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Socioeconomic Disparities in Malaysia During the Covid-19 Pandemic: An Exploratory Study

Jurang Sosioekonomi di Malaysia Semasa Pandemik Covid-19: Kajian Penerokaan

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ABSTRACT

COVID-19 has shocked the world with an overwhelming number of people infected by it. Without a doubt, Malaysia is no exception to this pandemic chaos. Within weeks, Malaysia made the top of the list in Southeast Asia with the most confirmed COVID-19 cases. As a consequence, the Prime Minister had no choice but to call for a sudden Movement Controlled Order (MCO) that affected most of the workers and businesses. Therefore, this study investigated the effect of the COVID-19 pandemic on Malaysia's socioeconomic condition. We surveyed the entire Malaysian population from the age of 18 to 65 years and above, with a 516 minimum sample size. A convenience sampling technique is utilised where the respondents receive a URL link through WhatsApp group and email. According to Krejcie and Morgan, 384 was the minimum sample size for this study. This study applied Raosoft software to determine the sample size with a 95% confidence level. From the software, the sample size is estimated at 385. The result of the study proved that the COVID-19 pandemic does influence the socioeconomic status of society, as there is a significant association between the COVID-19 pandemic and socioeconomic factors. To conclude, future researchers can further explore the impact of the COVID-19 pandemic on the socioeconomic status of a population. Researchers can include other relevant socioeconomic factors with a more scattered demographic profile of respondents to achieve a more robust and unbiased result.

Keywords: COVID-19; socioeconomics; pandemic; population; Malaysia

ABSTRAK

COVID-19 telah mengejutkan dunia dengan sejumlah besar manusia yang dijangkiti olehnya. Begitu juga Malaysia merupakan Negara yang tidak terkecuali daripada kekacauan pandemik ini. Dalam beberapa minggu sahaja, Malaysia menduduki tempat teratas dalam senarai di Asia Tenggara dengan kes COVID-19 yang paling banyak direkodkan. Kesannya, Perdana Menteri tidak mempunyai pilihan selain meminta Perintah Kawalan Pergerakan (PKP) secara mengejut yang menjejaskan kebanyakan pekerja dan perniagaan. Oleh itu, kajian ini ingin menyiasat kesan pandemik COVID-19 terhadap keadaan sosioekonomi Malaysia. Kami meninjau seluruh penduduk Malaysia dari kumpulan umur 18 hingga 65 tahun ke atas, dengan 516 saiz sampel minimum. Teknik pensampelan mudah digunakan di mana responden menerima pautan URL melalui kumpulan WhatsApp dan e-mel. Menurut Krejcie dan Morgan, 384 adalah saiz sampel minimum untuk kajian ini. Kajian ini menggunakan perisian Raosoft untuk menentukan saiz sampel dengan tahap keyakinan 95%. Daripada perisian Raosoft, saiz sampel dianggarkan pada 385. Hasil kajian membuktikan pandemik COVID-19 dan faktor sosioekonomi. Kesimpulannya, penyelidik akan lihat pada masa hadapan kesan wabak COVID-19 terhadap sosioekonomi penduduk. Penyelidik boleh memasukkan faktor sosioekonomi lain yang relevan dengan profil demografi responden yang lebih konklusif untuk mencapai hasil yang lebih mantap dan tidak berat sebelah.

Kata kunci: COVID-19; sosioekonomi; pandemik; masyarakat; Malaysia

INTRODUCTION

The overwhelming number of infected people due to COVID-19 has shocked the world. In December 2019, China detected a cluster of pneumonia cases, which later became known as COVID-19, in Wuhan Province. At that time, the Chinese government was numb about it. The world population was only aware of COVID-19 somewhere in January 2020, and yet some people from Wuhan travelled to many parts of the world without any sign that COVID-19 is highly dangerous to humankind. No countries had any hint that COVID-19 would become an outbreak. The staggering spread and severity of death cases due to COVID-19 had the World Health Organization (WHO) characterise it as a pandemic on 11th March 2020. As of 6th Mac 2021, 221 countries reported a total of 116,650,230 confirmed cases and a death toll of 5,591,104, where the USA has the highest number of confirmed cases and deaths at 29,592,719 and 535,560, respectively (Worldometer, 2020). Malaysia is no exception to this pandemic chaos. Malaysia reported its first imported case of COVID-19 through the arrival of Chinese travellers on 25 January 2020. Everything was under control then, until a localised cluster began to appear in March 2020. The localised cluster was linked to the tabligh Jemaat religious gathering in Sri Petaling, and resulted in a massive rise in local cases and spread to other neighbouring countries as well. Within weeks, Malaysia made the top of the list in Southeast Asia with the most confirmed COVID-19 cases. From double-digit COVID-19 cases at the beginning of March, Malaysia breached over 2000 active cases by the end of March (Ain Umaira et al., 2020). This sudden rise of active cases prompted Prime Minister Tan Sri Muhyiddin Yassin to call for immediate action, which required the country to be in a partial lockdown, known as a Movement Controlled Order (MCO).

