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EMPOWERING SINGLE MOTHERS IN SELANGOR: A COMMUNITY-BASED INTERVENTION PROGRAMME

BY

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A dissertation submitted in fulfilment of the requirement for the degree of Master of Human Sciences (Psychology)

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International Islamic University Malaysia

AUGUST 2017

ABSTRACT

This study aims at developing a community-based intervention programme for single mothers in Selangor using a health empowerment model to examine its effectiveness. The programme focused on three areas namely building personal resources, recognising social contextual resources and utilising social services. It was a five-week intervention programme with 2.5 hours per session. Using a non-randomised experimental design, 12 single mothers made up the intervention group while eight single mothers served as the control group (Group). The effectiveness of this intervention programme was assessed using five well-being measures – mental health, self-efficacy, community engagement, social support and religiosity – through self-report questionnaires that were administered before and after the intervention programme (Time). For the intervention group, an interview was conducted to provide additional information on the effectiveness of the programme. A 2 x 2 analysis of variance (ANOVA) was used with Time as the within subject factor and Group as the between-subject variable. Results show significant main effect of Time for self-efficacy, community engagement, social support and religiosity. Most importantly, the result revealed significant Group x Time interaction for self-efficacy. The participants in the intervention group reported a significant change in scores of self-efficacy after the intervention programme compared to the control group. The data obtained from the interviews further substantiated the quantitative results. The implications of this study were discussed.

ملخص البحث

تهدف هذه الدراسة إلى تطوير برنامج التدخل المجتمعي للأمهات العازبات في ولاية سيلانجور؛ وذلك باستخدام نموذج التمكين الصحي وفحص مدى فاعليته. وقد ارتكزت دراسة هذا البرنامج على ثلاثة محاور رئيسة ألا وهي بناء الموارد الشخصية، والتعرف إلى الموارد الاجتماعية السياقية، والاستفادة من الخدمات الاجتماعية. وقد امتد برنامج دراسة التدخل القضائي إلى خمسة أسابيع حيث خصصت ساعتان ونصف لكل جلسة. ولبلوغ الغرض المذكور اعتمدت الدراسة منهج البحث التجريبي الغير عشوائي، واشتملت عينة الدراسة على ١٢ من الأمهات العازبات بوصفهن مجموعة مستقلة بينما استخدمت ٨ أخريات بوصفهن مجموعة ضابطة (المجموعة). وقد قُيمت فاعلية هذا البرنامج باستخدام ٥ قياسات جيدة، وهي: الصحة العقيلة، والكفاءة الذاتية، والمشاركة المجتمعية، والدعم الاجتماعي، والتدين من خلال استبانات التقرير الذاتي التي تُعطى قبل برنامج التدخل القضائي وبعده (التوقيت الزمني). ومن أجل الحصول على معلومات إضافية لإثبات فاعلية البرنامج أجريت بعض المقابلات الشخصية مع أفراد المجموعة المستقلة إذ تم استخدام تحليل التباين الثنائي (ANOVA) مع أخذ الزمن بوصفه عاملا داخل المواضيع وأخذ المجموعة كمتغير بين المواضيع. وفي ضوء ذلك، أظهرت النتائج تأثيرا رئيسا وكبيرا للزمن في ما يختص بالكفاءة الذاتية والمشاركة المجتمعية المحلية والدعم الاجتماعي. كما أظهرت الدراسة حدوث تغيرات مهمة في الكفاءة الذاتية بناء على التفاعل بين المجموعة والوقت. وأظهرت المشاركات في مجموعة المتغير المستقل تغيرا كبيرا في درجة الكفاءة الذاتية بعد البرنامج مقارنة مع درجة الكفاءة عند مجموعة التحكم الضابطة. كما أثبتت البيانات التي تم الحصول عليها من المقابلات الشخصية مزيدا من النتائج الكمية. وأخيرا، تمت مناقشة الآثار المترتبة على هذه الدراسة.

APPROVAL PAGE

I certify that I have supervised and read this study and that in my opinion; it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Master of Human Sciences (Psychology).

