefit the overall health. According to Ulloa, Møller and Sousa-Poza (2013), common sense dictates that well-being should decrease among older individuals as ageing will compromise both physical and mental capabilities. Additionally, there are no statistically significant differences by age groups on the other six PWI domains, which are standard of living, achievement in life, personal relationship, safety, community-connectedness and future security (Table 4). Overall, these results show that during MCO, the well-being of all age groups has not been significantly different.

Table 4: PWI Mean Scores by Age Groups

PWI		Sum of Squares	df	Mean Square	F	Sig.
Standard of Living	Between Groups	27.410	3	9.137	2.582	.052
	Within Groups	2961.827	837	3.539		
	Total	2989.237	840			
Personal Health	Between Groups	67.347	3	22.449	6.393	.000
	Within Groups	2939.004	837	3.511		
	Total	3006.352	840			
Achievement in life	Between Groups	4.904	3	1.635	.489	.690
	Within Groups	2795.793	837	3.340		
	Total	2800.697	840			
Personal relationship	Between Groups	13.183	3	4.394	1.186	.314
	Within Groups	3101.274	837	3.705		
	Total	3114.457	840			
Safety	Between Groups	4.950	3	1.650	.467	.705
	Within Groups	2957.285	837	3.533		
	Total	2962.235	840			
Community-connectedness	Between Groups	19.725	3	6.575	1.908	.127
	Within Groups	2883.907	837	3.446		
	Total	2903.631	840			
Future security	Between Groups	1.895	3	.632	.195	.900
	Within Groups	2709.853	837	3.238		
	Total	2711.748	840			

*p≤0.05

The t-test analysis is performed to determine the difference of PWI mean scores by marital status (Table 5). Results show statistically significant differences of PWI mean scores by marital status on personal health (t=-2.230, p=0.021), achievement in life (t=-2.094, p=0.037), personal relationship (t=-4.351, p=0.000), and safety (t=-2.934, p=0.003). Respondents who are married have scored higher means on these four domains of PWI compared to respondents who are single. These results are similar to the previous study by Ahmad Rasyidee, Irwan Nadzif and Azlan (2019), who also highlight married women to have higher levels of well-being compared to widows, divorcees and unmarried. By staying at home as much as possible during COVID-19, women find this to be a good opportunity to nurture the relationships between couples and families relationships, which may lead to better health and feeling safe. There are, however, no statistically significant differences in the

respondents' standard of living, community-connectedness and future security by marital status.

Table 5: PWI Mean Scores by Marital Status

PWI	Marital Status	M	SD	t	p
Standard of living	Single	7.33	1.82	0.207	0.836
	Married	7.30	1.91		
Personal health	Single	7.37	1.92	-2.230	0.021
	Married	7.70	1.87		
Achievement in life	Single	7.16	1.85	-2.094	0.037
	Married	7.44	1.80		
Personal relationship	Single	7.27	1.99	-4.351	0.000
	Married	7.90	1.86		
Safety	Single	7.21	1.88	-2.934	0.003
	Married	7.62	1.86		
Community-connectedness	Single	7.23	1.81	-1.625	0.105
	Married	7.46	1.87		
Future security	Single	7.03	1.75	-1.937	0.053
	Married	7.29	1.81		

*p≤0.05

Another t-test analysis has been performed to determine the difference between PWI mean scores by level of education (Table 6). There are statistically significant differences of PWI mean scores by level of education on standard of living (t=-4.148, p=0.000), personal health (t=-3.223, p=0.001), achievement in life (t=-3.455, p=0.001), personal relationship (t=-3.556, p=0.000), safety (t=-3.381, p=0.001), and future security (t=-2.089, p=0.037). Respondents with a high level of education have scored higher means on these six PWI domains compared to respondents with a low level of education.

Table 6: PWI Mean Scores by Level of Education

PWI	Education	M	SD	t	p
Standard of living	Low	7.15	1.92	-4.148	0.000
	High	7.71	1.68		
Personal health	Low	7.45	1.95	-3.223	0.001
	High	7.90	1.75		
Achievement in life	Low	7.21	1.87	-3.455	0.001
	High	7.67	1.67		
Personal relationship	Low	7.57	1.97	-3.556	0.000
	High	8.06	1.72		
Safety	Low	7.37	1.92	-3.381	0.001
	High	7.83	1.69		
Community-connectedness	Low	7.36	1.88	-0.907	0.365
	High	7.49	1.73		
Future security	Low	7.15	1.80	-2.089	0.037
	High	7.43	1.72		

*p≤0.05

These results support a previous study by Nikolaev (2016), who argues that people with higher education are more likely to report higher levels of eudaimonic and hedonic subjective well being. These respondents view their lives as more meaningful and experience more positive emotions and are less negative. Besides, the study also asserts that people with higher education are satisfied with most life domains such as financial, employment opportunities, neighbourhood, local community and having children at home. There are no statistically significant differences in respondents' community-connectedness by the levels of education.

