

Factors Shaping the Well-Being of the Poor in the States with Higher Household Poverty: A Qualitative Investigation in Peninsula Malaysia

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ABSTRACT

Policymakers and economists believe that poor well-being among the poor may be due to a lack of access to adequate healthcare, education, sanitation, and, most importantly, income. As a result, human development metrics are used to measure well-being and have become central to the development of policies and programs aimed at enhancing people's quality of life. However, despite these efforts, there is limited qualitative evidence that captures the perspectives of poor individuals on the barriers to their well-being. This study examines the lives of impoverished individuals in states with higher household poverty in Malaysia, focusing on their perceptions of the fundamental issues limiting their well-being. Using a qualitative approach, 30 poor households participating in an income increment program were selected through purposive sampling for in-depth, semi-structured interviews. Data were analyzed using NVivo 12, revealing several critical themes. Key findings indicate that aging, illness, limited decision-making opportunities, and a lack of functional capacity are significant factors contributing to poor well-being. The study highlights that while income-based initiatives are crucial, they alone are insufficient to address the multifaceted challenges faced by the poor. Non-economic factors play a substantial role in shaping well-being and must be considered when designing policies and interventions. These findings underscore the importance of adopting a holistic approach that incorporates the voices and experiences of marginalized communities to improve their overall quality of life.

Keywords: Poverty, Qualitative Research, Well-Being, Malaysia.

INTRODUCTION

Poverty is a global phenomenon that affects the lives of vulnerable groups, especially in developing countries. The connection between poverty and the well-being of the poor is well documented; that is, increasing poverty means decreasing the well-being of the poor [1][2]. So, to ensure the well-being of poor people increases, the United Nations (UN), which acts as a responsible international governmental organization, publicized the Human Development Report (HDR) and, within it, the Human Development Index (HDI) [3]. Both instruments help provide statistical indexes and other relevant figures for human development and well-being through a wide range of indicators for many countries. Each dimension is measured by specific indicators, such as life expectancy at birth, which is used to measure the health dimension; expected years of schooling and mean years of schooling are used to measure knowledge; and income is used to measure a decent standard of living [4]. From these indicators, the index was calculated by aggregating these three indicators. When all indicators are aggregated, the country that scores the

minimum value will receive 0 and the country that scores the maximum value will receive 1 [5]. At the end, the HDI will be categorized into different groups based on achieved values such as very high human development, high human development, medium human development, and low human development. International governmental organizations and development experts are using these indicators to improve human well-being and to mark the end of development. The HDI was used by comparing the levels of human well-being achieved among countries and how much they progressed over time. As such, the higher the value of HDI, the better the well-being of a country's population.

Nevertheless, the HDI only simplifies and quantitatively displays the country's achievement in human well-being at the national level, not examining the discrepancies in human well-being at the local level [6]. It only provides general information and factors that need to be improved based on the calculation of the indexes and fails to provide reasons why the well-being of poor people is limited [7][8]. This is because human well-being is not easily observed and cannot be directly measured [9][10]. Thus, we believe that the well-being of poor people can be better understood by examining poor people's understanding and perceptions of factors that limit their well-being, which could be achieved through a qualitative study. Our study contributes by providing new information to policymakers that focuses on factors that shaped the limitations of the well-being of poor people in the states with higher household poverty in Peninsular Malaysia. We argued that the assumption of policymakers that poverty can be reduced by increasing the income of the poor is not sufficient when the local context and living conditions of the poor also play an important role in shaping poverty and the well-being of the poor.

