

REVIEW ARTICLE

Poverty and Depression among the Urban Poor in Malaysia: A Narrative Review

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ABSTRACT

Malaysia has made significant progress in lowering poverty and improving most Malaysians' living standards. Nevertheless, inequality is growing due to rapid urbanisation, particularly among low-income and poor urban families. Urbanisation and poverty have always been associated with detrimental effects on the mental health of the urban population. Hence, the review's objective was to provide an overview of depression among the urban poor in Malaysia based on the most recent research. Approximately 23.9 to 57.8% of poor urban people in Malaysia were depressed. Household income, stressful events, younger age, loneliness, chronic health conditions, a lack of assets, and non-Malay ethnicity have all been linked to depression among Malaysia's urban poor. Hence, the study revealed that depression is prevalent among Malaysia's urban poor. There is an immediate need to address mental health issues among Malaysia's urban poor.

Keywords: Depression; Poverty; B40, Low-income; Urbanization; Malaysia

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adults over 16 in Malaysia was 29% (2,5,6), which is expected to rise. By 2020, mental illness is expected to be the second most common health problem after heart disease (2,7).

INTRODUCTION

The global trend of mental health disorders, including depression, has been increasing yearly, as has the trend in Malaysia, making it a significant public health issue. To address the problem, the United Nations' Sustainable Development Goal (SDG) has prioritised mental health issues in its plan to transform the world by 2030 (1,2). The World Health Organization (WHO) defines mental health as a state of well-being in which an individual recognises their abilities to cope with the level of stress in life, which can be productively and fruitfully used to contribute to their community. Nearly 1 billion people are estimated to suffer from mental disorders, with Malaysia having the highest percentage of mental disorders among Southeast Asian countries (3). Depression, anxiety, suicidal behaviour, substance abuse disorders, and post-traumatic disorders are Asia-Pacific's top five mental health issues. In terms of depression, the prevalence of depression was 16.5 % in China, 17.5 % in Malaysia, 19.4 % in Korea, 19.9 % in Taiwan, and 21.0% in Thailand across several Asia-Pacific regions (4). According to the most recent National Health Morbidity Survey (NHMS) published in 2015, the prevalence of mental disorders among

One of the main goals of the SDGs is to reduce poverty in most developing countries worldwide. This is due to numerous studies indicating that deprivation can lead to health issues, such as mental health illnesses. Poor mental health significantly impacts individuals in many aspects, including low educational achievement and work productivity, poor community cohesion, high levels of physical ill health, and premature mortality, among other things (8). Since its independence in 1957, Malaysia's robust economy has resulted in rapid urbanisation, successfully eradicating poverty and improving the overall quality of life among the poor (1). Despite this, Malaysia's rapid urbanisation has divided society into income groups, namely the bottom 40 (B40), the upper and middle class (M40), and the high-income achievers (T20). Currently, Malaysia is still dealing with issues of absolute poverty, relative poverty, pockets of persistent poverty, traditional rural and urban poverty, and increasing inequalities (9,10). Evidence shows that inequality is rising in the country, particularly among the urban poor and low-income families living in urban squatters and low-cost high-rise flats (11).

One of the significant concerns about urbanisation and poverty is their negative impact on the mental

health of the urban population, particularly the urban poor (12). Many previous studies have found that people born and raised in cities are more likely to develop mental disorders (13). Several factors, including low socioeconomic status, low social capital, higher rates of pollution, and physical threats such as violence and crime, contributed to the development of psychological consequences among the urban population compared to the rural population (8,12). Because Malaysia's poverty has historically been primarily rural, information about the urban poor remains limited. Therefore, research on urban poverty in Malaysia is critical, particularly on its characteristics, determinants, and impact on mental health (8,12,14,15). Thus, the review aimed to provide a current, literature-based overview of mental health issues, specifically depression, among Malaysia's urban poor. It explores the prevalence of depression among the urban poor and identifies contributing factors and challenges in implementing mental health programs based on existing research.

METHODOLOGY

Search Strategies

Google Scholar was used to find relevant studies. The search was restricted to English-language articles. All relevant articles were synthesised to collect information on the prevalence of depression and the factors associated with it among Malaysia's urban poor, as well as issues and recommendations for improvement from the literature.

The following search terms were used to conduct an exhaustive search of the Google Scholar database for relevant articles. Only articles published between January 2016 and June 2022 were included in the narrative review. A comprehensive search was carried out on the database using the search terms "depression," "poverty," "urban poor," "low income," "B40," and "Malaysia" to identify pertinent articles.

After that, free full-text articles were downloaded, and duplicates were removed. The remaining references were then entered into the Mendeley software, allowing the screening and data extraction processes to continue.

Selection of Studies

A preliminary screening of all retrieved articles based on titles and abstracts was performed. The study retrieved pertinent findings from the included publications and evaluated them in alignment with the aforementioned research objectives. The results were organized and tabulated based on study setting, respondent characteristics, the prevalence of depression, and associated factors.