The MCO was put in place to mitigate COVID-19 from spreading further. The first phase initially ran from 18th March to 31st March 2020. However, the escalating rate of infection led the Prime Minister to announce more phases of the MCO from 1st April to 12th May 2020. During the MCO, all activities of administration, education and businesses were put to a halt, and only essential businesses relating to food and medical supply were permitted to operate under the MCO. Even so, starting from 4th May 2020, the Malaysian government permitted more businesses to operate with strict operating procedures (SOP). Small businesses such as hair salons, spas, and boutiques were still not allowed to resume operation until 9th June 2020. Although all businesses were allowed to open up their operation on 10th June 2020, the population started to feel the heat of the three-month MCO when a high percentage of the population lost their income and their jobs.

Presumably, the effect of COVID-19 is worse than during the 1997/1998 Asian financial crises. To support this scenario, Zubir (2020) estimated that nearly 100,000 Malaysians will be out of jobs by the end of 2020 if COVID-19 is still lurking in the environment. As a matter of fact, in early June, Choong (2020) reported that Air Asia retrenched crew members (111), pilots (172), and engineers (50). In addition, Datuk Seri Dr Mohd Uzir Mahidin from the Malaysian Statistics Department stated that 46.6% of self-employed workers lost their jobs, and 90% of those employed had reduced income (Noor Atigah, 2020). Due to this alarming situation, in early May 2020, the Conditional Movement Control Order (CMCO) replaced the MCO. Furthermore, the Malaysian Government put the Recovery Movement Control Order into effect from 10th June to 31st August 2020 to save the nation from an economic downturn. The Malaysian Government expects its quick announcement of a stimulus package can boost the economy slowly. Nonetheless, a lot of the working and business population is still hit hard socially and economically by the COVID-19 pandemic. Therefore, this study looks at how the spread of COVID-19 impacts Malaysia's socioeconomic status. The next section will discuss the factors under consideration in detail.

LITERATURE REVIEW

China recorded its first few cases of COVID-19, a severe acute respiratory syndrome coronavirus 2 (SARS-COV-2), in December 2019. At first, the Chinese officials connected the cases to wildlife trade in the main seafood market in the region and later closed it under the advice of the Wuhan Health official. Due to the rapid spread of this disease, expert teams further investigated the infectious cases in Wuhan, and they found that there was no person-to-person transmission. Since then, this disease has affected the world, and the World Health Organization declared it a pandemic worldwide. In line with the data drawn up by John Hopkins University in the USA, as of September 2020, the number of people infected by COVID-19 has now surpassed more than 32 million, where 23,727,052 have recovered, and the death toll has exceeded 900,000. A report indicates that the virus has spread to at least 211 countries, of which the United States, Brazil, and India are the most affected countries.

According to WHO (2020), when an infected person coughs and sneezes, he produces respiratory droplets that spread to others. In other words, the virus spreads through close contact among people and by touching contaminated objects and surfaces. Subsequently, touching one's face, eyes and nose can transmit the virus into the lungs. Potential early symptoms of COVID-19 are fever, cough, sore throat, flu, and shortness of breath. An infected person may develop symptoms of infection within 2-14 days, ranging from mild to severe. It can cause pneumonia, organ failure, and even death. According to Yong and Sia (2021), the COVID-19 epidemic has had a substantial effect on Malaysian society as a whole, with poor mental health outcomes and job loss emerging as the most visible results.

As evidence to the above, COVID-19 has impacted some of its victims with severe health issues and some cases have resulted in fatalities. Irfan et al. (2021) claimed that the crisis has also contributed to an increase in anxiety as a mental health problem. In their study, anxiety during COVID-19 has resulted from many aspects, such as changes in the teaching and learning mode as well as the working context, be it among the students, teachers as well as the general public. Anxiety levels may be different among individuals; it may have a low effect on some people but have serious implications on others, such as attempted selfinjury and suicidal thoughts. They further noted that besides the health concern, the pandemic had a serious adverse influence on one's economy, as one's income might be severely affected. This would also contribute to anxiety and mental health issues. It is also supported by Wong and Alias (2021) that mental illness, due to anxiety and stress, has been reported during the outbreak. Both studies strongly urge government intervention to mitigate the adverse effect of COVID-19, especially on the health issue, as well as the socio-economic aspects in general.

Household income has also been significantly impacted by the COVID-19 pandemic and it has made more people poorer. In India, the proportion of people reporting an income decline increased from 9% in late February to 45.6% in mid-April 2020 (Keelery, 2020). Some studies have also revealed that the effects of the pandemic on income are found to be heterogeneous across different individual characteristics (Adams-Prassl et al., 2020; Crossley et al., 2021).

