MANAGING HEALTH WELLBEING: A PERSPECTIVE OF HOUSEHOLDS IN MALAYSIA

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***ABSTRACT**: Health wellbeing is defined as access to healthcare services which makes society healthier and raises their earning capacities. Good health is one of the main determinants of economic growth and a component of the wellbeing of the population. The objective of the present paper is to examine health wellbeing of Malaysians. Using appropriate variables to proxy health wellbeing, the overall health status of households is examined. In addition, the association of health with selected demographic variables is presented. This quantitative research study consists of employed data derived from a random survey using proportionate random sampling comprising of household heads in four states in Malaysia representing the four regions in Malaysia. Besides descriptive statistics, correlation analysis was used to explain the association between healthcare and socioeconomic factors. The study revealed that less than half of the respondents have private health insurance (PHI), the prevalence of two serious diseases selected in this study is also low (less than 50%) and the older groups of respondents have the highest rate in subscribing to healthcare.*

Keywords: Wellbeing, healthcare, private health insurance (PHI)

1. INTRODUCTION

The originators of World Health Organization (WHO) had characterized health wellbeing as "a condition of a completely physical, mental and social well-being and not only the non-appearance of sickness or illness [1]. This definition directly focused on health states instead of categorized it as a group such as a sickness and placed it as a general human wellbeing [13]. However, this definition sees health as an essential for full wellbeing, and along these lines is maybe more a perfect to hope for, as opposed to a description of a state [1].

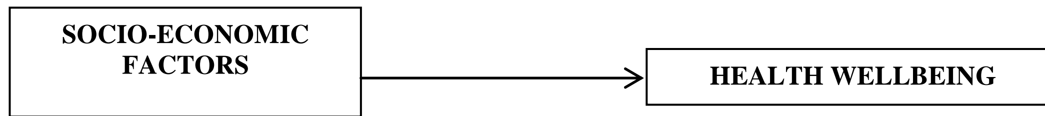
The objective of the present paper is to examine health wellbeing of Malaysians. Using appropriate variables to proxy health wellbeing, the overall health status of households is presented. In addition, the association of healthcare access with selected socioeconomic variables is presented This paper is organized as follows. The next section outlines the literature review whereas the methodology undertaken in this study is deliberated in section 3. Section 4 presents the findings of the study. Finally, the conclusion of the study is highlighted in section 5.

2. LITERATURE REVIEW

[14] Defines health wellbeing as access to healthcare services as the perceptions and experiences of people to their easiness in reaching to health services or health facilities in terms of location, time, money and ease of approach. Accessibility to healthcare services makes society healthier and raises their earning capacities [8]. Good health is one of the main determinants of economic growth and a component of the wellbeing of the population [12]. In addition, good health has positive impacts on school attendance, employment and human capital development [11]. Better health means much higher survival rates for infants and children, which raises GDP per capita by increasing the ratio of workers to dependents. Better health among adults increases labor force participation and improves the productivity of those who are at work [8]. These elements are essential to mankind as they have significant positive impact on sustainable economic growth and social development. Health practices likewise contribute to deciding physical and psychological well-being [4], with physical movement demonstrating a positive relationship with physical wellbeing [9, 5, 3] and bring down depressive symptoms [6]. A good condition of mental health is also considered as the absence of illness [10]. Positive mental health had been defined as "states of wellbeing where a person able to control their stress or action, produce a better productivity in doing work and able contribute something new or valuable towards the community" [16]. From a different perspective, a healthy lifestyle means enjoyment of complete wellbeing in terms of the physical, mental and social [15]. Healthy people will contribute to a quality work as it is a vital asset for a human to function in everyday life [15].

Health wellbeing is associated with several factors such as wealth and income which would enable individuals to better healthcare access by having private health insurance (PHI) which is a normal practice today. Other study reveals the wealthier group, female and more educated households are more likely to purchase PHI [7]. Having health insurance becomes more important today as reports have mentioned that the prevalence of critical diseases such as hypertension among Malaysian adults is quite high (32.7% in 2011) as revealed by The National Health and Morbidity Survey (NHMS). Others [2] highlighted for Malaysia that 43.5% of the population in the age group of more than 30 years old. In another study, the Malays who are predominantly Muslims have a high the incidence of hypertension rate of 34.0% compared to other races as highlighted by Institute for Public Health (IPH) in the year 2011. In addition, The National Health and Morbidity Survey (NHMS) reported diabetes prevalence figures of 15.2% and 20.8% for adults above the age of 18 and 30 years, respectively, in Malaysia. Among adults above the age of 18 years old, the prevalence was highest in the Indians (24.9%) followed by Malays (16.9%) and Chinese (13.8%) [2].

3. METHODOLOGY



Source: Ha & Knowles, 2010

Figure 1: Factors associated with health wellbeing

The conceptual framework of the present as shown by Figure 1 is based on the study by [7] illustrating the association between health wellbeing and various socioeconomic factors as mentioned by Ha Nguyen and Knowles (2010). As mentioned previously, health wellbeing is an essential component of the human being to perform his or her daily functions. Without it, he or she being would be incomplete in performing his or her functions. To fulfil this role, certain socio-economic indicators are vital in facilitating the health wellbeing of a human. Health wellbeing in the present study is proxied by access to private healthcare (PHI) of household heads. The association between these variables is examined in this study. This quantitative research study employed a dataset of 787 household heads from a random survey using proportionate random sampling comprising of household heads in four states in Malaysia representing the four regions in Malaysia. The respondents were chosen based on their responsibility and knowledge of each of their household. A close-ended questionnaire consisting of three main sections was used as a research instrument to collect data from the respondents identified for this study, namely demographic variables, the status of health and healthcare information. Besides descriptive statistics, correlation analysis was used to explain the association between healthcare and socioeconomic factors in this cross-section study.