RESULTS

Search Findings

Following the title and abstract filter, 18 publications were chosen due to the availability of the required data and meeting the search objectives. The 18 publications included in the review were further

Table 1 : Prevalence of Depression and Associated Factors Among Malaysia's Urban Poor

Setting	Respondents Characteristics	Study's Tool	Prevalence of Depression	Associated Factors	References
Low-cost housing (Flat Hang Tuah and Flat Sri Selangor) in Kuala Lumpur	102 respondents, aged between 15 – 65 years old. 61.8% have a household income of ≤ RM1000	DASS-21	57.8% of the respondents have depression	• Household income	(3)
Six urban communities in the state of Penang	326 participants within the age group of 31 – 60 years old.	DASS-21	23.9% reported having depressive symptoms	• Stress	(12)
Low-cost housing apartments in the Federal Territory of Kuala Lumpur	178 participants (87 men, 91 women)	The Beck Depression Inventory-II)	-	• Loneliness • Stressful life events	(20)
Petaling district in Selangor	432 respondents, ≥18 years with monthly household income of ≤RM6960 (70.4% had household income of ≤RM3700)	The PHQ-9	Mild to severe depression was detected in 29.6%	• Younger age • Chronic health conditions • Lack of assets	(9)
Pahang state	128 participants from low-income households (B40)	DASS-21	40% of the respondents had severe depression	-	(19)
Residents of low-cost high-rise flats of Seri Pantai PPR, Kuala Lumpur	248 participants aged 18-60 years old in the low-income community	DASS-21	24.2% of the participants reported having depression	• Non-Malay ethnicity • Younger age	(5)

synthesised and described in the following subchapter:

- Overview of Poverty and Urban Poverty in Malaysia
- Impact of Poverty on the Urban Poor's Mental Health in Malaysia

Subsequently, six articles from the 18 publications were further examined, emphasising the following 'Depression and Associated Factors among the Urban Poor in Malaysia'. The research findings are compiled from the literature and presented in Table I.

Overview of Poverty and Urban Poverty in Malaysia

Poverty is a multifaceted phenomenon that influences many human and social behaviour aspects. Poverty is a lack of food, clothing, shelter, and other necessities for physical well-being (14,16). Individuals classified as poor by the World Bank (2005) are those whose income falls below the minimum level of basic human needs (15). According to a study by Bank Negara Malaysia (BNM), a single adult in Klang Valley may earn at least RM 2700 per month in 2016 to live a decent life, while a married couple with two children requires approximately RM 6502 (17). According to the Jabatan Perumahan Negara (JPN) data, 65.8% of Program Perumahan Rakyat (PPR) households in Malaysia earn less than RM 2000.

The poverty line income (PLI), the measure of absolute poverty in Malaysia, is the lowest amount necessary to provide necessities for a typical household. It acts as a reference point for calculating the quantity and proportion of people or families that live below the poverty line. The government and policymakers use the poverty line income as a crucial indicator to determine poverty's severity and develop efficient methods for reducing it. The PLI is calculated using the gross monthly household income required to meet basic needs such as food and non-food items (18). A household is categorized as absolutely poor if its gross income falls below the PLI, and it is classified as hardcore poor if its gross income is less than half of the PLI. The Malaysian PLI ranged from RM 908 to RM 2208 in 2020, representing the minimum monthly income sufficient to meet a household's basic needs (14).

In addition, the Malaysian government utilises income categories B40, M40, and T20 further to describe the various household groups (16,19). According to the Department of Statistics Malaysia (DOSM), a B40 household has a monthly income of less than RM 4360, an M40 family has a monthly income between RM 4360 and RM 9619, and a T20 household has a monthly income that exceeds RM 9619. Consequently, the B40 has the lowest group earnings, making it the lowest class of Malaysian families. This group consists of the most impoverished households. There are approximately 2.7 million households in

B40, with 68% bumiputras and 32% non-bumiputras, of which 44% reside in rural areas and 56% in urban areas (10,11,15). The DOSM has released the following monthly household income reports for the year 2020:

- The median monthly household gross income value decreased by 11.3% in 2020 (RM 5209) compared to 2019 (RM5873).
- 20% of M40 households have shifted to the B40 group.
- 12.8% of households in the T20 group have switched to the M40 group.
- The number of poor households increased to 639.8 thousand households in 2020 as compared to 405.4 thousand in 2019. The incidence of absolute poverty also rose from 5.6% to 8.4%.
- Sabah had the highest rate of absolute poverty, at 25.3%, followed by Kelantan (21.2%) and Terengganu (12.0%).

In recent years, urban poverty has become more apparent because of urbanisation (15). Following the migration of people from rural to urban areas in search of a better quality of life, urbanisation has led to the growth of the urban population. In 2018, 76.04% of Malaysia's population was estimated to reside in urban areas (12). Providing adequate services and infrastructure, employment opportunities, and housing for urban residents is made difficult by a significant increase in the urban population, which poses severe challenges to the local government. It has been demonstrated that social stress processing in the urban environment is primarily mediated by poverty; thus, rapid urbanisation may increase the vulnerability of low-income urban residents (5).