Table 7 below shows the t-test results of differences in PWI mean scores based on the head of household status in the household.
There are statistically significant differences of PWI mean scores by the head of the household on all PWI domains, i.e. standard of living (t=3.025, p=0.003), personal health (t=4.417, p=0.000), achievement in life (t=3.606, p=0.000), personal relationship (t=5.534, p=0.000), safety (t=4.906, p=0.000), community-connectedness (t=2.473, p=0.014) and future security (t=4.457, p=0.000). Respondents who are the head of households have scored significantly lower means compared to those who are not the head of their households. Mohd Najmi and Mohamad Naqiuddin (2018) have clarified that the challenge as the head of a single-parent family by women has resulted in heavier psychological effect than the single-parent family headed by men. This situation may be due to women more likely to experience economic hardship that could affect social life and increase the load of responsibilities. Thus, women are at higher risk for depression and stress.

Table 7: PWI Mean Scores by Head of Household Status

PWI	Head of Household Status	M	SD	*t*	*p*
Standard of living	No	7.41	1.84	3.025	0.003
	Yes	6.95	1.99		
Personal health	No	7.75	1.83	4.417	0.000
	Yes	7.07	1.98		
Achievement in life	No	7.49	1.74	3.606	0.000
	Yes	6.91	2.02		
Personal relationship	No	7.92	1.80	5.534	0.000
	Yes	6.98	2.14		
Safety	No	7.68	1.79	4.906	0.000
	Yes	6.88	2.03		
Community-connectedness	No	7.48	1.79	2.473	0.014
	Yes	7.08	2.02		
Future security	No	7.36	1.75	4.457	0.000
	Yes	6.71	1.85		

*p≤0.05

Table 8 below shows another t-test result of differences in PWI mean scores based on the locations of the respondents.
There are statistically significant differences of PWI mean scores by locations on six PWI domains, i.e. standard of living (t=-3.111, p=0.002), personal health (t=-4.406, p=0.000), personal relationship (t=-2.224, p=0.026), safety (t=-4.048, p=0.000), community-connectedness (t=-2.210, p=0.027) and future security (t=-1.961, p=0.050). Respondents who live in urban areas have scored significantly lower means compared to respondents who live in rural areas. There are, nonetheless, no statistically significant differences in respondents' achievement in life by locations. These results have confirmed findings from the previous study by Ahmad Rasyidee, Irwan Nadzif and Azlan (2019), whereby women in rural areas have less stress related to work, live in a better environment and exhibit better values in the community. In the current study, 33% of the respondents are from urban areas and living in people's housing projects (PPR). They are the vulnerable part of the population; urban low-income families who are exposed to a higher risk of MCO.

Table 8: PWI Mean Scores by Locations

PWI	Locations	M	SD	t	p
Standard of living	Urban	7.11	1.87	-3.111	0.002
	Rural	7.52	1.87		
Personal health	Urban	7.32	1.99	-4.406	0.000
	Rural	7.89	1.73		
Achievement in life	Urban	7.24	1.80	-1.831	0.067
	Rural	7.48	1.84		
Personal relationship	Urban	7.57	2.01	-2.224	0.026
	Rural	7.86	1.81		
Safety	Urban	7.25	1.95	-4.048	0.000
	Rural	7.76	1.74		
Community-connectedness	Urban	7.25	1.91	-2.210	0.027
	Rural	7.53	1.78		
Future security	Urban	7.09	1.76	-1.961	0.050
	Rural	7.34	1.82		

*p≤0.05

Results of the one-way ANOVA on PWI mean scores by types of FACE communities (Table 9) show that there are statistically significant differences on all PWI domains by types of FACE communities, **i.e.** standard of living ($F_{(4,836)}$ = 6.387, p=0.000), personal health ($F_{(4,836)}$ = 6.147, p=0.000), achievement in life ($F_{(4,836)}$ = 6.535, p=0.000), personal relationship ($F_{(4,836)}$ = 3.383, p=0.009), safety ($F_{(4,836)}$ = 8.945, p=0.000), community-connectedness ($F_{(4,836)}$ = 4.052, p=0.003), and future security ($F_{(4,836)}$ = 4.049, p=0.003). A Tukey's post hoc test further reveals that all pairs of FACE community types significantly differ. The overall analysis shows that respondents from people's housing project (PPR) score lower in all personal well-being domains compared to respondents from other types of FACE communities. These results support the views by Puteri Marjan and Theebalakhshmi (2020), who have emphasised that urban low-income families living in the people's housing project (PPR) are the most susceptible to the adverse economic effects of the pandemic during the enforcement of MCO. Besides fewest financial resources, they are also living in high-density areas and overcrowded flats, which increase the risk of infections.