The term well-being usually used interchangeably with happiness, quality of life, prosperity, utility, development, and empowerment [11][12][13] and in the twenty-first century, well-being has been interpreted as freedom, choice, and the expansion of the capabilities of people [14][15]. Even so, the concept of well-being has been associated with income and utility for centuries [16][17]. This could be because income is easy to use, easy to get data on, and reliable as a measure of well-being. In Malaysia, material deficiencies like income and resources serve as a proxy for poverty and well-being. This is based on an income threshold measurement known as the poverty line income (PLI). That means the higher income may improve the people's well-being in a way that it expands their consumption, such as in getting better health care, basic necessities, and proper education. However, income does not necessarily increase the well-being of people [18][17]. Many researchers often found that there were several other factors that led to the well-being of people and not necessarily income [19][20][21]. Many studies also found only a limited effect of income on well-being and life satisfaction [22]. Responding to the weaknesses of the poverty line income measures, the government of Malaysia, in its Eleventh Malaysia Plan (RMK-11), has shifted the definition of poverty from the poverty line income index (PLI) to the multidimensional poverty index (MPI), which broadens the definition of poverty and well-being to include various elements of health, living conditions, and education. So, the outcomes of the MPI and the PLI have become the main guidelines for the government and its agencies in the implementation of poverty programs, not only focusing on income as the only issue of poverty but also other multiple-dimensional perspectives [13]. Nevertheless, the MPI is still in a preliminary stage, and the influence of the PLI is still strong and is still popular among economists and the government [23]; thus, the MPI is only becoming a cosmetic measure of inclusiveness proposed by the government [24][22]. In fact, the policies generated from the outcomes of the PLI and MPI to uplift the poor, who are commonly known as the B40, have not been achieved and are significantly behind their targeted outcomes [25]. For instance, reference [20] and [26] have conducted research on factors that influence the well-being of both indigenous communities and single mothers; however, both of their findings indicated that income was not the main factor that influenced their well-being. But instead, the poor well-being of indigenous communities was due to insufficient access to basic education and the inability to be employed; on the other hand, locus of control, religiosity, and financial strain were the antecedents of well-being among single mothers [26]. These results showed that the level of people's well-being is shaped by their surroundings and is sensitive to things like power relationships and the culture in which they live [12][2].

In Malaysia, one of the prominent programs to ensure the sustainable well-being of rural populations is the income increment program or *program peningkatan pendapatan* (PPP) which is under the purview of the Ministry of Rural and Regional Development (MRRD). The aim of the program is to increase the income of the extremely poor and rural poor, which is also known as the B40 group. Those who are classified and registered under the national poverty database, known as *e-Kasih* system (poverty database system), are eligible to apply for the program. Any participant who is selected will be given a maximum of RM 10,000 (USD2,109) in financial assistance in the form of capital, machines, and equipment. The government believed that the assistance may move them out of the poverty cycle [27].

However, since 2019, only 471 participants out of 1,623 in the programs have been able to increase 30% of their income [27], which means only a few participants have better well-being. Due to the low achievement of the program, the MRRD has revised the participant's selection procedures and also the monitoring process of the program at a local level. Yet this may not be sufficient because the revitalization approach used by the MRRD does not rectify the real problems that hindered the participants from increasing their income in the program. It is because it lacks information related to the factors that may enable or disable the well-being of the participants in the PPP program which can be explained by interviewing the participants to examine their perceptions and understanding of their well-being.

METHODS

Our study employs qualitative research, which was conducted from December 2023 to April 2024. To answer the reasons that limit the well-being of poor people in improving their lives, our respondents were purposefully selected from three states with higher household poverty in Peninsular Malaysia, namely Selangor, Penang, and Kelantan. 10 respondents originated from the states of Selangor, nine respondents from Penang, and 11 respondents from Kelantan. The respondents were purposefully selected based on several criteria, such as that they must be poor people or be considered part of the B40 group, must register in the *e-Kasih*, and also have participated in the income increment program (PPP). Those who were categorized as M40 and T20 were excluded from this study. Not only that, poor people who were not registered in *e-Kasih* and were not participating in the income increment program were excluded. Specifically, all the respondents were categorized under the low-income group, also known as the B40 group. They were residing in rural areas, and most of the houses did not belong to them; they were either rented or family inherited. Out of 30 respondents, 12 were male and 18 were female. The respondents' ages ranged from 30 years old to 70 years old. Only six respondents were below 40, and the majority were 50 years old and older. All of the respondents were employed and worked in small business activities such as a bakery, sewing, food preparation, restoring fisherman boats, coconut milk, goat farming, paddy farming, workshop and a barber shop. Out of 30 respondents, seven acquired more than RM1,000 (USD 210) per month. The rest of the respondents had a monthly income below RM1,000.

In order to gather the information, we used semi-structured, in-depth interviews to gather all the required information. Semi-structured in-depth interviews allow respondents to describe their experiences, feelings, and understanding of well-being without being limited to a specific set of questions, such as in a survey method. Our study also has obtained ethical considerations from the Universiti Teknologi MARA. Besides, we also received approval from the Ministry of Rural and Regional Development (MRRD) for conducting this research. The ministry assisted us by giving the names of the poor respondents who had participated in the income increment program (PPP). The selection of the respondents who participated in the program was made in three states in Peninsula Malaysia with the help of public officials in each state. The respondents were contacted by the in-charge officials in each state. The consent letter and information sheet were given to the respondents during the interviews based on consent from the respondents. Considering the level of understanding of the respondents, we used *Bahasa Malaysia* during the interviews. We have divided the interview questions into four main sections: the demographic profile of the respondents, their participation in the program, the benefits of the program to the respondents, and problems encountered in the program. The interviews were conducted at the ministry's agencies in each state and lasted about 30 to 40 minutes; all were tape recorded.