Impact of Poverty on the Urban Poor's Mental Health in Malaysia

Socioeconomic difficulties, health issues, and food insecurity remain the most significant issues faced by the B40 income group (10). Low socioeconomic status is associated with a higher prevalence of mental health problems among the urban poor and affects their living conditions, surrounding environment, and educational attainment (3). Numerous studies have established a connection between low income and the onset of mental health issues (9,10,14). A stress response pathway may play a role in developing mental health issues such as depression and anxiety in low-income individuals (5).

A meta-analysis revealed that people from low-income families are 80 % more likely to suffer from depression. The group is also susceptible to workplace bullying, resulting in psychological distress and other mental health issues (10), affecting their work performance. Poor living conditions, such as high-density areas, overcrowded spaces, and a lack of sanitation, contribute to additional health issues, including non-

communicable diseases like obesity and diabetes (10) and communicable diseases (17).

Depression and anxiety are more prevalent in urban than rural populations (5). The likelihood of having a mood disorder or anxiety disorder is nearly 1.4 and 1.2 times more significant in the urban population, respectively (12). Several risk factors, such as stressful life events, material hardship, low socioeconomic status, low education, work problems, and low self-esteem, contribute to the development and progression of depression in the community (4,19).

DISCUSSION

Is Depression a Significant Problem Among Malaysia's Urban Poor?

According to the findings of the review, the prevalence of depression among the urban poor in Malaysia varies between 23.9% and 57.8%. The prevalence observed in this review is greater than the national prevalence of depression, as estimated by the most recent NHMS report (9). This proportion may be underestimated, and many cases may remain undiagnosed due to the stigma associated with mental illnesses and the lack of awareness about mental health problems among the urban poor (5). Poverty frequently precedes mental conditions such as depression, making it a significant risk factor for mental health issues (9). Groups with lower incomes and substantial financial strain are more likely to suffer from mild to severe depression. The disparity between studies on the prevalence of depression in Malaysian communities may be attributable to different instruments used to measure depression.

Factors Associated with Depression Among Malaysia's Urban Poor

The factors associated with the onset of depression among the urban poor in Malaysia are household income, stressful events, younger age, loneliness, chronic health conditions, a lack of assets, and non-Malay ethnicity. A household income below the PLI is associated with a higher prevalence of depression among urban residents due to the financial constraints experienced by this population, contributing to stress from living in urban areas. Young urban poor individuals under 30 are more likely to exhibit depressive symptoms due to their exposure to stressful events and the rising cost of living (9). This is attributed to juggling being a student or worker and having a personal life with the increasing cost of living. As poverty is also linked to poor chronic illness management, poor urban individuals with chronic health conditions such as diabetes are more likely to develop depression. The review found that non-Malays, the Indian ethnic group, are more inclined towards developing depression, consistent with the National Health and Morbidity Survey (NHMS), which reported a higher prevalence of depression among

Indians (5).

Concerns and Obstacles Regarding the Mental Health of Urban Poor

According to the 2017 WHO Mental Health Atlas, countries with a high to middle income spend a median of 2.4% of their health budget on mental health. In 2017 and 2018, the Malaysian Ministry of Health allocated only 1.3% of its budget to mental health (6). Currently, the mental health services in Malaysia are not tailored to specific vulnerable groups, such as the urban poor, because the budget allocation for mental health is relatively small despite Malaysia's increasing trend in the disease burden. This factor contributed to the high number of calls received by the MOH's psychosocial hotline; 53.3% of requests for emotional support related to psychology, 12.6% to COVID-19-related inquiries, 4.6% to domestic issues, 4.98% to financial assistance, and 2.7% to domestic violence. In addition, the number of psychiatrists in Malaysia is significantly lower than the WHO recommendation of one psychiatrist per 10,000 people (21). Consequently, access to mental health services remains limited in some areas of Malaysia due to a severe psychiatric shortage.

CONCLUSION AND RECOMMENDATION

According to the review, the urban poor in Malaysia have a high prevalence of depression. Addressing the underlying causes of poor urban mental health disorders is critical for dealing with burdensome issues. Although the current government acknowledges mental health issues by allocating more funds for this purpose in the 2021 budget, more emphasis on mental healthcare among the urban poor is required to maintain the spirit of providing universal healthcare for the benefit of all Malaysians. Urban populations with mental health issues require rapid, coordinated, high-quality, and multidisciplinary services to ensure adequate assessment, treatment, and support.

Recommendation

1. There is a need to revise Malaysia's definition of poverty, particularly the distinction between rural and urban poor. Collaboration among relevant stakeholders is required to combat poverty, as stated in SDG 2030, as this may aid in addressing other social determinants of health affecting the urban poor, such as education, job security, higher income, and access to health services.
2. Given the high prevalence of mental health disorders among Malaysia's urban poor, there is an urgent need to investigate mental health service delivery, including early identification, diagnosis, treatment, and referral.
3. More rigorous research is needed to estimate the prevalence of mental health problems among Malaysia's urban poor and address the barriers

preventing people from using mental health services in Malaysia.

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