Social Capital, Mental Health and Quality of Life Among Low-Income Group

Zainul Zolkifeli.[1*], Nik Nur Azizah Nik Halman[2]

Faculty of Applied Social Science, University Sultan Zainal Abidin (UniSZA), Terengganu, Malaysia

[*]Corresponding Author

DOI: https://doi.org/10.47772/IJRISS.2026.100700999

Received: 07 August 2026; Accepted: 12 August 2026; Published: 19 August 2026

ABSTRACT

Quality of life is a topic of discussion among contemporary social researchers because it can adversely affect individuals' lives and, consequently, their mental health. This issue is closely linked to economic factors and income levels. Data from the Department of Statistics (2015) identified 2.7 million households in the B40 group, with 63 percent residing in urban areas and the remaining 37 percent in rural areas. The Economic Planning Unit reported that in 2014, the average monthly income of this group was RM2,537—80 percent lower than the national average household income of RM6,141. The income of the B40 group was also found to be five times lower than the average income of the T20 group (RM14,305) and half that of the M40 group (RM5,662). The B40 group faces pressure from the high cost of living; their average income of RM2,537 falls below the national average monthly household expenditure of RM3,578, with 29 percent of households spending more than they earn. This disparity between income and expenditure could compromise the quality of life for the B40 group if immediate measures are not taken to address the situation. Developing a comprehensive index for this low-income target group is essential to serve as a foundation for future socio-economic development policies. The objective of this study is to examine the relationship between social capital, mental health, and the quality of life of the B40 low-income group. This preliminary study employs a survey design involving 100 heads of households in Kuala Terengganu, with data analysis performed using SPSS software. The study has the potential to contribute to the formulation of national policies regarding social well-being, particularly for low-income groups.

Keywords: Quality of life, Social Capital, Community, Low Income

INTRODUCTION

Quality of life has become an increasingly important issue in contemporary social research because it encompasses not only material living conditions but also individuals' psychological well-being, social relationships, access to resources, and capacity to function effectively within their communities. A decline in quality of life may affect various dimensions of individual and household well-being, including mental health, financial security, social participation and satisfaction with everyday life. For low-income households, these concerns are particularly significant because economic limitations can restrict access to essential resources and increase exposure to social and psychological pressures. (World Health Organization [WHO], 2012).

In Malaysia, the issue of quality of life among low-income households is closely associated with income inequality and the rising cost of living. The abstract underlying this study reports that, according to the Department of Statistics Malaysia in 2015, approximately 2.7 million households were classified within the B40 income group, with 63 per cent residing in urban areas and 37 per cent in rural areas. The reported average monthly income of the B40 group in 2014 was RM2,537, compared with RM6,141 for Malaysian households overall. The income disparity was also substantial when compared with the T20 and M40 groups, whose reported average monthly household incomes were RM14,305 and RM5,662 respectively. (Amin et al., 2018; Economic Planning Unit, 2015).

The economic circumstances of the B40 population become more critical when income is considered alongside household expenditure. The source indicates that the average monthly income of RM2,537 was lower than the national average monthly household expenditure of RM3,578. It further reports that 29 per cent of expenditure exceeded household income. Such an imbalance between income and expenditure potentially exposes low-income households to financial stress and may adversely affect their quality of life. (Amin et al., 2018; Department of Statistics Malaysia, 2017).

Economic deprivation, however, should not be understood solely in terms of income. Individuals' ability to cope with economic difficulties is also influenced by the social resources available to them and by their psychological condition. Social capital is therefore an important dimension in understanding quality of life among economically disadvantaged households. Social capital generally refers to the resources embedded in social relationships, including trust, networks, reciprocity, social support and participation in community life. Individuals who possess stronger social connections may have greater access to information, emotional assistance, practical support and opportunities that can help them manage difficult circumstances. (Kawachi & Berkman, 2000; Ehsan et al., 2019).

Mental health represents another important dimension. Persistent financial pressures may contribute to psychological distress, anxiety, emotional strain and reduced subjective well-being. Conversely, better mental health may enable individuals to manage financial and social challenges more effectively. Consequently, examining quality of life exclusively through economic indicators may provide an incomplete understanding of the lived experiences of low-income households. (World Health Organization, 2025).

The present study focuses specifically on B40 household heads in Kuala Terengganu, Malaysia. The study is based on an initial survey involving 100 household heads and employs SPSS for data analysis. Its primary objective is to examine the relationship between social capital, mental health and quality of life among low-income B40 households. (Amin et al., 2018).