Table 9: PWI Mean Scores by Types of FACE Communities

PWI		Sum of Squares	df	Mean Square	F	Sig.
Standard of Living	Between Groups	88.648	4	22.162	6.387	.000
	Within Groups	2900.589	836	3.470		
	Total	2989.237	840			
Personal Health	Between Groups	85.900	4	21.475	6.147	.000
	Within Groups	2920.452	836	3.493		
	Total	3006.352	840			
Achievement in Life	Between Groups	84.918	4	21.230	6.535	.000
	Within Groups	2715.778	836	3.249		
	Total	2800.697	840			
Personal Relationship	Between Groups	49.611	4	12.403	3.383	.009
	Within Groups	3064.845	836	3.666		
	Total	3114.457	840			
Safety	Between Groups	121.576	4	30.394	8.945	.000
	Within Groups	2840.660	836	3.398		
	Total	2962.235	840			
Community-connectedness	Between Groups	55.220	4	13.805	4.052	.003
	Within Groups	2848.412	836	3.407		
	Total	2903.631	840			
Future Security	Between Groups	51.533	4	12.883	4.049	.003
	Within Groups	2660.215	836	3.182		
	Total	2711.748	840			

*p≤0.05

Implications

How has Malaysia as a nation coped with the challenges posed by COVID-19? The government in Malaysia has announced a Short-Term Economy Recovery Plan (ERP). RM260 billion Prihatin Rakyat Economic Stimulus Package (PRIHATIN) has been rolled out under this plan to help save over 2.4 million jobs while easing the cash flow to Malaysians who are affected by the ensuing MCO, especially the B40 and M40 families (Ministry of Finance, 2020a). The Prihatin package covers loan moratorium, wage subsidies, healthcare and food security. Household living aid *(Bantuan Sara Hidup)* for B40 families whose household income is RM4000 and below, as well as for the first time, the one-off cash assistance, is also channelled to the M40 families with household income between RM4001 to RM8000. Among the beneficiaries include employees in the private sector, FELDA settlers, farmers, fishermen and small traders. These financial aids mean that single mothers and widows are also covered.

Rental exemption for PPR homes under the Ministry of Housing and Local Government (KPKT) and public homes under the Kuala Lumpur City Hall are also enforced. The federal government has also urged the state governments and local authorities to extend the same benefits to ease the burden of the people. Besides, the government also provides funds through various measures to enhance the SMEs' financing and support the company's cash flow. This action

has benefitted women, who constitute about 20.6% of the overall SMEs and micro-entrepreneurs in Malaysia (HMetro, 2020). Zakat funds are also used to assist B40 entrepreneurs and loss of employment in providing entrepreneurship training, financial management and support to develop businesses with the help from crucial implementing partners.

The government is also looking at ensuring job security in helping people to operate safely amid a new norm. Thus, another economic recovery plan, PENJANA has also been introduced. Under this plan, hiring incentives and expanded wage subsidy, reskilling and upskilling training as well as supporting the gig economy and the informal sector workforce, are equally critical for people in recovering the economy (Ministry of Finance, 2020b). Among the incentives that might be valuable for women employees and employers are Flexible Work Arrangements (FWAs) through tax deduction and income tax relief or exemption, child care subsidy for working parents, child care centres and new early education practitioners. Social assistance support for vulnerable groups of registered OKUs, single mothers and volunteer Home Help Services through one-off financial assistance and grants, as well as PEKA healthcare supports for low-income groups, and internet connectivity for remote learning and work are also part of the incentives.

In conjunction with the World Population Day 2020 on 11 July, the NPFDB and the United Nations Population Fund (UNFPA) have announced a campaign of women's rights to self-protection and healthcare through the "Stop Covid-19 Transmission: Protecting the Rights and Health of Women and Girls" campaign (NPFDB, 2020). This campaign advocates to help women continue to be productive in carrying out their responsibilities and contribute to economic development, as well as taking advantage of utilising the communication technology for their benefits. Besides, governments and NGOs agree to make services available for help-seeking women. In Malaysia, the 24-hour Talian Kasih, reproductive health advice and the Psychosocial Helpline are initiated (Bernama, 2020) to provide counselling services for women in need of social and emotional support. Besides financial aids, mental health among women is crucial and should receive immediate attention for early assistance throughout MCO and COVID-19.

Conclusion

The lives of women are changing in the face of COVID-19. In Malaysia, women from the FACE communities are found to not only be at risk of this pandemic but also face the effect of prolonged MCO, which include being jobless without monetary support. Although this study has found moderately overall well-being, four domains of the PWI, i.e. future security, the standard of living, achievement in life and community-connectedness are low. Vulnerable groups such as single mothers, OKUs and elderly, as well as those with the lowest paying jobs and fewest financial resources living in the PPRs homes, are highly affected by MCO. The various economic stimulus packages implemented to assist the hardship faced by certain groups of people during MCO, and eventually, the long-term comprehensive recovery measures, are required, especially for these vulnerable parts of the population if MCO is extended.

Acknowledgement

Ethical Clearance

This Ethical Clearance for this project has been approved by the Ethics Committee for Research Involving Human Subjects UPM (JKEUPM) on 19 June 2020 (JKEUPM-2020-158).

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