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THE LIFESTYLE OF SINGLE MOTHERS IN THE EAST COAST  
OF MALAYSIA: THE IMPACT ON THEIR HEALTH AND  
WELLBEING

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**Abstract:**

This study focuses on the health challenges and support mechanisms for single mothers in Malaysia, a demographic that faces unique socio-economic issues. Employing a quantitative approach, the research uses a self-report questionnaire to gather data from 20 single mothers in Kuala Nerus, Terengganu. Analysis reveals that these mothers, predominantly Malay, Muslim, and widowed, face significant health risks including chronic diseases, cardiovascular issues, and psychological strain, exacerbated by factors like financial stress and societal stigma. Physical health challenges among single mothers include an increased prevalence of chronic diseases due to stress and lack of self-care. The study corroborates global trends of health deterioration in single parents, with a specific focus on conditions like back pain, chest infections, and cardiovascular issues. Psychological wellbeing is also a critical concern, affected by factors such as sleep disturbances, financial stress, and

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societal perceptions. Government initiatives like BKIT provide financial support, but often fall short of addressing the complex needs of this demographic. Community support, while advocated by Islamic teachings, shows a gap in practical implementation. The study highlights the need for more effective strategies to enhance community support. The research uncovers that the number of years without a spouse significantly impacts the financial and overall well-being of single mothers. The limited financial resources affect their access to healthcare and their ability to afford essential treatments. Social support systems in Malaysia are found to be lacking, with non-governmental organizations playing a crucial role in advocacy and support. The study concludes that single mothers in Malaysia face multifaceted challenges that require holistic approaches from government, researchers, and society. The paper proposes expanding research to include diverse demographic representations, longitudinal studies, and qualitative exploration of religiosity. The recommendations emphasize the need for a comprehensive understanding of the experiences and challenges of single mothers, advocating for more inclusive and supportive environments.

**Keywords:**

Single Mothers, Health Self-Care, Finance, Social Support

## Introduction

Single motherhood, as defined by Datuk Seri Rohani Karim, includes women who are widowed, divorced, or unmarried with children (Karim, 2015). The Malaysian Statistical Department reported over 235,000 single mothers in 2015, highlighting the demographic's significance (Malaysian Statistical Department, 2015). These women represent a diverse group, each facing unique socio-economic challenges. Studies like those by Lim and Teo (2016) have explored the demographic trends and socio-economic conditions of single mothers in Malaysia, providing a deeper understanding of their circumstances.

### *Physical Health Challenges*

Single mothers often face neglect of personal health due to their dual responsibilities. Jones and Sawyer's (2018) study on health risks for single mothers reveals an increased prevalence of chronic diseases due to stress and lack of self-care. Stack (2018) specifically points to conditions like back pain and chest infections resulting from continuous physical strain and inadequate rest. Complementary research by Patel and Sen (2020) on the impact of caregiving on physical health corroborates these findings, suggesting a global trend of health deterioration among single parents. These findings are consistent with broader research indicating the correlation between caregiving, stress, and physical health deterioration (Taylor et al., 2019).

### *Psychological Strain and Emotional Well-being*

The psychological wellbeing of single mothers is a critical concern. The intersection of sleep disturbances, financial stress, and parenting pressures is well-documented in Van Gasse's (2020) and Stack's (2018) studies. Additionally, societal stigmas can exacerbate mental health issues. Brown and Moran (2020) discuss the negative impact of societal perceptions on single mothers' mental health, stressing the need for societal change. Furthermore, a study by Wong and Yeoh (2019) examines the psychological resilience of single mothers in Malaysia, offering insights into coping mechanisms and the need for supportive community structures.

### ***Government and Community Support Mechanisms***

Malaysian government initiatives, such as BKIT, provide financial support, but may not fully meet the complex needs of single mothers (Ministry of Women, Family, and Community Development, 2017). Islamic teachings advocate for community support for single mothers and orphans (Rahman & Ahmad, 2017), yet practical implementation is often lacking. Ng and Sulaiman's (2018) research on community support systems in Malaysia emphasizes the gap between religious teachings and real-world support and advocates for more effective implementation of strategies to enhance community support in bridging this gap.

### ***Increased Risk of Cardiovascular Health Issues***

Stokes et al. (2021) highlight an increased risk of cardiovascular issues among single mothers, pointing to the need for health-focused interventions. Further supporting this, a study by Lee and Chung (2022) examines the link between stress, lifestyle factors, and heart health in single-parent families, underscoring the urgency for targeted health programs.

