Gender, citizenship and health-related quality of life: An overall perspective from Malaysia

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Objectives: Health-related quality of life (HRQoL) is an essential dimension of overall human quality of life, in which disparities have been hypothesised between women and men, as well as between citizens and non-citizens of a country in past literatures. This study is to evaluate and compare the HRQoL of citizens and non-citizens living in greater Kuala Lumpur and Johor Bahru, as well as comparing HRQoL between genders.

Materials and Methods: The SF-8 questionnaire was used to collect information from 1,708 respondents (1,032 Malaysian citizens and 676 non-citizens), via face-to-face interview between October and December 2015.

Results: Overall, respondents reported moderate HRQoL. Non-citizens reported better HRQoL than the Malaysian citizens, while men reported better HRQoL compared to women (for both citizens and non-citizens).

Conclusions: The HRQoL of both citizens and non-citizens in Malaysia could be improved. Measures should be taken to remove the disparity in HRQoL between men and women, aiming to achieve equal health status for both genders.

Keywords: accessibility; gender; health; Malaysia; quality of life

Introduction

The modern quality of life (QoL) concept, once confined to measures of morbidity and mortality, now includes vital dimensions of human life, such as physical and mental health, social ties, economic status, personal beliefs, and interaction with the surrounding environment. One crucial dimension of QoL is health-related quality of life (HRQoL), which refers to the self-rated health status of individuals, covering broad physical, psychological, and social functions. Malaysia is a multiracial country, with a population comprising citizens of many different ethnic groups, including Malays, Chinese, Indians, and others. A number of non-citizens also live in Malaysia, most of whom move to Malaysia to seek employment or educational opportunities. One factor which might attract migrants, is the Malaysian health policy and regulations, which offer better facilities compared to the home countries of certain non-citizens. Since independence, the Malaysian health policy and regulations have successfully made healthcare available to the vast majority of the population, including non-citizens, who are covered by insurance that assures them access to an extensive network of government and private health centres.

Several studies in various countries have explored HRQoL among non-citizens, with some comparing non-citizens' HRQoL with citizens living in the same respective areas. Most of these studies have found evidence that citizens have better HRQoL than non-citizens,¹³ though some studies have found no differences in some aspects of HRQoL between citizens and non-citizens.¹⁸ A study in Spain found that non-citizens have a lower HRQoL than the native Spanish population due to financial stress, absence of proper social support, and psychological distress.¹ By comparison with Swedish citizens, Iranian migrants were reported to have lower HRQoL.⁶ In Germany, women's quality of sleep was reportedly worse among non-citizens compared to citizens.⁷ On the other hand, a study surveying the HRQoL of 253 Iraqi migrants living in Malaysia found a moderate HRQoL, similar to the HRQoL of Malaysian citizens.⁸ Similarly, a study in the United States found that the mental component of HRQoL for a group of Mexicans was similar to that for native population.⁹

Gender disparities in HRQoL have received much attention in past literature, with women mostly reported as having lower HRQoL than men.¹⁰ A study in Brazil investigating the HRQoL of 2,052 respondents aged 60 years and older found gendered differences in QoL.¹¹ A recent study in Italy regarding 200 non-citizens' HRQoL concluded that different factors determine

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United States showed that non-citizen Mexicans living in the colonies on the Texas-Mexico border have a similar quality of mental health to their native, local citizen counterparts. Therefore, our results provide new evidence that non-citizens might have similar, or even better HRQoL compared to citizens. In the case of Malaysia, this could be related to the fact that immigrant workers and foreign students undergo a required health examination process before being allowed to enter Malaysia, meaning that non-citizens have generally better health than the population of Malaysian citizens. This statement however, is just a conjecture, and further study is needed to prove it.

Conclusion

A number of policy implications can be derived from this study. First, HRQoL levels for the eight domains are rather moderate on the whole, and we believe they could be lifted higher through relevant measures that could be taken or implemented by the Ministry of Health Malaysia. In implementing these relevant measures, focus should be placed on improving HRQoL in the aspect of bodily pain and vitality. Second, the better reported HRQoL of non-citizens over citizens might suggest that health screening process that they have gone through before being allowed to work or study in Malaysia leads to better HRQoL among non-citizens. Thus, it might be a good policy to conduct periodic health screening of citizens, providing them with appropriate medical treatment when necessary. Moreover, measures should be taken to eliminate the disparity in HRQoL between genders for both citizens and non-citizens. Taking an example of inactive lifestyle, a new working policy that encourages more active lifestyle among female workers can be achieved through diversification of tasks and duties. Other measures including encouragement and incentive for involvement in physical activities could also be considered.

It is important to mention that the findings of this study come with limitations. Since the goal of the study is to assess the average HRQoL of four different groups, i.e., males, females, citizens and non-citizens, the results should not be used to say that gender or citizenship is a factor determining the level of HRQoL. There must be other factors associated with the outcomes of this study that require further investigation for a more conclusive explanation. It is also important to remind readers that HRQoL is a self-rated health status by the respondents. It might not be able to accurately measure the actual health status of the respondents.

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