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……..……..
Mohammad Abdul Quayum Abdus Salam
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DECLARATION

I hereby declare that this dissertation is the result of my own investigation, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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This dissertation is dedicated to my beloved parents

ACKNOWLEDGEMENTS

The utmost gratitude to My Lord O Allah for putting me in the path of knowledge, giving me the faith and the strength to complete what I have started, and for providing me with resources to succeed. May the effort of preparing this dissertation to be blessed and acknowledged by the All Mighty.

May Allah give an immense reward to my strong supporter Nurul Aiman Mohamed for all the sacrifices she had made and continuously making in motivating me not to lower my standard and striving to become the best version of myself. May Allah grant great reward to my fellow friends who set the bar high in mastering new knowledge.

May Allah bless the souls of my parents Nurlaili Ghazali and Omar Jantan for their prayers and trust in me. May the same blessing be showered to all my siblings who have tolerated my actions and behaviours in the effort of completing this work.

To my respectable supervisor Prof Noraini Mohd. Noor and Co-Supervisor, Dr. Azlin Alwi, may Allah grant both of you the highest level of Jannah for the guidance, patience, hope and believe in me as a student of knowledge.

To all my lecturers and friends in the Department of Psychology, May Allah bless you for the time you spend in the path of knowledge. May all of us be among those who are not only learning but also practising what we have learned.

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CHAPTER ONE

INTRODUCTION

1.0 AN OVERVIEW

This chapter presents an overall overview of the study. It outlines the issues, aims, and rationale of the current research. The terms single-parent households and single-parent families would be used interchangeably as the percentage of families living with one parent only was mostly obtained through the number of households. The Health Empowerment Model discussed serves as the framework for this research. Lastly, several concepts are introduced and operationalized.

1.1 BACKGROUND OF THE STUDY

The family institution is changing. This change can be observed through the rate of marriage, marriage dissolution, cohabitation and non-marital childbearing (Longman, Corcuera, Derosa, Cirac, Salazar, Aravena, & Torralba, 2011). In terms of marriage, Asia and the Middle East have high rates of marriage, followed by countries such as Canada, Germany, United States and Poland, while Latin America and Africa have the lowest. When it comes to marriage dissolution, the United States has the highest divorce rate. Cohabitation, is when unmarried couples live together, is more common in the U.S. compared to other countries. In Asia, countries like Malaysia, China, Indonesia, Taiwan, South Korea and Japan, the percentage of cohabitation is less than two percent. Moreover, the non-marital childbearing rate is increasing in North American and Oceania countries, with the United States and New Zealand leading the numbers. All of these gave rise to single parenthood. In terms of single-parent

families, South Africa has the highest rate of single-parent households (i.e., 58% of children are not living in the two-parent households), followed by Colombia (33%) and the United States (29%). In the European Union alone, about 19% of the households is headed by single-parent (Heina, 2016). It is estimated that this rise of single-parent families will continue to increase in the next twenty years from now (OECD, 2011) of which most of them will be headed by mothers (UN, 2015).

In Malaysia, the percentage of two-parent families had declined from 65.4 percent in 2000 to 62.8 percent in 2010 (Department of Statistic Malaysia, 2013). Statistically, single-parent household has increased from 7.1 percent to 8.3 percent (Department of Statistic Malaysia, 2014). Within the given years, the numbers of single mothers were also reported to have increased from 130,249 to 235,240 (KPWKM, 2014). In 2010 alone, statistical data showed that the percentage of women who were widowed or divorced or permanently separated was higher (i.e., 8.4%) compared to men (i.e., 2.4%) (Department of Statistic Malaysia, 2011). It can be implied that single-parent in Malaysia is most likely to be mothers.

Marriage dissolution is also on the rise. Meanwhile, from 2000 to 2010, the divorce rate escalated from 0.13 to 0.22 percent and most of the cases were filed by Muslim couples (Nasiruddin, 2012). The rate of divorce continues to increase rapidly where 156 divorced cases were filed in a day from 2011 to 2014, representing six cases filed per hour (Ahmad & Ariffin, 2016). Although Malaysia is seen to have low percentage of single-parent families among other Asian countries, information obtained from statistical data suggests that the growth of single-parent household and single mothers seems to have increased.

