

## **Development and Validation of Psychoeducational Module for Empowering B40 Youth's Resilience and Family Functioning**

**Rafidah Aga Mohd Jaladin<sup>1\*</sup>, Rohana Jani<sup>2</sup>, Ong Moon Lim<sup>3</sup> and Nurul Aini Mudayat<sup>1</sup>**

<sup>1</sup>*Department of Educational Psychology and Counselling, Faculty of Education, Universiti Malaya, 50603 Kuala Lumpur, Malaysia*

<sup>2</sup>*Department of Decision Science, Faculty of Business & Economics, Universiti Malaya, 50603 Kuala Lumpur, Malaysia*

<sup>3</sup>*Department of Social Science, Faculty of Social Science and Humanities, Tunku Abdul Rahman University of Management and Technology, 53300 Kuala Lumpur, Malaysia*

### **ABSTRACT**

This research aims to develop a psychoeducational module to empower B40 youth's resilience and family functioning. There were three phases implemented in this study: (1) needs analysis, (2) module design and development study and (3) experimental pre-and-post design for module evaluation. First, the Brief Psychological Well-being Scale (PWB), the Malaysian Family Functioning Scale (MFFS), and the Resilience Scale (RS) were used to collect data from 315 youths from the B40 families in various settings such as schools, higher education institutions and PPR/PPRT flats/communities. Results revealed the need for a psychoeducational module to empower youth's resilience and family functioning. The development of the psychoeducational module adopted Sidek's model, a Malaysian-based framework for module content development. The module prototype was sent to 11 experts to validate its content. Results showed that the psychoeducational module scored a high content validity value of 89.87%. Finally, the psychoeducational module was implemented

and evaluated for its effectiveness before and after a 2-day-1-night programme on youth empowerment. Results revealed that the module effectively empowers the youth's resilience and family functioning. Implications of research for counselling practices are included in the discussion.

### **ARTICLE INFO**

#### *Article history:*

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.02>

#### *E-mail addresses:*

rafidah\_aga@um.edu.my (Rafidah Aga Mohd Jaladin)

rohanaj@um.edu.my (Rohana Jani)

ongmoonlim@gmail.com (Ong Moon Lim)

nurulaini.mudayat@gmail.com (Nurul Aini Mudayat)

\*Corresponding author

*Keywords:* B40 youths, COVID-19 pandemic, family functioning, psychological well-being, resilience

## INTRODUCTION

In the national agenda of family development, strengthening Malaysian family units' psychological capital is paramount, especially in response to the COVID-19 crisis. This movement is necessary to ensure that families can function well even though they face fear and anxiety daily due to the COVID-19 pandemic. Among the types of families, the B40 family unit is undoubtedly most affected by COVID-19 as they are more likely to be unemployed, have cut working hours, lack COVID-19 literacy, and experience difficulties accessing healthcare and home-based learning (United Nations, 2020). Emerging research suggests that these stressors negatively impact parents and children's mental and physical health (Brooks et al., 2020; Brown et al., 2020; Xie et al., 2020). Nonetheless, preliminary findings from a United Nations-commissioned longitudinal study (2020) demonstrate the resilience and dignity of these families, with many expressing a strong desire to reestablish their livelihoods.

As such, there is a need to psychoeducate the B40 families to bounce back and function well during and after the COVID-19 pandemic and/or future possible pandemics. One way of empowering the B40 family development is through psychoeducation consultation and/or programs, especially among youths. Psychoeducation is described by Lukens and McFarlane (2006) as a professionally provided therapy approach that integrates and synergises psychotherapeutic and educational strategies. In order to support

*Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN)* national agenda, this research aimed to develop a psychoeducational module that can empower B40 youths to become resilient individuals and contribute to their respective family functioning.

Adolescence is one of the stages of human development that signifies rapid growth and development biologically, psychologically, and cognitively. As a result, family relationships play a crucial role in adolescents' development (Francisco et al., 2015). According to some Western studies (Francisco et al., 2015; Hakvoort et al., 2010; Schermerhorn et al., 2011), adaptive family functioning and positive parent-child connections are predictive of beneficial outcomes in children's development, including self-esteem, psychological well-being, and life satisfaction. When dealing with the situation alone during the pandemic, young people (children, adolescents and young adults) who did not live with their families also endure emotional anguish (Kamaludin et al., 2020; Kobbin et al., 2020; Sundarassen et al., 2020; Zhai & Du 2020). These young people also experience anxiety and fear of being infected.

Therefore, a supportive family is one of the protective factors against health issues (Levitan et al., 2019). Additionally, when the initial declaration of endemic time was made, they experienced difficulty and worry about everything. For instance, upon returning to face-to-face mode of study or work, visiting a crowded location, or taking off their mask in a public setting,

they can feel uneasy and anxious. Therefore, resilience is a crucial quality for youth to preserve their mental well-being and cope with difficulties, dangers, barriers, disruptions (external or internal), and hardships of everyday living during the epidemic and endemic period.