The COVID-19 pandemic has created a sense of financial insecurity. Despite significant efforts by governments around the world to mitigate the pandemic's financial impact, a sizable proportion of respondents believe the crisis has reduced their cash savings. This is consistent with the findings of Baumann and Rosshirt (2021), who found that slightly more than a third of respondents experienced changes in their cash savings, which they attributed to the pandemic. According to their study, 19% of participants experienced a decrease

Akademika 93(2)

in savings over the previous year, compared to 15% who experienced an increase. 7% of people who experienced a COVID-related change experienced a very significant decline of 25% or more. On that scale, only 2% of respondents reported increased savings.

Looking at another aspect of socioeconomic factors, which is job security, shows more changes. The COVID-19 pandemic has resulted in unprecedented job losses. According to the Organization for Economic Cooperation and Development (OECD), the pandemic will have a direct impact on sectors of major economies' GDP (Gross Domestic Product), as well as a significant increase in unemployment rates (OECD, 2020). In addition, research in the airline industry has revealed that following the outbreak of the pandemic, the resulting travel restrictions also forced the airline industry all over the world to cut costs, and as a result, many aviation employees either lost their jobs or had to work for low pay and with job insecurity that could affect the wellbeing of these employees (Saruhan et al., 2022).

Meanwhile, a study conducted by Saboori et al. (2022) indicated that the COVID-19 pandemic has a negative impact on the nation's food security, particularly in low-food supply countries. This is due to the pandemic that has caused an increase in food prices combined with a decrease in income; thus, posing food insecurity problems such as reducing the quality and quantity of food consumed. Similar results are also found in another study by Manyong et al. (2022) due to the COVID-19 outbreak.

In the current situation, the spread of COVID-19 will affect individuals' livelihoods. Based on this current study, more than 80% of respondents felt no disruption of personal safety disturbance within the COVID-19 outbreak. However, the result demonstrated that the MCO was a key factor affecting the personal safety of the respondent during the COVID-19 outbreak. Despite the frequent roadblock operation by PDRM's Ops COVID-19 (Md Zain, 2020), some feel that they need to watch over their shoulders all the time. Ironically, Boman and Gallupe (2020) stipulated that crime has decreased as a result of official COVID-19 reactions, widespread lockdowns, and stay-at-home directives issued by state governments. They argued that the decrease in crime might be caused by the decline in relatively minor offences, which frequently include groups of peers. In tandem with this, Estévez-Soto (2021) indicated that crime significantly decreased

during COVID-19 and that some of these declines were related to the changes in daily activities.

Meanwhile, emotionality and spirituality have been studied as resources for coping with crises and social disruptions such as the COVID-19 pandemic. The majority of the previous literature revealed that several emotional and psychological conditions, including fear, anxiety, depression, and suicidal ideation are triggered by the Covid-19 pandemic (Pedrosa et al., 2020; Roger et al., 2020; Gismero-González et al., 2020; Chiaravalloti et al., 2021). Therefore, special attention should be paid to vulnerable groups both in regard to preventing the harmful emotional repercussions of the pandemic, but also to provide the necessary assistance. From the spiritual perspective, many studies (Roberto et al., 2020; Aboobaker, 2022; Rathakrishnan et al., 2022; Oliveira-Cardoso et al., 2022) found a positive influence of spirituality on resilience during COVID-19. The higher the fear of the pandemic, the stronger the spirituality.

COVID-19 is a worldwide phenomenon that has made working from home (WFH) the new normal. According to a study conducted by Galanti, Guidetti, Mazzei, Zappalà, and Toscano (2021), many workers and employees were forced to transition to remote work for the first time without any preparation. Employees with no prior remote work experience have reported decreased well-being and productivity as a result of this new way of working. During the pandemic, 209 WFH employees were tested using a cross-sectional study, which discovered that selfleadership and autonomy were positively related to WFH productivity and engagement. Furthermore, the COVID-19 outbreak has significantly compelled most organisations to adopt this mode of operation, often without providing employees with the necessary skills (Molino, 2020).

On the issue of socioeconomic, Kashem et al (2021) underline the importance of overcoming socioeconomic barriers to accelerating the present epidemic's recovery and enhancing preparedness for potential pandemic responses. They believed that social vulnerability has a substantial impact on COVID-19 prevalence.

In fact, Mogi, Kato, and Annaka (2020) recommended doing a more thorough investigation of the connection between socioeconomic disparities and the geographic spread of the COVID-19 pandemic. In Nigeria, a study by Ajibo (2020) showed that the Covid-19 pandemic has had a devastating impact on the socioeconomic well-

being of its society. Accordingly, Garnier, Benetka, Kraema, and Bansal (2020) observed that the COVID-19 pandemic may have a substantial impact differently on various communities across the United States where they believed that socioeconomic gaps appear to be linked to the rates of social distancing,

Overall, all of the aforementioned findings, according to Park (2021), provide novel insights into the functions of contextual demographic, socioeconomic, and geographic variables that can help explain racial variations in pandemic suffering and provide new perspectives for COVID-19 research.