The interviews were transcribed and analyzed using thematic analysis. The thematic analysis involved several processes, such as familiarization with the data, coding, identifying subthemes, and finalizing the themes [28]. In the first phase, we familiarize ourselves with the fieldwork data, which involves a thorough reading of fieldwork notes. The second phase involves activities such as identifying relevant codes based on the concept of well-being and empirical fieldwork. At this phase, we moved back and forth to read and re-read the literature reviews and also check the fieldwork data. For the third and fourth phases of the thematic analysis, we combined all codes identified into several themes, such as ageing, illness, limited decision-making opportunities, and a lack of ability to function. In order to avoid biases, data triangulation and peer checking were used. The analysis was also assisted by the computer-aided analysis software package NVivo12, which helps us identify and categorize the relevant codes and concepts in this study.

RESULTS

From the analysis, four themes emerged, such as ageing, illness, limited decision-making opportunities, and a lack of ability to function. Several codes were further identified under each theme. Details are in the next section. Table 1 displays the examples of themes, codes, and quotations from interviews.

A. Ageing

From the interviews, the majority of the respondents were ageing, and the oldest, aged 73, was still working. They were easily worn out and tired. The situation sometimes worsens when they work too much and get little rest. Some of the respondents stated that if they rested and closed the business, they would not have any income on that day to support their families. One of the respondents claimed that, due to her age, if the government wants to give her more machines for her business, she will not accept it because once she receives them, she needs to use them, but at her age, she will not be able to cope with that anymore. Even so, there were also respondents who were ageing but willing to expand their businesses but were provided with government assistance. The majority of the respondents who wanted to expand their business had to support more households, such as children, grandchildren, and spouses who were sick. On the other hand, one respondent stated that she wanted to join the baking training, but because her age exceeded 40 years, she was not eligible to join the program. This situation demotivated her, and she just accepted her fate. In certain circumstances, the respondent's household of fewer than two persons continues maintaining their business since they do not have to spend as much as families of more than two. There were two respondents who stated that their children also supported their daily expenses since they were old.

B. Illness

No one is expected to suffer from chronic diseases, but for people who are rich, getting treatment and paying for the medicines will not be a problem. However, poor people who are suffering from chronic diseases may face difficulties in their daily lives and also in getting treatments. From the interviews, the respondents who suffered from chronic diseases were not able to work as normal people. There were many of the respondents who were suffering from diabetes, high blood pressure, high cholesterol, and thalassemia. For instance, the respondent who suffered from thalassemia stated that, if she was attacked by the disease, she would not be able to work for almost a week. So, the shop has to be closed, and there was no income for the whole week.

Apart from suffering the illness, three respondents also needed to take care of their disabled children, siblings, and spouse, and one respondent had to take care of their bedridden parents at home. The illness, whether among respondents or within their households, gives respondents limitations in generating more income. This can be seen from one respondent, who had had road accidents for almost three years. Since then, his business has declined, and her single wife has to take care of everything. The accident had diminished the respondent's capability to run his business. The income was also declining, and to cover many costs, they had to sacrifice when it came to daily meals. There was one time this family of four only consumed a small sardine can for a day. Another respondent also fell into the low-income group because of a road accident. Unpredicted events like road accidents and changes to their daily lives make it difficult to improve their well-being.

C. Limited Decision-Making

From the interviews, the majority of the respondents stated that they had to wait for a longer period of time before their application was approved by the government. It was almost a year after they submitted the form, and some of the respondents had almost given up before receiving assistance. Ironically, after one year of waiting, two of the respondents claimed that the materials they received were not what they asked for, thus they could not use them for their business. For instance, the respondent applied for a soy machine, but what he received was a milling machine. Thus, he cannot do anything with the machine, but after informing the public officials, they said they could not do anything either. In addition, the machine that he received correctly was not followed by the specifications that he applied for. This situation happened because all decisions were made by the public officials without consulting with the recipients of the machine.

On the other hand, another respondent claimed that he applied for fiber glue, but what he received was a generator. Since he informed the public officials, nothing has changed. That means, even though they received the machine, they cannot use it to support their daily work. The limited decision-making and consultation with the recipients of the program have jeopardized the well-being of poor people in this study.