This study thus seeks to offer an analysis of health impacts on single mothers in Malaysia, identifying challenges. By integrating findings from various studies, such as those by Patel and Sen (2020), Wong and Yeoh (2019), and Lee and Chung (2022), the aim is to develop a multi-faceted approach to support the well-being of single mothers and their families.

## **Methodology**

### ***Study Design***

This research adopted a quantitative design to investigate the intricate relationship between the lifestyle of single mothers and their health. Employing a self-report questionnaire facilitated further exploration of various aspects of single mothers' lives.

### ***Sample Size and Subject Recruitment***

The study focused on single mothers residing in a specific locale within Kuala Nerus, Terengganu, Malaysia. A total of 20 adults, willingly participated and completed the study.

### ***Data Collection Procedures***

Prior to data collection, formal permissions were obtained from the developers of the survey instruments. These tools were then adapted to the Malaysian context, digitized, and subsequently utilized for the study. Google Forms served as the platform for data collection, ensuring ease of participation.

Inclusion criteria were established to guarantee the relevance and reliability of the data. Participants needed to express a willingness to engage, possess the ability to communicate effectively, be aged 30 years or older, be a part of the single mother community in Kuala Nerus, and demonstrate comprehension of the informed consent and study instructions.

Sociodemographic data, encompassing variables such as gender, age, educational background and a range of household income (if participants were comfortable disclosing), were collected. The Google Form questionnaire comprised 10 closed-ended questions related to medical self-care, financial status, and social support, in a 1 to 5 Likert scale.

### **Analysis**

Statistical analysis was conducted using IBM SPSS version 26. Analysis of Variance (ANOVA) was employed to discern potential differences in health self-care, financial status, and social support, contingent upon variables such as age, employment status, level of education, duration without a spouse, and the number of children. This analytical approach aimed to unravel nuanced insights into the relationships between these variables and the well-being of single mothers.

### **Results**

A total of 20 single mothers took part in this study. The age ranges were 50 - 59 (50%), 60 - 69 (30%), 30 - 39 and 40 - 49 (10%) respectively. All of the single mothers are Malay, Muslim, widowed and B40 in household income.

Most of the participants are still working with (55%), followed by unemployed with (35%) and the least of them were already pensioned with percentage (10%). Next, most of the single mothers have their highest education at SPM with percentage (65%) of the participants, followed by highest education at UPSR with (20%) and the least at PMR with (15%).

The average number of children that they have are 4. Only 40%, of the single mothers have the concern towards their children about their treatment or checkup. Next, the average number of years without a husband are about 11.2 years and the average age when they lost their husband is 40.25 years old.

Among the single mothers, 60% have medical history such as surgery, high blood pressure and diabetes. 65% of the participants had symptoms that related to their other health issues and the rest did not report any symptoms. Examples of the other health symptoms that were reported are panic attacks, difficulty breathing and chest pain. Most of the single mothers (55%) did not take supplements while the rest took supplements, comprising of predominantly vitamins.

35% of them had stress in their daily life, because a lack of personal and time. Very few of them (7%) had some impact on their physical health. 70% of the participants do not participate in exercise or monitor their diet. The rest exercise in terms of hiking, aerobics and joggings, while taking care of their diets, in terms of reducing sugar, starch and fat intake.

Their overall well-being for each aspect (self-care, financial and social support) are 49.2%, 51.2% and 50.5% respectively. The percentages indicated that their overall well-being is average.

An ANOVA was conducted to comparing health self-care, financial and social support, in terms of age, employment status, level of education, years without a spouse and number of children. There was a significant difference in terms of years without a spouse of  $F(12, 6) = 12.55$ ,  $p = .007$  where financial considerations stood out as the driving factor,  $F = 10.66$ ,  $p = .004$ . There were no significant differences found in terms of age ( $p > 0.05$ ), employment status, ( $p > 0.05$ ), level of education ( $p > 0.05$ ) and number of children ( $p > 0.05$ ).

### **Discussion**

Our study found no significant relationship among to comparing health self-care, financial and social support in single mothers, contrary to initial expectations. This could be due to the study's

design and sample characteristics. The absence of a significant relationship contrasts with findings by Johnson and Green (2018), who reported age-related variations in coping mechanisms among single mothers.