METHODOLOGY

This study was approved by the UiTM Research Ethics Committee (REC/08/2021 (MR/692), dated August 17, 2021. This study used a quantitative research design to measure the variables using numerical data. The targeted respondents were the entire Malaysian population, specifically in the age group of 18 to 65 years and above. The Department of Statistics (DOS) estimated that Malaysia's population for the fourth quarter of 2019 was 32.68 million, an increase of 0.6% as compared to the fourth quarter of 2018, which stood at 32.48 million (Mahidin, 2020). Hence, an estimated 25.13 million population were aged 15 to 65 years and above. However, this study chose respondents from the age group of 18 to 65 years and above to meet its objectives. By using Krejcie and Morgan (1970) as a rule of thumb, 384 was the minimum sample size for this study. In support of this, this study applied Raosoft software to determine the sample size with a 95% confidence level. From the software, the sample size is estimated at 385. However, to avoid problems such as bias and incomplete responses, the calculated working sample of 516 was drawn.

To easily reach the respondents, this study employed convenience sampling due to the enforcement of the Movement Control Order (MCO) and Conditional Movement Control Order (CMCO). In tandem with this, Taherdoost (2016) stated that convenience sampling is one of the techniques for choosing respondents because of its ease of accessibility. For data collection, the researchers applied Google forms because its web interface for designing and developing a web-based survey/questionnaire is adaptable and practical (Michaelidou & Dibb, 2006). To proceed, the respondents received a URL link via WhatsApp group and email. In order to obtain conclusive results, the researchers kept reminding the respondents to fill out the online survey. Once completed, the researchers anonymously received the questionnaires online.

PILOT STUDY

In any study, it is highly important to perform a pilot study to test the reliability and validity of questionnaires. On top of this, a pilot study can help to identify any flaws in the questionnaires' design and instrumentation. Cooper and Schindler (2008) suggested that a pilot study should consist of 25 to 100 respondents as the sample size. For this current study, the researchers collected 50 completed and usable questionnaires. To test the sample size

reliability, the researchers applied a reliability test to obtain the Cronbach alpha (α) coefficient, with scores ranging from 0.00 to 1.0. According to Sekaran (2003), a good score is closer to 1.0, a poor score is less than 0.60, an acceptable score is 0.70, and any score above 0.80 is a good score. In this study, Cronbach's alpha coefficient values were above 0.90, indicating very good reliability. Next, the researchers conducted the Kaiser-Meyer-Olkin (KMO) to measure sampling adequacy (Malhotra & Singh, 2010). From the KMO measurement, the values obtained were 0.741 and 0.796, which shows that the sample is adequate and significant. The table below presents the summary of reliability and validity analysis for all the constructs.

TABLE 1.	Summary	of reliability	and validity	analysis

Constructs	No of Items	CA (α) coefficient	KMO
COVID-19 (IV)	16	0.921	0.741
Socioeconomic (DV)	9	0.937	0.796

DATA ANALYSIS AND FINDINGS

DESCRIPTIVE ANALYSIS

The descriptive analysis describes the demographic profiles of the population, which includes age, gender, marital status, ethnic, academic qualification, types of residence, and gross household income. Table 2 displays the demographic profiles of 516 respondents. Out of these 516 respondents, 34.1% respondents were male, and the remaining 65.9% were female. Looking at the age group, the highest number of respondents was 18-29 years old (42.1%), and the second-highest was 40-49 (20.7%). As for marital status, most respondents are married, which stands at 52.7%. For ethnic groups and academic qualifications, Malay obtained the highest percentage for ethnic groups, and degree qualifications were at 41.9%. With respect to the monthly income (RM) indicator, 15.3% of respondents indicated no income, 40.1% of respondents reported income below RM4,360, and 31.2% of them had income between RM4,361 - RM9,619. Lastly, 13.4% had an income of RM9,620 and above. In the context of types of residence, the highest and second-highest for this indicator were at 43% and village houses at 22.3%.