Wagnild's Model of Resilience (Wagnild, 2009) explains that an individual's ability to adjust well to the disruption depends on the Resilience Core. Resilience Core refers to five characteristics that enable individuals to bounce back, learn, and grow from adversity. These characteristics are purposeful life, perseverance, equanimity, self-reliance, and existential aloneness. Such Resilience Core can be practised and strengthened over time. Youth resilience is at a decent level if they can overcome challenges and barriers in life without suffering bad consequences like abusing alcohol or illegal drugs or engaging in other socially problematic behaviour. Does this supposition also apply to B40 youth residing in PPR and PPRT? To answer this, this community is selected as the research population.

Youths can be dependent on their families. Therefore, this study also emphasises how well these families function. A functioning family is not necessarily perfect, free of conflict or crisis. It depends on how the family system, structure, and interaction may assist in coping with the crisis and resume normal functioning (Sumari et al., 2020). A healthy family would have a functional family structure that relates to family norms and roles, according

to Minuchin's structural family theory from 1974. On the other hand, Madanes' Strategic Family Theory strongly emphasises on communication and boundaries. It encourages emotional expressiveness and open communication (Sumari et al., 2020), consistent with Satir's Experiential Theory (Satir, 1972). As a result, a strong family structure is a fundamental safeguard to support people's psychological well-being in difficult circumstances. On the other hand, an unhealthy family dynamic could worsen the pandemic (Ahmad et al., 2021).

The term "well-being" is highly individualised for each individual, and numerous tools have been created and applied to gauge psychological well-being. WHO referred to health as "a state of mental, physical, and social well-being" in 1948. According to several researchers, well-being is also defined as happiness, pleasure, the ability to find a balance between negative and positive affect, life meaning, and achieved personal growth (Boehm & Kubzansky, 2012; Costea-Barlutiu et al., 2018; Gao & McLellan, 2018; Visvanathan et al., 2021). Social support is a necessity to be free from mental illness (Gao & McLellan, 2018; Visvanathan, 2021).

The Twelfth Malaysia Plan (RMK-12), a blueprint that focuses on rejuvenating and restoring Malaysia's economy, also addresses people's wellness. In particular, Theme 2 of this plan aims to empower *Rakyat's* security, well-being, and inclusivity, especially among the youth. The government has made More psychological services available to the public and healthcare professionals

throughout this pandemic. Additionally, the government sought to reduce income gaps, indirectly assisting the B40 group to have a higher standard of living (Economic Planning Unit, 2021). However, not as much research has been done focusing on this population. This scarcity in research makes it unclear what the B40 group needs in terms of physical or mental health, especially for individuals who reside in the PPR/PPRT area. This study is thus crucial to provide information to society and significant organisations like The National Population and Family Development Board (LPPKN) to improve people's quality of life, particularly from a psychological standpoint.

The present research aims to develop a psychoeducational module to empower B40 youths' psychological capital and well-being. It has three stages of project implementation to address the three research objectives, such as the following:

1. To analyse the psychological status and the need to develop the psychoeducational module for B40 youths;
2. To compare the scores of family functioning and resilience based on gender;
3. To investigate the relationship between family functioning and resilience;
4. To design and develop a psychoeducational module for B40 youths that can empower their resilience and family functioning and

5. To evaluate the content validity and effectiveness of the psychoeducational module.

## **MATERIALS AND METHODS**

### **Research Approach and Design**

This module development research used quantitative and qualitative data collection methods. In phase 1, a cross-sectional questionnaire design assesses the needs and baseline scores (i.e., psychological well-being, resilience, and family functioning) among B40 youth participants.

In Phase 2, the research adopted the module content framework proposed by Noah and Ahmad (2005), involving a series of discussions to design and develop the psychoeducational module and test its content validity.

Phase 3 aims to evaluate the effectiveness of the module and its reliability. As such, the pre-test and post-test were administered before and after the module implementation phase using survey questionnaires. In addition, program evaluation forms were also administered to get participants' feedback. A 2-day-1-night program was conducted as a module trial run. The activities planned during the programme were based on the psychoeducational module. These activities were run by nine trainee counsellors who are final-year counselling students placed in LPPKN Selangor and Kuala Lumpur, Malaysia.

**Sample**

In Phase 1, the research participants are 315 B40 youths aged from 15 to 30 years old. One hundred eighty-eight females (59.70%) and 127 (40.30%) males were recruited using a simple random sampling technique. They

came from various settings, such as schools, higher education institutions and PPR/PPRT flats/communities. Table 1 outlines the survey participants' demographic characteristics.