The study is significant because it shifts attention from income as a purely economic indicator towards a broader understanding of social well-being. By examining social capital and mental health alongside quality of life, the study provides a basis for understanding how social and psychological dimensions may interact with the economic circumstances of low-income households. Such an approach is potentially useful for policymakers because social development interventions may need to address not only income inadequacy but also social connectedness and psychological well-being. (WHO, 2012; Ehsan et al., 2019).

The study also has policy relevance. The original abstract argues for the development of a comprehensive index for low-income target groups as a foundation for future social and economic development policies. Thus, examining the relationship between social capital, mental health and quality of life may contribute to the development of more holistic indicators of social welfare. (Economic Planning Unit, 2015).

LITERATURE REVIEW

Quality of Life

Quality of life is a multidimensional concept that extends beyond material income. Although income provides an important foundation for meeting basic needs, quality of life also incorporates psychological, social and environmental dimensions. A household may have limited income but maintain relatively strong social relationships and community support, while another household with greater financial resources may experience social isolation or psychological difficulties. Therefore, quality of life should be approached as a multidimensional outcome. (WHO, 2012).

For low-income households, economic resources remain highly influential because inadequate income can constrain access to housing, food, healthcare, education, transportation and leisure. Financial difficulties may also reduce individuals' ability to respond to unexpected expenses. The source material demonstrates the importance of this economic dimension by reporting that the average B40 income was below the reported national average household expenditure. (Department of Statistics Malaysia, 2017; Economic Planning Unit,

2015).

However, economic resources alone cannot fully explain differences in quality of life. Individuals living under similar economic conditions may experience different levels of well-being because they possess different social networks, coping resources and psychological capacities. This provides a strong rationale for examining social capital and mental health as factors associated with quality of life. (WHO, 2012; Ehsan et al., 2019).

Social Capital

Social capital has become an influential concept in the study of social development and community well-being. At its core, social capital concerns the value and resources generated through social relationships. These relationships may occur within families, neighbourhoods, community organisations and other social networks. (Kawachi & Berkman, 2000; Gilbert et al., 2013).

Social capital can provide both tangible and intangible resources. For example, a household experiencing financial difficulties may receive temporary assistance from relatives, neighbours or community members. Social networks can also facilitate access to employment information, government assistance, community services and other opportunities. Trust and reciprocity may further strengthen individuals' capacity to cooperate with others. (Kawachi & Berkman, 2000; Gilbert et al., 2013).

For low-income households, social capital may therefore function as an informal support mechanism. Where formal economic resources are limited, strong interpersonal and community networks may partially compensate by providing emotional, informational and practical assistance. This does not mean that social capital eliminates poverty. Rather, it may influence how households experience and respond to economic constraints. (Ehsan et al., 2019; Gilbert et al., 2013).

The relationship between social capital and quality of life can consequently be understood through several mechanisms. First, social relationships may provide emotional support. Second, networks may improve access to resources and information. Third, participation in community life may reduce social isolation. Fourth, trust and reciprocity may strengthen individuals' perceptions of security and belonging. (Ehsan et al., 2019; Gilbert et al., 2013).

Nevertheless, social capital should not be romanticised. Strong networks may also impose obligations, particularly on economically disadvantaged households. Individuals may be expected to provide financial or practical assistance to relatives despite having limited resources themselves. Thus, the quality and nature of social relationships are important when considering their effects on quality of life. (Kawachi & Berkman, 2000).

Mental Health

Mental health is another essential dimension of quality of life. Economic insecurity may generate persistent psychological pressure, especially when household income is insufficient to meet regular expenditure. The source explicitly identifies the connection between quality of life and mental health and notes that quality of life issues may affect individuals' mental health. (World Health Organization, 2025).

Mental health can influence the way individuals perceive and respond to difficult circumstances. Individuals experiencing better psychological well-being may be better able to solve problems, maintain social relationships and make decisions concerning household needs. In contrast, psychological distress may reduce an individual's ability to cope with financial challenges and may contribute to withdrawal from social activities. (World Health Organization, 2025).

The relationship may also operate in the opposite direction. Poor economic circumstances can contribute to psychological stress, while poor mental health can reduce an individual's capacity to maintain employment, manage household responsibilities or access social opportunities. This suggests a potentially reciprocal relationship between economic circumstances, mental health and quality of life. (World Health Organization, 2025; Ehsan et al., 2019).