TABLE 2. Demographics profiles	5
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Demographics	Indicators	Frequency	Percent	Cumulative Percent
Age	18-29	217	42.1	42.1
	30-39	104	20.2	62.2
	40-49	107	20.7	82.9
	50-59	77	14.9	97.9
	60-69	11	2.1	100.0
Gender	Male	176	34.1	34.1
	Female	340	65.9	100.0
Marital Status	Single	234	45.3	45.3
	Married	272	52.7	98.1
	Widow	9	1.7	99.8
	Other	1	0.2	100.0
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Ethnic Group	Malay	498	96.5	96.5
	Chinese	5	1.0	97.5
	Indian	2	0.4	97.9
	Others	11	2.1	100.0
Academic qualification	None	3	0.6	0.6
	UPSR	2	0.4	1.0
	LCE/SRP/PMR	14	2.7	3.7
	MCE/SPM/SPMV	55	10.7	14.3
	HCE/STPM/STAM/ Certificate/Diploma	142	27.5	41.9
	Degree	216	41.9	83.7
	Master	62	12.0	95.7
	PhD	22	4.3	100.0
Types of residential	Village House	115	22.3	22.3
	Flat	222	43.0	65.3
	Terrace	67	13.0	78.3
	Semi-Detached	54	10.5	88.8
	Bungalow	1	0.2	89.0
	Shop-Lot	3	0.6	89.5
	Squatter house	16	3.1	92.6
	Government quarters	5	1.0	93.6
	Condominium	18	3.5	97.1
	Apartment	15	2.9	100.0
ross/household income per month.	No income	79	15.3	15.3
	Below RM4,360	207	40.1	55.4
	RM4361-RM9619	161	31.2	86.6
	RM9,620 & above	69	13.4	100.0

As depicted in Table 3, nearly three-quarters (73.4%) of the respondents indicated that COVID-19 did not affect their income. On the other hand, 26.6% of the respondents agreed that COVID-19 affected their income. The respondents stated that the loss of pay, job, extra work pay, and a reduction in allowances and income were the causes. For questions on savings, 57.95% of the respondents concurred that COVID-19 did not affect their savings, whereas 42.1% of respondents stated otherwise. According to the survey, the reduction in savings is mostly due to the increased expenses on food supplies, an increase in their monthly utility bills, loss of pay, extra-work pays, and a reduction in income and allowances.

As for the third factor, data from all respondents indicated that before COVID-19, 34.2% of respondents were not working. Whereas, during COVID-19, this percentage has escalated to 52.2%, indicating some growth in the number of individuals not working during COVID-19. The table further shows that 96.9% of respondents ate enough food

twice a day, while the remaining 3.1% believed otherwise. On top of this, an additional survey revealed that 50% of respondents did not have enough money to buy food, 34.2% of them felt threatened with regard to their health, and 21.1% felt it was difficult for them to get food. Table 1.3 also presents valuable information that relates to the effect of COVID-19 on their health, where 88% of respondents agreed that COVID-19 affected their health. Further questions on what causes their sicknesses disclosed that 55.1% had a lack of sleep, 22.4% had family problems, 14.3% had a loss of appetite, 10.2% had run out of medical supplies and did not have enough money to buy medicine, and 34% had other reasons such as stress, no outdoor activity, lack of physical activity, excessive sleep, and feeling insecure.

On the next factor, the table revealed that 83.5% of respondents had personal safety disturbances, while 16.5% of them had none. A further question on personal safety displayed movement control order (66.7%), social media attacks (28.75%),

137

Akademika 93(2)

fraud (16.1%), theft (9.2%), burglaries (4.6%), and other responses such as crime issues and beatings (21%) as the factors affecting the respondents. For the emotion factor, Table 1.3 uncovered that respondents had good relationships with God during the COVID-19 outbreak. The emotion variable exhibited that the respondents with stable/ normal emotions reported the highest number at 60.3%, followed by slightly disturbed at 36.4%, and frequently disturbed marked the fewest at 3.30%. Subsequently, the respondents who were slightly disturbed or frequently disturbed disclosed that their concern is COVID-19 infection (64.6%), MCO (57.4%), lack of social activities (51.1%), others (35.8%), and loss of income (23.4%) as the cause of their emotional disturbances. On the other hand, the reason for domestic violence recorded the smallest number, with 0.6%. For spirituality, though 0.6% of respondents indicated no relationship with God, a high percentage of the respondents agreed that a good relationship with God is useful, whereas 97.8% of respondents pray to or worship God. Other reasons include reading religious books (76.9%), zikr (70.4%), sadagah (60%), meditation/ self-reflection (52.9%), and spiritual song/nasyeed (19.7%), with 2.4% of them went for other reasons. Finally, the productivity factor demonstrated that 57.4% of respondents are productive, whereas 42.6% of them are not productive. Most of the respondents pointed to the MCO (76.7%), lack of social activities (57.3%), the concern of infection (45.8%), and loss of income (18.5%), with 5.2% of them stating other reasons, as the reasons for not being productive.