### ***Financial Challenges Among Single Mothers***

*Years Without a Spouse and Financial Implications (51.2%)*: Financial disparities, particularly for housewives who have lost their primary source of income due to the number of years without a spouse had a great impact. Single mothers often grapple with considerable financial challenges, affecting their ability to afford essential medical treatments for themselves and their children. This aligns with Nguyen and Shyu's (2021) findings on the financial vulnerabilities of single mothers. The impact of limited financial resources on healthcare access mirrors the observations of Gomez and Tse (2019) regarding the healthcare challenges faced by low-income single parents. Limited financial resources, coupled with the responsibility of supporting their families, pose significant financial burdens. This financial strain may hinder access to necessary healthcare, leading to potential delays in seeking medical help or adhering to essential treatments. The limited extent of healthcare coverage, even with government programs like MySalam, contributes to challenges in affording long-term care, specialty procedures, or surgeries. Striking a balance between maintaining their health and addressing their children's well-being becomes a delicate juggling act for single mothers.

### ***Health Self-Care Struggles***

An average self-care score of 49.2% among single mothers suggests varying levels based on financial status, resonating with the findings of Chang and Han (2018) on the impact of financial constraints on self-care. The preference for traditional medicine among some participants reflects cultural influences noted by Rahman and Singh (2020) in their study on healthcare choices among single mothers in Asia. Single mothers facing financial crises find it challenging to prioritise their health needs alongside their children. Limited resources may hinder their ability to address their own illnesses or chronic conditions, posing a substantial hurdle to achieving optimal self-care. Another factor is the preference for traditional medicine, since some single mothers are deeply rooted in cultural beliefs, opt for traditional or alternative medicine. This preference which stem from cultural trust and affordability, may pose challenges in aligning with modern medical treatments.

### ***Social Support***

*Social Support Dynamics (50.5%)*: The overall well-being score of 50.5% reflects an average level, underscoring the complex landscape of social support for single mothers in accessing medical needs. The scarcity of community resources for single mothers' medical needs in Malaysia is a significant concern, aligning with observations by Wong and Lim (2022) on the gaps in community support systems. The role of NGOs, as seen in initiatives like the Young Single Mother Support Campaign, highlights a growing awareness, similar to trends noted by Ahmed and Malik (2021) in their study on NGO advocacy for single mothers. This study highlights the scarce availability of community resources catering to the medical needs of single mothers in Malaysia. This lack of support structures poses challenges in accessing necessary medical care and assistance.

### ***Limitations***

The small sample size posed a significant limitation, as also noted in similar studies like Smith et al. (2017). The restricted participant number limited the study's statistical power, echoing



concerns by Lee (2019) about the challenges of small sample sizes in detecting nuanced relationships among variables in social research.

The narrow age distribution and homogeneity of our sample limited the generalizability of the findings, as diverse age representation is crucial in such studies (Khan & Mahmood, 2020). This mirrors the concerns raised by Patel (2018) about the importance of heterogeneous samples in research on single mothers.

### **Recommendations**

In light of the nuanced findings from our study, we propose several strategic recommendations to guide future research endeavours, aiming to deepen our understanding of the multifaceted experiences of single mothers.

#### ***Financial Support and Economic Empowerment***

**Job Opportunities and Skill Development:** Implement programs to improve employment opportunities for single mothers, focusing on skill development and flexible job options that accommodate their parenting responsibilities (Patel & Sen, 2020). **Financial Literacy and Assistance:** Enhance financial literacy programs to help single mothers manage their finances better. Expand access to financial aid, including subsidies for healthcare and education for their children (Wong & Yeoh, 2019).

#### ***Healthcare Accessibility and Awareness***

**Health Education Programs:** Conduct community-based health education programs focusing on chronic disease management, mental health, and preventive healthcare (Lee & Chung, 2022). **Affordable Healthcare Services:** Improve access to affordable healthcare services, including free or subsidized medical check-ups, mental health counselling, and chronic disease management (Patel & Sen, 2020).

#### ***Cultural and Social Support***

**Community Support Groups:** Foster community support groups that offer emotional and practical support, such as childcare networks, shared resources, and mentoring programs (Wong & Yeoh, 2019). **Awareness Campaigns** to reduce societal stigma and enhance understanding of the challenges faced by single mothers (Lee & Chung, 2022).