D. Lack of Ability to Function

The lack of ability to function can be described by limited capital and extended family. The aim of the income increment program is to increase the income of the recipients, consequently moving them out of the poverty cycle. However, limited capital to roll out and start the business was the most common problem among respondents. Most of the respondents claimed that the rising cost of raw materials and the inability to produce more products due to their small capital led to difficulties in improving their well-being. Not only that, but the respondents also stated they were only producing small production within their villages and not more than that. For them, the given machine helps them speed up their work, but it is only for local consumption. For instance, one of the respondents stated that she cannot raise the price of foods that she prepares because she sells them within her village only. If she increases the price, there will be no customers at all. The other example was that a barrel of fiber glue for repairing the boat can cost thousands of Ringgits in Malaysia. With very few capitals, the respondent claimed that he could not afford to have it. In addition to that, with limited capital, the maintenance of the given machines was also neglected. One of the respondents stated that it was difficult to gain profits and, at the same time, to maintain the machines. Sometimes the cost of maintaining the machine was not affordable for the respondents. Furthermore, the majority of the respondents, especially those who were preparing food, had limitations in purchasing raw materials like eggs, sugar, and flour. The cost of the raw materials kept increasing, and the quantity of the raw materials was not as high as in previous years. Even though the price of the raw materials increased, the respondents could not drastically increase the price. This is what made them suffer while maintaining their well-being.

In addition, the majority of the respondents were living with their extended family. One of the respondents explained that she lived with 10 people in her house. This was due to the death of her son-in-law, which required her to take care of all of her grandchildren. Not only that, but she also had to quit her former job as a security guard to take care of her grandchildren. Sadly enough, the daily meals that they consumed were also not sufficient, and sometimes they went fishing to get fish for their meal. In another case, the respondent had to live with her daughter and two grandchildren. Her daughter had divorced and came back to their house with her two children. Even though the respondent and her daughter worked, it was not sufficient to support their family.

Table 1. Examples of themes, codes, and sample interview transcriptions

Themes	Codes	Sample Interview Transcriptions
Ageing	Easily worn out	<p>“If I were thinking, I would like to enhance the business more. But thinking that I was no longer young and easily worn out, I would like to maintain what I have now.”.</p> <p>“I asked about the training programs before this, but because my age exceeded their requirements, I cannot do anything. I am also frustrated.”</p>
	Frailty	<p>“I would like to maintain what I have now. Sometimes, my children gave me the money to support my life in the village. I’m already old.”</p>
Illness	Non-communicable disease	<p>“I have diabetes, and I need to regularly check-up.”.</p> <p>“I asked my husband to drive me to the hospital every time I had an appointment with the doctor. But he always complains that he cannot get much money from his work because he has to bring me to hospital”.</p>
	Disable children and siblings	<p>“My daughter was disabled, so she also needs to be constantly monitored.”.</p> <p>“I have a younger brother who is disabled. So I have to support them too”</p>
	Road accident	<p>“My husband suffered injuries from his accident, so our business kept declining from day to day. For now, I have tried many things to maintain it. It was not easy.”.</p> <p>“I had a road accident a few years ago, and due to that, I was not able to work at the hotel anymore. It was because I cannot drive for long distances anymore”.</p>

Themes	Codes	Sample Interview Transcriptions
Limited decision-making	Centralized decision-making	"I knew where to buy the machine that fulfilled my specifications, but the decision was made by them. The price of the machine and the specifications were not what I wanted."
	No autonomy	"I waited for a long time, but when the machine arrived, they bought the wrong one. I was quite frustrated when I informed the officers, but nothing changed".
Lack of ability to function	Limited capital	<p>"The cost of living now is too expensive, and the cost of raw materials has also increased. It is very challenging."</p> <p>"I am selling my <i>nasi beriyani</i> to the villagers, but to prepare the best <i>nasi beriyani</i>, it must use the best ingredients, and it was expensive. But I cannot charge a higher price from the villagers because otherwise they will not buy it from me".</p> <p>"I need more capital to roll out my business. Now, I am borrowing from Amanah Ikhtiar Malaysia to get the capital. But for that one, I have to pay constantly; it's just like a loan."</p>
	Extended family	<p>"I have to resign from my job because I need to take care of my grandchildren because they lost their father".</p> <p>"I moved into my mother's house and lived with her. So I have to take care of her and my children".</p>