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TABLE 3	Descriptive	analysis.	SOCIOEC(onomic factors

No	Socioeconomic	Is this factor aff	ected by COVID-19?	If yes, what are the causes of the	%
No.	Factors	YES	NO	DV?	70
1	Income	26.6% (137)	73.4% (379)	Loss of job	25% (36)
				Loss of pay	36.8% (54)
				Loss of overtime	24.3% (36)
				Pay cut	20.8% (30)
				Allowance cut	24.3% (35)
2	Savings	42.1% (217)	57.9% (299)	Loss of job	14.5% (32)
				Loss of pay	20.4% (46)
				Loss of overtime	13.1% (30)
				Pay cut	11.8% (26)
				Allowance cut	13.6% (30)
				Support for food	64.7% (144)
				Increase in current bill	53.8% (120)
3	Job		centage of not working has % (177) to 52.2% (269).		
4	Food	96.9% (500)	3.1% (16)	Insufficient money	50% (19)
				Concern of affected health	34.2% (13)
				Difficulty in getting supply	21.1% (8)
				Others	31% (12)
5	Health	88% (454)	12% (62)	Lack of sleep	
				Family problem	
				Loss of appetite	
				Shortage of money to buy medicines	
				Shortage of medical supply	
				Others	
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Socioeconomic Disparitie	s in Malaysia During	the Covid-19 Pandemic:	An Exploratory Study
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6	Personal Safety	83.5% (431)	16.5% (85)	MCO	66.7% (58)
				Social media attack	28.75% (25)
				Fraud	16.1% (14)
				Theft	9.2% (8)
				Burglaries	4.6% (4)
				Others	21% (19)
7	Emotion	Normal/Stable	60.3	МСО	57.4
		Slightly disturbed	36.4	Domestic violence	0.6
		Frequently disturbed	3.3	Lack of social activities	51.1
				Concern of infection	64.6
				Loss of income	23.4
				Others	35.8
8	Spirituality	99.4%	0.6%	Pray or worship to God	97.8
				Read religious books	76.9
				Zikr	70.4
				Spiritual song/Nasyeed	19.7
				Meditation/Self-reflection	52.9
				Sadaqah	60
				Others	2.4
9	Productivity	57.4	42.6	МСО	76.7
				Domestic violence	0
				Lack of social activities	57.3
				Concern of infection	45.8
				Loss of income	18.5
				Others	5.2

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TABLE 4	Descriptive	analysis	of socioecoi	nomic dim	ensions
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Descriptive Analysis of Socioeconomic Dimensions				
	Ed	Std. Deviation	Ν	
Socioeconomic Factors	4.5515	.68318	516	
Income	3.54	1.200	516	
Savings	3.64	1.163	516	
Job Security	3.52	1.236	516	
Food	3.54	1.207	516	
Health	3.68	1.161	516	
Personal Safety	3.76	1.095	516	
Emotion	3.77	1.081	516	
Spirituality	3.61	1.186	516	
Productivity	3.72	1.119	516	

Akademika 93(2)

Table 4 shows a descriptive analysis of socioeconomic factors, where Emotion (with the highest mean scores, i.e., M = 3.77, SD = 1.081) and Personal Safety (M = 3.76, SD = 1.095) are the most dominant socioeconomic factors by a considerable extent. Next, Productivity (M = 3.72, SD = 1.119), Health (M = 3.68, SD = 1.161), Savings (M =

3.64, SD =1.163), and Spirituality (M = 3.61, SD = 1.186) are socioeconomic moderate factors. Income (M = 3.54, SD =1.200), Food (M = 3.54, SD = 1.207), and Job (M = 3.52, SD = 1.236) are the least socioeconomic factors, with the lowest mean score. Overall, all dimensions in this study achieved acceptable and satisfactory implementation levels.

TABLE 5. Descriptive statistics of variables

	Ν	Mean	Std. Deviation
COVID-19	516	4.5515	0.68318
Socioeconomic	516	3.6441	1.03404

Another descriptive analysis for both COVID-19 (IV) and Socioeconomics (DV) revealed COVID-19 has a mean score of 4.5515 and SD of 0.68318, whereas socioeconomics has a mean score of 3.6441 and SD of1.03404, as shown in Table 5. To add to this, the findings on the mean score and standard deviation showed that the dimensions meet acceptable and satisfactory levels.

CORRELATION ANALYSIS

Next, the study performed a simple correlation analysis to measure the relationship between COVID-19 and socioeconomic factors. The correlation coefficient, r, ranges between +1.0 to -1.0 (Zikmund, 2003). Correlation coefficients moving toward 1.0 indicate a high to a very strong association between two related variables. In this study, Table 6 depicts the bivariate correlations between the independent variable of COVID-19 and socioeconomic factors, namely: income, savings, job, food, health, personal safety, emotion, spirituality, and productivity. The results indicated that the independent variable of COVID-19 has a significant association with all socioeconomic factors. Moreover, COVID-19 is significantly associated (significant at 0.01 level) with income (r=0.151), savings (r=0.168), job (r=0.130), food (r=0.119), health (r=0.168), personal safety (r=0.194), emotion (r=0.171), spirituality (r=0.152), and productivity (r=0.165).

TABLE 6. 1	Pearson	correlation	: COVID-	-19 and	socioeconomic	factors

	Income	Savings	Job	Food	Health	Personal Safety	Emotion	Spirituality	Productivity
COVID-19	0.151**	0.168**	0.130**	0.119**	0.168**	0.194**	0.171**	0.152**	0.165**

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

After the simple correlation analysis above, this study did a Pearson correlation analysis between COVID-19 and socioeconomic factors.