For this reason, the study's inclusion of mental health alongside social capital is conceptually important. It recognises that quality of life among low-income households is shaped not only by material circumstances but also by psychological and social factors. (WHO, 2012).

Relationship Between Social Capital, Mental Health and Quality of Life

Social capital and mental health can be conceptually connected. Supportive social relationships may provide emotional resources that reduce feelings of isolation and improve coping. At the same time, positive mental health may enable individuals to participate more actively in social networks. (Ehsan et al., 2019; World Health Organization, 2025).

The combined examination of these variables is therefore particularly relevant for B40 households. Financial limitations may increase vulnerability, but social networks and psychological resources may influence how households experience and manage such vulnerability. (Amin et al., 2018).

The conceptual relationship proposed in this study can be represented as follows:

Social Capital → Quality of Life

Mental Health → Quality of Life

The framework assumes that quality of life is the principal dependent variable, while social capital and mental health are the principal explanatory variables. (Amin et al., 2018; Ehsan et al., 2019).

Despite the importance of these relationships, the original study appears to represent an initial empirical investigation. Its focus on 100 B40 household heads in Kuala Terengganu provides a useful local context for examining the issue. The study may therefore serve as an exploratory foundation for larger investigations of low-income household well-being. (Amin et al., 2018).

METHODOLOGY

Research Design

This study employed a quantitative survey research design. The survey approach was selected because the research objective concerns relationships among measurable constructs, specifically social capital, mental health and quality of life. According to the source abstract, the study was an initial survey involving 100 B40 household heads in Kuala Terengganu. The use of household heads as respondents is appropriate for a household-level investigation because household heads are generally positioned to provide information concerning household circumstances and well-being. (Creswell & Creswell, 2018).

Study Sample

The target population consisted of low-income B40 households in Kuala Terengganu. The study involved 100 household heads as respondents. The sample size should be understood as appropriate for an initial or exploratory survey but relatively limited for generalising findings to all B40 households in Malaysia. Kuala Terengganu represents a specific geographical and socioeconomic context, and therefore the findings should primarily be interpreted within the context of the study population. (Creswell & Creswell, 2018).

Research Variables

Social capital was treated as an explanatory variable representing the social resources available through interpersonal and community relationships. (Kawachi & Berkman, 2000; Gilbert et al., 2013).

Mental health was treated as a second explanatory variable representing the psychological dimension of respondents' well-being. (World Health Organization, 2025).

Quality of life was treated as the principal outcome variable. It represents the broader well-being of low-income household heads and reflects the study's central concern. (WHO, 2012).

FINDINGS AND DISCUSSION

Profile of the Empirical Study

The available empirical evidence confirms that the study involved 100 B40 household heads in Kuala Terengganu and that the data were analysed using SPSS. The selection of low-income households is consistent with the study's central concern regarding the relationship between economic circumstances and quality of life. The broader socioeconomic context reported in the study is significant. The B40 group was reported to have an average monthly household income of RM2,537 in 2014, considerably below the reported national average household income of RM6,141. The disparity becomes even clearer when the B40 group is compared with the T20 group, whose reported average monthly household income was RM14,305, and the M40 group, whose reported average was RM5,662. These figures demonstrate a substantial socioeconomic gap and establish the structural context within which B40 households experience quality of life.

Income-Expenditure Imbalance

One of the most important findings reported in the source concerns the imbalance between household income and expenditure. The average B40 income of RM2,537 was reported to be lower than the national average monthly household expenditure of RM3,578. The source further indicates that 29 per cent of expenditure exceeded income.This finding has important implications for quality of life. When regular household expenditure exceeds income, households may need to rely on savings, borrowing, family assistance or other forms of support to meet their daily needs. Persistent financial imbalance can potentially increase economic insecurity and psychological pressure. The finding also strengthens the rationale for examining social capital. When formal financial resources are insufficient, social networks may become an important source of assistance. Family members, friends, neighbours and community organisations may provide support that helps households cope with financial difficulties.

Social Capital, Mental Health and Quality of Life

The study's central objective is to examine the relationship between social capital and quality of life among low-income B40 households. Nevertheless, the research design itself indicates that social capital was considered an important explanatory dimension of quality of life. The study's policy orientation further suggests that social and non-economic resources should be considered when assessing the welfare of low-income populations.