The Ministry of Women, Family and Community Development, (MWFCD) postulated three distinctive categories for single mothers as follows: a) women who

are divorced or widowed or permanently separated from their husbands with dependent children in the same household, b) mothers who are sole providers for the family, supporting husband due to health issues along with dependent children, and c) unmarried women with dependent children either adopted or out of wedlock (Department of Women, Family and Community Development, 2015; Eva Lai, 2015). They may also be: a) divorced or widowed or abandoned, b) in a polygamous marriage, women were the sole income providers of the household, c) legally married but separated from their husbands, d) legally married and are the main income providers of the household, e) unmarried mothers with dependent children, and f) having custody of someone else's children (UNDP, 2007). Generally, the notion of a single mother refers to a woman regardless of age with a dependent child and/or the main care-taker of their families.

1.2 STATEMENT OF THE PROBLEM

Past studies have shown that single mothers are continuously exposed to psychological distress, making them highly susceptible to suffer multiple health problems (Avinson, Ali & Walters, 2007; Berkman, Zheng, Glymour, Avendano, Supan & Sabbath, 2015; Franz & Lensche, 2003) besides poverty (Abd Ghani & Abd Aziz, 2013; Cancian & Reed, 2009; Picklesimer, 2015). They are often associated with mood disorders such as depression (Cairney, Boyle, Offord, & Racine, 2003; Caragata & Liegghio, 2013; Whitley, Fuller-Thompson, & Brennenstuhl, 2015), anxiety (Subramaniam, Prasad, Abdin, Vaingankar, & Chong, 2014; Wade, Veldhuizen & Cairney, 2011) and other psychological problems that later results in low self-esteem (Burkem McIntosh, & Gridley, 2009). They also have to withstand the social stigma of being labelled as having dysfunctional families (Abdullah, n.d.;

Dora & Abd Halim, 2011; Isahak, Selvaratnam, & Idris, 2009). Although the adverse impact of single parenting on children's well-being is inconclusive (Chapple, 2009), a review of literature revealed that children living in single-parent families are highly likely to live in poverty, display delinquency behaviors (Dora & Abd Halim, 2011) and susceptible to psychological problems (Mack & Leiber, 2005; Bogenschnieder, Kaplan, & Morgan, 1993). Hence, these circumstances are jeopardizing not only the well-being of single mothers, but putting their children at risks of experiencing poor upbringing.

Despite the challenges faced by single mothers, the initiatives to support them seem very limited (Rahman, 2011). Studies in the past demonstrated that most of the intervention programmes focused on income-generating skills (see Idris & Selvaratnam, 2012; Buang, Suryandari, Ahmad, Bakar, Jusoh, & Azman, 2015), only a few utilized individual skills and knowledge as means to empower them (Rahman, 2011). Single mothers need to be resourceful to surmount to their challenges by focusing on building personal strength and social support (Nansook, Christopher, Martin, Selingman, 2004; Wood, Linley, Maltby, Kashdan & Hurling; 2011; Shearer, Fleury and Belyea, 2010). Thus, a more comprehensive approach is crucial (Murray, Bynum, Brody, Willert, & Stephens, 2001). Without intervention that addresses psychosocial components, these single mothers might continue to rely heavily on governmental aid for their living. Therefore, there is a paucity in developing an empowerment-based intervention programme for single mothers that can enhance their well-being beyond socio-economic development.

Additionally, most of the intervention programmes developed had inadequate information on tools used to assess their effectiveness. Specifically in Malaysia, most often than not, the effectiveness of the intervention was based on the self-report data

obtained from the participants (Rahman, 2010), the individual income level generated (Omar, Rindam, & Mohamad Nor, 2012; KPWKM, 2014), and the secondary data (Buang et. al. 2015). The insufficient information may pose a threat to the credibility of the invention and may be insignificant to carry out. As an effective intervention also has to be culturally relevant to the designated environment (Fraser & Galinsky, 2010), a systematic method used in assessing any intervention is crucial. Therefore, this study developed and evaluated a community-based intervention programme using a health empowerment approach to increase the well-being of single mothers in Selangor.