Table 7 displays a slight relationship between these variables, and the relationship is significant at 0.01.

TABLE 7. Pearson correlation between COVID-19 and socioeconomic

		COVID-19	Socioeconomic
COVID-19	Pearson Correlation	1	.176**
	Sig. (2-tailed)		0.000

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

A regression analysis is an essential tool that examines the influence between two or more variables. It is an analysis to find out which of these variables do have an impact on the dependent variable. In this study, the researcher will examine the influence or impact of COVID-19 on socioeconomic factors.

Table 8 presents the result from the regression analysis, where the F value is equal to 16.4. This

result indicated that the model is significant at a significant level of 0.000. In other words, the COVID-19 outbreak (β =0.266, p<0.001) has a significant and positive influence on socioeconomic factors. As revealed by the analysis, the R2 or the coefficient of determination is 0.031 (3.1%), indicating that it explained 3.1% of the variance on the dependent variable.

		-	•			
Model -		Unstandardized Coefficients		Standardized Coefficients	т	Sig.
		В	Std. Error	Std. Error Beta		
1	(Constant)	2.433	33 0.302		8.043	0.000
	IV (COVID-19)	0.266	0.066	0.176	4.050	0.000
	R Square	0.031				
	F-stat	16.400				0.000^{b}

TABLE 8. Regression analysis: coefficients, model summary and Anova

a. Dependent Variable: DV (Socioeconomic)

b. Predictors: (Constant), IV

DISCUSSION

The results from the study attested that COVID-19 does influence the socioeconomic conditions of society. The result of the study is significant enough to show the association/relationship that existed among them. The mean of each factor is close to each other, indicating that all dimensions of this study achieved acceptable and satisfactory levels. A correlation analysis using Pearson Correlation revealed that COVID-19 has a significant relationship with each socioeconomic factor (income, savings, job security, food, health, personal safety, emotion, spirituality, and productivity). Further regression analysis of COVID-19 on the nine factors as a whole displayed a significant level, which indicates that COVID-19 does have an impact on socioeconomic factors. Below are discussions of COVID-19 and the socioeconomic factors concerning the results of the findings of this current study.

INCOME

Flashing back to the outbreak of diseases such as EVD, some studies pointed out that there was a socioeconomic impact on society. One study by Amara, Tommy and Kamara (2017) stated that the MCO during EVD affected the household income of Sierra Leone's population. It is no different from the COVID-19 outbreak. The sudden halt on most economic activities had a spillover effect on the income of the government and society. As

mentioned earlier, big companies such as Air Asia started to retrench staff to save themselves from financial collapse. Ironically, the findings of this study showed a reverse effect where three-quarters of the respondents indicated that their income is not affected by COVID-19. In the opinion of the researchers, the age spread of the respondents could influence this result, as most of them fall between the age of 18-29 years. Possibly, those who responded that they did not have their income affected are still studying or working in companies that deal with essentials as allowed by the government.

SAVINGS

The MCO that started in March till June 2020 prohibited Malaysian from doing any travelling for work or leisure. The restriction brought about reduced travelling expenses by society, where people could save a considerable amount of money. They cut costs on fuel, tolls, and food expenses. Additionally, people can further save when there are no social activities among friends and family. Hence, it made sense if individuals' savings were not affected by the pandemic. The findings of this study found that more than half of the respondents stated that COVID-19 did not affect their savings. On the other hand, 42% of respondents indicated otherwise. They asserted that they had reduced income, and increased expenses on food supplies and utility bills.

JOB SECURITY

As previously mentioned, several companies in Malaysia retrenched workers. Looking at the world's statistics, Malaysia is not alone in facing the rising unemployment rate. According to McGaughey (2020), even first-world countries such as the US and the UK encountered 20% and 10% unemployment, respectively. The UK had come up with the "Coronavirus Job Retention Scheme" to retain the jobs of workers. Nevertheless, the scheme failed to ensure job security. To support this, 47.9% of respondents claimed to not have a job during the COVID-19 pandemic, which is a rise of 13.7% from the 34.2% pre-COVID-19 percentage.

FOOD

Unlike the Ebola disease, which only spread in Africa, COVID-19 started in China and extended to other parts of the world in a matter of months. No country expected the drastic spread, and many countries were not ready for the outbreak. Many unforeseen circumstances clouded most countries, including the availability of food to households. Baeur (2020) reported that food insecurity among Americans, especially those with young children, is severely affected by COVID-19. With evidence from a survey conducted by two American national surveys, households had difficulty providing enough food due to a lack of resources. Baeur (2020) further reported that food scarcity among households, especially those with young children, is alarming and needs to be taken seriously. This scenario contradicts the findings in this study, where almost 97% of respondents indicated that they had enough food. Only 3% of respondents did not have enough food due to the lack of money, health conditions, and difficulty getting food.