.4. FINDINGS AND ANALYSIS

Table 1 describes the demographic profile of respondents where the majority of the respondents are from middle age group (25-50) with 53.7%. The distribution of male and female respondents are almost equal with the majority of them are married (52.0%) whereas 48.0% are single. In relation to education profile, 55% of the respondents are from the secondary level of academic achievement. Most of the respondents are working in private sector (69.1%) while and the 89.2 of the respondents are in the low-income group (monthly income less than RM 4000) as defined by the Economic Planning Unit (EPU), Prime Minister's Department OF Malaysia as mentioned in the 11th Malaysian Plan (2015). Only 36.5% of the respondents do subsribe to PHI as the majority of the respondents are in the low-income category.

In this study, diabetes and hypertension are used to identify the prevalence of serious diseases among households in Malaysia. As shown in Table 2, the finding reveals that respondent from the middle age group (25-50 years old) is the highest age group to have blood pressure and diabetes. In contrast, the older age group (>50 years old) is the highest age group that subscribed PHI. This might be explained by the fact that the middle age group are at their optimum career involvement. Thus, this age group are striving for their working life that possibly ignores or overlook their eating culture and daily lifestyle. However, in term of private insurance (PHI) status, the older age group (>50 years old) have the highest rate of PHI subscription possibly due to their secured income and health awareness at this age. With regards to gender, females are reported to have higher rates of having both diseases although higher percentage of male subscribe to PHI.

Table 1:Demographic Profile – total respondent 787

Variables	Frequency	Percent
Age		
<25	272	34.7
25-50	423	53.7
>50	92	11.6
Gender		
Male	423	54.4
Female	364	87.0
Race		
Malay	685	87.0
Non-Malay	102	13.0
Marital Status		
Single		
Married	409	52.0
	378	48.0
Education Level		
Primary	6	0.8
Secondary	433	55.0
Tertiary	348	44.2
Occupation		
Public Sector	243	30.9
Private	544	69.1
Income		
≤ RM 2000	358	45.5
2000 - 4000	344	43.7
≥ RM 4001	85	10.8
PHI		
Yes	284	36.5
No	500	63.5

The findings also reveal that more Non-Malay is reported to have a higher rate of both blood pressure and diabetes disease. In contrast, Malay reported subscribing for PHI yet

with a higher percentage (29.9%) as compared to Non-Malay. Respondents with a tertiary level of education are reported to have the highest rate of the two diseases relevant to this study s and also the highest group of having PHI. It is probably due to their higher level of awareness and health conscious regarding the importance of having the PHI although they may ignore they health lifestyle. Respondents from the middle-income group have shown the highest rate of hypertension and diabetes. In contrast, the middle age group of 25-50 years are the highest to subscribe for PHI as compared to higher income group. In term of correlation, the race is associated with having PHI, aids from friends and family member to pay medical bills. In addition, respondents with hyphenation are also associated with diabetes (Table 3). Furthermore, those who subscribe PHI have family members that pay their bills besides having savings to pay their bills.

Thus, it can be summarized that those with PHI, they also have other means of healthcare access**.** However, they are not associated with the two major diseases that are being focussed in this study**.** This means that these are the group of household who subscribe PHI but most likely are healthy without major health problems.

Table 2: Descriptive Analysis Of Demographic and Health Wellbeing Factors (Percentage)

Variables	Hypertension	Diabetes	Private Health Insurance (PHI)
Age			
<25	26	22	22.5
25-50	52	40	28.8
>50	31.1	19.2	31.5
Gender			
Male	29.1	20.8	30.2
Female	33.3	23.5	25.8
Race			
Malay	30.4	20.9	29.9
Non-Malay	37.8	27.6	15.5
Marital Status			
Single	25.5	19.4	22.6
Married	36.5	24.4	33.2
Education Level			
Secondary	16.7	7.1	7.1
Primary	24.5	20.9	21.7
Tertiary	37.1	24.4	36.6
Occupation			
Public Sector	36.2	23	35.3
Private Sector	28.8	21.4	25.1
Income			
≤ RM 2000	27.9	20.6	22.8
2001 - 4000	36.1	21.3	37.9
≥ RM 4001	35.2	27.2	31.5

CONCLUSION

This exploratory study was able to present the health wellbeing status of household which is proxied by the ability to subscribe PHI. In general, the subscription level is quite low as the study showed less than 50% of the respondents subscribed PHI.

This is an important issue that could be addressed by the policy makers in undertaking appropriate steps to assure this low-income group is given priority in having better access to medical care either by upgrading the services of government hospitals or subsidizing subscription to PHI.

Table 3: Correlation Analysis

	Blood pressure	Diabetes	Saving	PHI	Friend	Family	Credit Card
Blood Pressure	1.000	.496**	-.003	.052	.050	.081*	.052
Diabetes	.496**	1.000	.016	.048	.061	.063	.027
Saving	-.003	.016	1.000	-.390**	-.029	-.152**	.011
PHI	.052	.048	-.390**	1.000	-.059	-.114**	-.022
Friend	.050	.061	-.029	-.059	1.000	.117**	-.011
Family	.081*	.063	-.152**	-.114**	.117**	1.000	-.030
Credit Card	.052	.027	.011	-.022	-.011	-.030	1.000

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

* Correlation is significant at the 0.05 level (2-tailed)

In addition,the middle age group of 25-50 years had the highest level of prevalence of the two serious diseases analyzed in this study. In addition, those who have access to PHI do also have to save to help them to pay their health bills. Thus, it is recommended policy makers and other relevant parties to further investigate the pattern of health life style of households. This is vital as to identify factors to address the health wellbeing issue of households in Malaysia.

6. REFERENCES

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