1.3 PURPOSE OF THE STUDY

This study aimed at developing a community-based intervention programme using a health empowerment model to evaluate its effectiveness in improving the well-being of single mothers in Selangor.

1.4 RESEARCH OBJECTIVES

1. To develop a community-based intervention programme using a health empowerment approach to increase the well-being of single mothers in Selangor.
2. To examine the effectiveness of this community-based intervention programme among single mothers in Selangor by comparing those who went through the programme and those who did not.

1.5 RESEARCH QUESTIONS

1. Does a community-based intervention programme using a health empowerment approach help to increase the well-being of the Single Mothers in Selangor?
2. Is this community-based intervention programme effective in improving the well-being among single mothers who undergo the programme compared to those who do not?

1.6 THEORETICAL FRAMEWORK

This study utilised the Health Empowerment Intervention (HEI) framework by Shearer, Fleury and Belyea (2010). As illustrated in Figure 1.1, this framework explained the relational process towards well-being, which consists of three elements, namely personal resources, social contextual resources and building social service utilization (Box 1, extreme left-hand side of Figure 1.1). The personal resources refer to building and reinforcing individual strength. The element of social contextual resources encourages individuals to recognize the social resources around them that promote problem solving and connection with social network. The last element in building social services utilization entails education and recognition of resources provided by social services and promotion of problem solving from the available resources. According to this framework, these three elements promote personal growth (i.e., individuals realize their own potentials), self-acceptance (i.e., have better understanding of self and being optimistic about it), purpose in life (i.e., have meaning of life), social support (i.e., relate better with others) and utilisation of social services (i.e., effectively use resources within their community) which result in self-improvement. This self-improvement becomes the components to health

empowerment, as it would result in attainment of desired health goals. Individuals become more aware of resources available, able to make their own choices, and voluntarily and/or actively involve in attaining their goals that reflect a purposeful participation in goal attainment. Ultimately, the outcome of this whole process contributes to individual well-being. In this framework, health empowerment and purposeful participation served as mediators to facilitate the attainment of the well-being (the right-hand side of Figure 1.1). However, this present study did not look at mediating factors of health empowerment and purposeful participation in goal attainment (the middle two boxes in the figure), instead it focused more on a direct effect of personal resources, and recognition of social resources and utilisation of the social services for the well-being of single mothers. The three elements served as key components in the health empowerment intervention. Accordingly, the present study used various strategies to promote personal resources by providing single mothers with the knowledge and skills in the development of children and women, communication, parenting, self-efficacy, mental health, and the meaning of life. The elements of social contextual resources and utilization of social services are encouraged through knowledge and skills in community engagement and social support. These topics were selected based on past studies, which were extrapolated in the next chapter under the development of intervention programme. By that, the well-being measures became the intended health outcome in the present study. Well-being was measured based on outcomes variables such as mental health, self-efficacy, community engagement, social support and religiosity (See Figure 1.2).