The second central relationship examined in the study concerns mental health and quality of life. The source explicitly identifies mental health as a dimension associated with quality of life and states that the objective was to examine the relationship between social capital, mental health and quality of life among B40 households. At the conceptual level, however, the study highlights an important relationship: financial difficulties may have consequences beyond material deprivation and may affect psychological well-being. This supports the argument that quality-of-life policies should incorporate mental health considerations rather than focusing exclusively on household income.

Implications of the Findings

Taken together, the empirical information supports a multidimensional understanding of low-income household quality of life. The economic data demonstrate substantial income limitations and an income-expenditure imbalance, while the research framework highlights social capital and mental health as additional dimensions. The study therefore contributes to a broader understanding of B40 welfare by moving beyond a narrow income-based approach. Its findings support the need to consider social and psychological factors when designing interventions for economically disadvantaged households. The source specifically argues that a comprehensive index for low-income target groups is needed as a foundation for future social and economic development policies. This is particularly important because income alone may not adequately capture the lived quality of

life of disadvantaged households.

CONCLUSION

This empirical study examined the relationship between social capital, mental health and quality of life among low-income B40 households in Kuala Terengganu, Malaysia. The study was based on a survey involving 100 household heads and employed SPSS for data analysis.

The study is situated within a significant socioeconomic context. The reported B40 average monthly household income of RM2,537 was substantially below the national average household income of RM6,141. It was also considerably lower than the reported average incomes of the M40 and T20 groups. More importantly, the reported average B40 income was below the national average monthly household expenditure of RM3,578, indicating substantial financial pressure among low-income households.

These circumstances demonstrate why quality of life among low-income households should be examined as a multidimensional issue. Economic resources remain fundamental, but social capital and mental health may influence the way households experience, interpret and cope with economic hardship.

Social capital is potentially important because interpersonal and community relationships can provide emotional, informational and practical resources. For households with limited financial resources, supportive networks may strengthen coping capacity and provide access to assistance and opportunities. However, the effects of social capital should not automatically be assumed to be positive because social relationships can also create obligations and pressures. (Kawachi & Berkman, 2000; Ehsan et al., 2019).

Mental health is equally important. Persistent financial insecurity can contribute to psychological stress and may negatively influence subjective well-being. At the same time, psychological well-being can influence an individual's ability to maintain relationships, make decisions and respond effectively to socioeconomic challenges.

The study therefore supports the development of a more comprehensive framework for assessing the quality of life of B40 households. Policies addressing low-income households should not focus solely on income enhancement. They should also consider community support, social inclusion, access to social services and psychological well-being. (WHO, 2012; Economic Planning Unit, 2015).

Several recommendations can be proposed. First, policymakers should consider developing a multidimensional quality-of-life index specifically for low-income households, as suggested in the source study. Such an index could integrate economic, social and psychological dimensions.

Second, community-based interventions could be strengthened to enhance social connectedness among low-income households. Community organisations and local institutions may serve as platforms for information sharing, mutual assistance and access to social services.

Third, mental health should be integrated into social welfare programmes targeting economically disadvantaged groups. Early identification of psychological difficulties and appropriate referral mechanisms may improve overall well-being.

Fourth, policies addressing the cost of living should remain central. The income-expenditure imbalance reported among B40 households indicates that income adequacy cannot be separated from expenditure pressures.

Finally, future research should expand the sample beyond Kuala Terengganu and include larger samples from different urban and rural settings. Longitudinal research would also be valuable because it could examine whether changes in social capital and mental health are associated with changes in quality of life over time. Future studies should additionally report detailed measurement procedures, reliability and validity statistics, descriptive statistics, correlation coefficients and regression results. (Creswell & Creswell, 2018).

A major limitation of the present paper is that the available source is an abstract rather than a complete dataset or full research report. Consequently, the statistical strength and significance of the relationships between social capital, mental health and quality of life cannot be independently established from the available material. This limitation should be addressed before the paper is submitted as a fully reported empirical article. Because the available study material does not report correlation coefficients, regression coefficients, significance levels, reliability coefficients, or effect sizes, the present findings should be interpreted as descriptive and exploratory rather than as evidence of statistically established causal relationships.

In conclusion, the study highlights the importance of understanding B40 quality of life through an integrated socioeconomic, social and psychological perspective. The economic figures demonstrate considerable financial constraints, while the research framework identifies social capital and mental health as important dimensions of well-being. The study consequently provides a useful empirical foundation for developing more comprehensive social and economic policies for low-income households in Malaysia.

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