DISCUSSION

Our primary goal of this study is to investigate the elements that influence impoverished people's limited well-being based on their own views and understanding. This was accomplished by interviewing the impoverished and allowing them to express their feelings and experiences from their daily lives. The findings revealed that aging, illness, limited decision-making opportunities, and a lack of functional capacity shaped the limitations of poor people's well-being. These factors significantly influenced their ability to actively participate in the government's income increment program. It is because a factor such as aging reduces the well-being of the poor in a way that the impoverished experience a reduction in their ability to engage in any activities due to lack of energy and frailty. As a result, many of them face poor health and insufficient savings [31]. This finding is similar to [32] and [33], which indicated that aging had a detrimental effect on well-being. As such, policymakers should develop a special program that specifically targets the elderly to improve their well-being and financial support, rather than implementing a program to increase their income in reducing poverty. Similarly, poor health, including chronic diseases and the associated treatment costs [34], also negatively impacts the well-being of the poor [35]. In extreme cases, chronic diseases prevent people from actively working and supporting their lives. Our findings are consistent with those of [20] and [26], in which, from their findings, income was not the main factor that influenced the well-being of indigenous communities and single mothers. But instead, the poor well-being was due to the inability to be employed and the locus of control. Reflecting on this issue, policymakers must develop mechanisms to ensure people with diseases or illnesses have equal opportunities and capabilities to re-enter the labor market or be self-employed.

The findings also suggest that the inability of the poor to actively participate and increase their income in the program was due to limited decision-making opportunities and lack of capability to function. Public officials made all decisions, and local people typically play a less significant role in the decision-making process of any economic program [36]. This factor not only limits the capability of the poor to decide what they feel is important for their lives, but also reduces the opportunity to improve themselves. Similarly, limited capital and the expectation of full responsibility for the well-being and needs of the extended family shape a person's capability and capacity to succeed in their lives. This is because a person lacks the ability to choose between various functions, such as taking care of their family or actively participating in income increment programs that are available to him or her [37]. [38] stated that the ability of a person to participate is actually interdependent and mutually reinforced with social structural factors, and in this case limited capital and burden of responsibility.

Therefore, this research reveals that while factors like income play a role in reducing poverty, they cannot be the sole contributors to people's overall well-being. In our research, income can be considered an end to poor people's well-being, but other achievable functionings such as the capability to make decisions, and the capability to function as a normal human being are absent. As such, the capability of the poor to be what they want to be, must be fulfilled first rather than focusing on increasing their income. In this research, income only acts as an end, and the capabilities to function act as a means to enhance poor people's well-being. Our finding is also similar to what [29] and [30] explained in the capability approach model. That means, instead of looking at what people should have, the well-being of poor people should be developed by focusing on their capabilities for being and doing [14].

As such, we recommend that the enhancement of poor people's well-being be focused on fulfilling the capabilities of the poor to function as human beings. That means, the responsible ministries and agencies must not focus on narrow perspectives on income as the main factor that can enhance the well-being of the poor. But instead, it requires a paradigm shift to include social structural factors that can enhance the capability of the poor to be what they want to be as human beings.

Our study contributes to the understanding of the limited well-being of the poor in three states with higher household poverty in Peninsular Malaysia. Higher income, which has historically been connected with higher well-being, cannot explain why poor people have a limited well-being. Even so, our study is limited to only interviewing poor people in Peninsular Malaysia, and most of the recipients were Malay ethnics. As such, future research should focus on other ethnicities, such as Chinese and Indian, and also include poor people from East Malaysia, the states of Sabah and Sarawak.

CONCLUSION

This study explored the factors influencing the well-being of impoverished individuals in states with higher household poverty in Malaysia. It identified key contributors to poor well-being, including aging, illness, limited decision-making opportunities, and a lack of functional capacity. The findings emphasize that enhancing the well-being of the poor requires addressing not only income-related factors but also broader social and personal challenges. This implies that we can revitalize the poverty reduction strategy by focusing on the factors that prevent the poor from improving their well-being, rather than focusing on what they should have. This implies that the program's recipient must consult and participate in the provision of resources. This may reduce the risk of non-participation and wrongly targeted assistance, which will waste public money. As such, a comprehensive approach that incorporates these non-economic factors is essential for developing more effective policies aimed at improving the quality of life for poor communities, especially in rural areas and specifically in income increment programs.

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Data Availability:

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Conflict of Interest:

The authors declare that there is no conflict of interest.

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