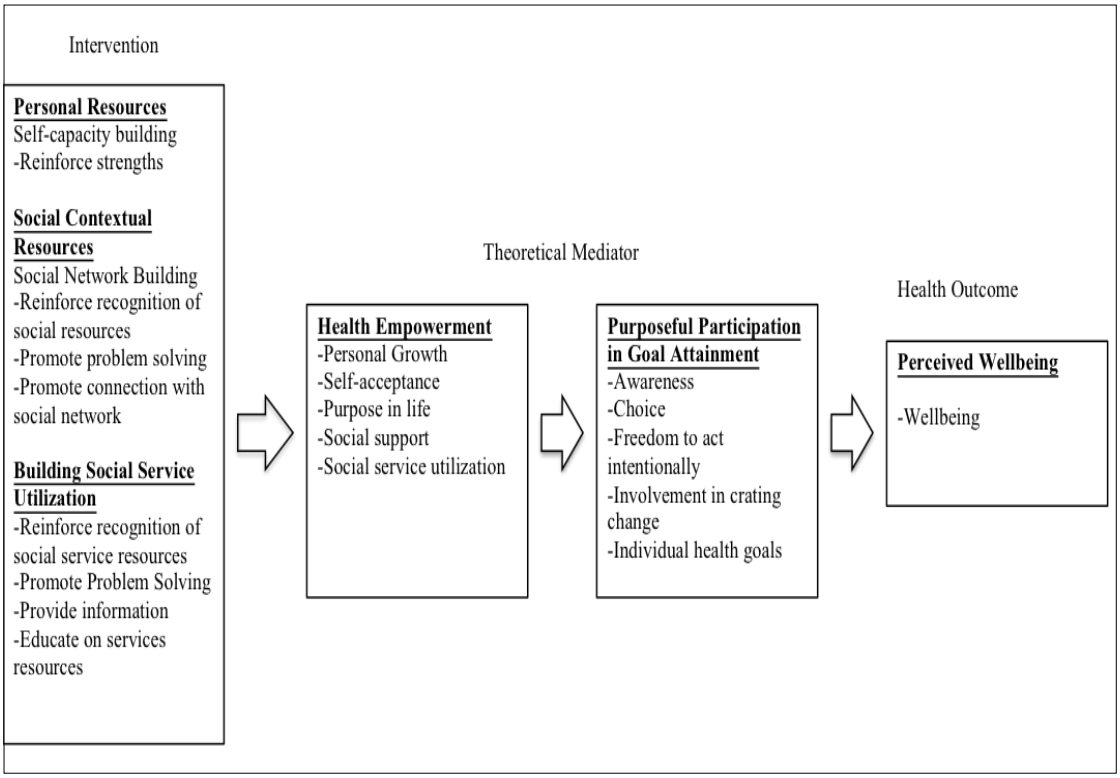

Figure 1.1 Health Empowerment Model by Shearer, Fleury and Belyea (2010)

Health Empowerment Intervention

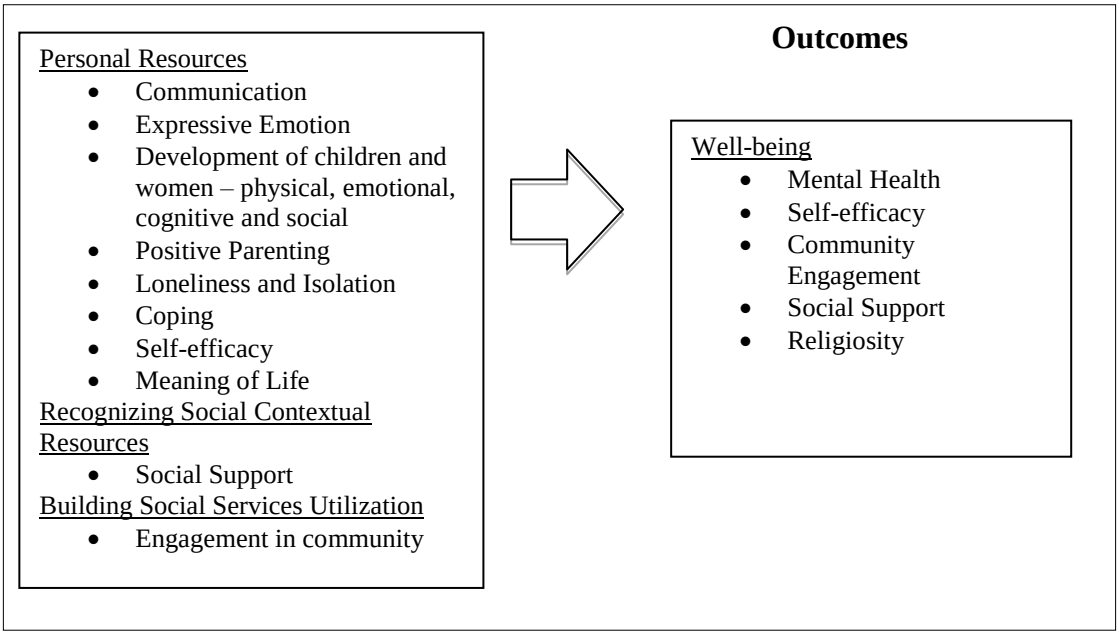

Figure 1.2 The Conceptual Model of Health Empowerment for the Intervention Programme for Single Mothers.