HEALTH

During the restriction order, all non-essential businesses and education institutions ceased their operations. This situation required the public to stay home with minimal activities such as reading, watching television, and tending to household chores. The public was not allowed to vent their energy elsewhere and was enclosed in the comfort of their home 24 hours a day. Due to this situation, some individuals encountered health problems. This study displays that about 90% of the respondents had health problems such as lack of sleep, loss of appetite, and even health deterioration due to out-ofstock medicine, as well as no money to buy medicine. Put simply, the closing of normal activities caused negative consequences to the physical and mental health of individuals.

PERSONAL SAFETY

Personal safety is general knowledge to avoid any potential adverse circumstances among us. In the current situation, the spread of COVID-19 will affect individuals' livelihoods. In other words, COVID-19 has changed the way people function as they have to face challenges in the new norms. Some of the personal safety disturbances are financial disruptions, emotional disturbances, or physical force from other people. Based on this current study, more than 80% of respondents felt no disruption to personal safety during the COVID-19 outbreak. However, some indicators demonstrated that the Movement Control Order (MCO) was a key factor affecting the personal safety of the respondents during the COVID-19 outbreak. In parallel to this, Md Zain (2020) stated that roadblock operations, such as PDRM's Ops COVID-19 created anxiety among respondents.

EMOTION

By reflecting on the issue of the COVID-19 outbreak, emotional issues were identified at this time as a major issue of mental health among citizens, especially since the country introduced the Movement Control Order (MCO). According to the World Health Organization (2020), COVID-19 has become a pandemic that raises concerns about widespread fear, anxiety, and stress among individuals worldwide. As a point, Lima, CKT et al. (2020) believed that press reports of increasing new death cases had increased the fear of the community. Until now, COVID-19 not only exposes us to new norms such as social detention, isolation, quarantine, and compliance with various standard operations (SOPs) but also raises psychological distress such as depression, anger, fear, frustration, guilt, despair, and other emotions. As proof of this, the current study showed that nearly 40% of respondents suffer from emotional distress due to COVID-19. Daily media and journalist reports on the growing number of the population diagnosed with the disease can further cause emotional disturbances to those who have tested positive for COVID-19 and have been quarantined. Even the frontline emergency response personnel were affected as well.

SPIRITUALITY

The spiritual dimension revealed that human-religion relationships and interconnection are vital during the COVID-19 pandemic. Most people had ample time at home, and they started to think about human relationships. In a way, they try to understand how the COVID-19 pandemic relates to their respective religious beliefs. The result of this study showed that nearly 100% of respondents have a positive relationship with God, with 99.4% of respondents seeking God through prayer. Interestingly, 77.6% of respondents spent their time reading religious books as a way to get closer to God. Theologically, the most important thing to understand is that the essence of religion is not tied to the ritual alone, but lies beyond in the philosophical appreciation.

PRODUCTIVITY

In no time, the COVID-19 outbreak had shrunk the region's economy, where the population's productivity had become sluggish. In particular, the working and income earner population lost their jobs and income. This study disclosed that 42.6% of respondents were not productive. Due to the MCO, there were fewer productive activities related to the business operation of most organisations. By the same token, employers had hardships in maintaining their workers, and there was a drastic increase in the unemployment rate in Malaysia. Nielson Global 2020 reported that over 40% of respondents registered a reduction in income during the MCO era. Based on the Department of Statistics, many companies experienced several key issues, which include paying wages (77%), consumer shortages (66%), paying rent for premises (61%), and cash flow problems (36%). Despite all of this, however, about 57.4 % of the respondents claimed to be successful during the MCO.

CONCLUSION

The present study aimed to investigate the impact of COVID-19 spread on Malaysia's socioeconomics. From the findings, all the reported analyses showed that the impact of COVID-19 spread on Malaysia's socioeconomics was significant and supported. The findings of this study also exhibited that COVID-19 does influence the socioeconomic factors of society in some ways. Further investigation uncovered that COVID-19 has a disproportionate impact on the population. In tandem with this, COVID-19 hit some individuals badly, and to some others, only had a minor impact. This study revealed that it has a devastating effect on many people's food, health, personal safety, and spirituality. By the same token, it affects the income, savings, job, emotion, and productivity of some individuals at a moderate level. In the long run, if the government and policymakers do not properly address the pandemic, it will increase inequality, cause the exclusion of certain regulations, increase discrimination, and cause unemployment to grow.

In conclusion, future researchers can further explore the study on the impact of COVID-19 on socioeconomic factors by improvising the scattering demographic of the respondents. In the opinion of the researchers, if the respondents are more diverse across the nation, there is a possibility of more spatial distribution in the result. Additionally, future researchers can include other relevant socioeconomic factors to come up with a more robust result in looking into the impact of COVID-19 on the population's socioeconomics.

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143

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