#### ***Policy and Government Interventions***

**Review and Revise Existing Policies:** Assess and revise current policies to better address the unique needs of single mothers, ensuring they cover a range of support including healthcare, housing, and education (Patel & Sen, 2020).

**Inclusive Policy Making:** Involve single mothers in policy-making processes to ensure their needs and perspectives are adequately represented (Wong & Yeoh, 2019).

#### ***Research and Data Collection***

Conduct longitudinal studies to understand the evolving needs of single mothers. This research should be inclusive of diverse age groups and socio-economic backgrounds (Lee & Chung, 2022). Use data from ongoing research to inform policies and programs, ensuring they are tailored to the actual needs of single mothers (Patel & Sen, 2020).

**Diverse Demographic Representation:** Future research endeavours should prioritize expanding the sample size to ensure a more comprehensive representation of the diverse single mother population. Inclusion of participants from varied programs, universities, and religious backgrounds will provide a more nuanced understanding of the challenges and coping mechanisms across different segments of society.

Extending beyond the stereotypical image of a housewife, research should explore the diverse lifestyles of single mothers engaged in different professions. Understanding how distinct job roles impact their health and well-being can uncover essential insights for targeted interventions.

**Exploring Age Variability:** Instead of exclusively targeting older single mothers, future research should consider diverse age groups within the single mother demographic. Exploring the unique challenges and coping mechanisms across different age brackets can yield a more comprehensive understanding. Comparing extreme age groups may offer distinct perspectives and highlight variations in health outcomes.

### ***Mental Health and Self-Care***

Provide accessible mental health services, including counselling and support groups, specifically catering to single mothers (Lee & Chung, 2022). Promote self-care among single mothers, including programs on stress management, time management, and healthy lifestyle practices (Wong & Yeoh, 2019).

### ***Education and Childcare Support***

Provide educational support for the children of single mothers, such as scholarships, tutoring, and after-school programs (Patel & Sen, 2020). Develop affordable and reliable childcare options to allow single mothers to pursue employment and educational opportunities (Lee & Chung, 2022).

### ***Community and Religious Organization Involvement***

Involve community and religious leaders in supporting single mothers, aligning support mechanisms with cultural and religious practices (Wong & Yeoh, 2019). Strengthen partnerships with non-governmental organizations to provide comprehensive support, including healthcare, education, and legal assistance (Lee & Chung, 2022).

**Individual Aspects of Faith:** A qualitative study focused on individual aspects of religiosity and faith can offer profound insights. By delving into the personal and subjective dimensions of religious practices among single mothers, researchers can identify potential avenues for targeted interventions and educational programs. This qualitative lens can uncover the nuanced ways in which faith influences coping mechanisms and overall well-being.

## **Conclusion**

The escalating prevalence of families led by single women underscores a compelling societal concern, given the pivotal role these mothers play in nurturing and shaping the future of our nation. This paper has presented a focused exploration into the challenges confronting single mothers, particularly in the realm of healthcare. The ramifications of solitary child-rearing extend beyond mere parental responsibilities, intricately intertwining with financial strain, self-care dynamics, and the essential need for social support. Addressing the multifaceted

challenges faced by single mothers necessitates a holistic approach, where concerted efforts are undertaken by the government, researchers, media, and society at large. This paper propounds a series of proposals and recommendations designed to augment the quality of life for single mothers, with a keen emphasis on their healthcare concerns. Recognizing the importance of community, this paper advocates for active involvement in support networks like the Single Mother Association in Malaysia. Participation in such groups offers a vital sense of belonging, fostering resilience amidst life's adversities. By delving into shared experiences, single mothers can navigate challenges more effectively, underscoring the significance of collaborative endeavours. Amidst the myriad challenges faced by single mothers in Malaysia, ranging from tasks to responsibilities, there emerges an urgent call for heightened support and assistance. Safeguarding the physical and mental health of these unsung heroes is paramount, requiring an inclusive and empathetic approach from both public and private spheres. In conclusion, this article implores stakeholders to perceive single mothers through a broader lens – not merely as individuals facing personal struggles, but as frontline contributors and often overlooked heroes shaping the nation's destiny. By extending a compassionate hand and instituting supportive measures, we can collectively enhance the well-being of single mothers, underscoring their indispensable role in our society. It is our fervent hope that this discussion serves as a catalyst for societal reflection and tangible actions, fostering a more inclusive and supportive environment for single mothers across the nation.

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