1.7 RESEARCH HYPOTHESES

After the development of the intervention programme, the following hypotheses were used to test the effectiveness of the programme. These hypotheses are as follows:

H1 Single mothers who went through the community-based intervention programme would report a higher level of mental health, self-efficacy, community engagement, social support and religiosity compared to those who did not go through the intervention programme.

H2 Single mothers who underwent the community-based intervention programme would report a higher level of mental health, self-efficacy, community engagement, social support and religiosity over time compared to those who did not undergo the intervention programme.

1.8 SIGNIFICANCE OF THE STUDY

This study is importance for two reasons. Firstly, it provides empirical support to the used health empowerment approach in developing an intervention programme for single mothers in Selangor. Although there were a few studies that focused on empowering single mothers (Abd Hamid, & Salleh, 2013; Abd Ghani, Ibrahim, Abd Aziz, & Mahfar, 2015), most of them mainly focused on socio-economic empowerment programmes (Buang, Suryandari, Ahmad, Bakar, Jusoh, & Azman, 2015; Omar, Rindam, & Mohamad Nor, 2012; Sa'at & Embong, 2015). There are still needs to investigate the health components enhance the well-being of single mothers.

Secondly, this study provides a potential guideline for assessing the efficacy of the intervention programme. Effective interventions do not only need to be culturally relevant but also need to be measured and replicated (Fraser & Galinsky, 2010), so that its effectiveness can be monitored and scrutinised (Abd. Rashid, Hussin & Tubah,

2006). Even so, the past studies that focused on the programme for single mothers in Malaysia provided little information on the method used to examine its effectiveness (Idris & Selvaratnam, 2012; Sa'at & Embong, 2015; Rahman, 2011). Hence, the intervention research that provides an empirical method to examine its effectiveness is crucial. Additionally, result yielded from this study would be beneficial in setting a framework that can help in the planning of an intervention programme for single mothers.

1.9 DEFINITION OF TERMS

In this present study, well-being was assessed using five outcome measures:

1. Mental Health
    a. Conceptual Definition

        Mental health connotes the condition where individuals recognize their abilities, can deal with stresses in life effectively, and work and contribute to others productively (WHO, 2014).

    b. Operational Definition

        Three items from the General Health Questionnaire GHQ-28

        (Goldberg & Hillier, 1979) and two newly developed items adapted from relevant scales were used to measure mental health.

2. Self-Efficacy
    a. Conceptual definition

        Self-efficacy refers to individual capacity in achieving desired outcome (Bandura, 1982).

b. Operational definition

Seven items from the General Self-Efficacy Scale (GSE) (Ralf Schwarzer & Matthias Jerusalem, 1995) were used to measure perceived self-efficacy.

3. Community Engagement

a. Conceptual definition

Community engagement is a dynamic relationship where community members exchange resources, ideas and information with those of similar interest or characteristic (Morgan & Lifeshay, 2006)

b. Operational definition

Six items adapted from various scales were used to measure community engagement.

4. Social Support

a. Conceptual definition

Social support relates to a social network available that helps to provide psychological, physical and financial supports. This network consists of family, friends, neighborhood and community (Tucker & Kelly, 2009).

b. Operational definition

Social support was measured using four items adapted from relevant support scales.

5. Religiosity

a. Conceptual definition

Religiosity refers to a multi-dimensional aspect that includes daily spiritual experiences, religious beliefs, values, practices, support, preference and commitment (Fetzer Institute, 1999)

b. Operational definition

Religiosity was measured using two items adapted from relevant support scales.

1.10 SUMMARY

This chapter has presented an overview of the study, the health empowerment model as our framework, the significant of conducting it and the research questions that need to be addressed. At the end of this chapter, definitions of variables used in this study were provided. This includes reviews of policies and discussion on the development of the intervention programmes and evidence-based interventions conducted on single mothers.