Table 1  
*Demographic characteristics of the survey sample (n = 315)*

<b>Characteristic</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
<b>Gender</b>		
Male	127	40.3
Female	188	59.7
<b>Age</b>		
15–18	160	50.8
19–22	116	36.8
23–26	20	6.3
27–30	19	6.1
<b>Area of Residency</b>		
PPR Gombak Setia	53	16.8
Presint 8 Putrajaya	26	8.3
PPR Hiliran Ampang	49	15.6
Rumah Pangsa Seksyen 16	14	4.4
Kampung Pandan Ampang	11	3.5
Other	162	51.4
<b>Ethnicity</b>		
Malay	241	76.5
Chinese	61	19.4
India	13	4.1
<b>Religion</b>		
Islam	241	76.5
Kristian	8	2.5
Buddha	54	17.1
Hindu	11	3.5
Other	1	0.7
<b>Marital Status</b>		
Single	295	93.7

Table 1 (Continue)

Characteristic	Frequency (f)	Percentage (%)
Married	18	5.7
Widowed	0	0
Divorced	2	0.6
<b>Income</b>		
RM1,000 and below	77	24.4
RM1,000–RM1,999	97	30.8
RM2000–RM2,999	104	33.0
RM3,000–RM3,999	37	11.7
<b>Education Level</b>		
UPSR	39	12.4
PMR/PT3	59	18.7
SPM	151	47.9
STPM	11	3.5
Diploma	20	6.3
Degree	16	5.1
Other	19	6.0
<b>Family Structure</b>		
Two parents (biological)	218	69.2
Two parents (stepfamily)	17	5.4
Two parents (adoptive)	9	2.9
One parent	65	20.6
Other	6	1.9
Total	315	

In Phase 2, the research participants were 11 experts, aged 20 to 50s, and mostly females ( $n = 7$ , 63.9%), recruited using a purposive sampling technique. They were mostly senior practising counsellors ( $n = 7$ ), junior/youth practising counsellors ( $n = 2$ ), clinical psychologists ( $n = 1$ ), and senior counsellor educators ( $n = 1$ ) who have extensive work experience involving B40 youths and families.

In Phase 3, the participants were 39 B40 youths from two states: Selangor ( $n = 17$ ) and Wilayah Persekutuan Kuala Lumpur ( $n = 22$ ). They were recruited using a stratified sampling technique. There are 13 males and 26 females, aged 10 to 19 years old. Unfortunately, only 30 surveys were collected and were not valid for data analysis due to missing data.

## Instrument

The survey questionnaire comprised four reliable and valid instruments:

- a. Participant Demographic (refer to Table 1 for demographic items);
- b. 18-item Brief Psychological Well-being Scale (PWB) (Ryff, 1989; Ryff & Keyes, 1995), which includes six dimensions of well-being such as self-acceptance, autonomy, environment, purpose in life, positive relationships with others, and personal growth. By using factor analysis to identify the scale items of this PWB, the overall Alpha coefficient was .88, ranging from 0.72 to 0.81 for the six subscales, except for the autonomy subscale, which is 0.57 (Lee et al., 2019). The Short-Form PWBS (Ryff & Keyes, 1995) has good concept validity and criterion-related validity;
- c. 30-item Malaysian Family Functioning Scale (MFFS) (Sumari et al., 2021), which comprised four components: communication (e.g., The rules in my family are suitable for all ages), cohesion (e.g., My family members complement each other), rules (e.g., The rules in my family are suitable for all ages), and roles (e.g., My family members talk about the roles that we should play in the family). The Cronbach's coefficient alpha demonstrated an internal consistency that ranged

from 0.93 to 0.97 for the four factors scales. The value of the Average Variance Extracted (AVE) of the four factors is from the range of 0.65 to 0.78, and the composite reliability (CR) of the four factors are from ranges from 0.98-0.99 (Sumari et al., 2021); and

- d. 25-item Resilience Scale (RS) (Wagnild & Young, 1993), translated by Madihie et al. (2011) and consisted of five domains: (1) meaningfulness (e.g., My life has meaning), (2) perseverance (e.g., I am determined), (3) equanimity (e.g., I usually take things in stride), (4) self-reliance (e.g., I usually manage one way or another), and (5) existential aloneness (e.g., I am friends with myself). The Alpha coefficient was 0.91, and the corresponding alpha values for the five factors ranged from 0.87 to 0.95. It suggests that the instrument is highly reliable (Wagnild, 2009).

A pilot study was conducted on 30 B40 youth participants to (1) check the readability and clarity of the survey questionnaire and (2) check the significant difference between two data sets, i.e., using online versus pen-and-paper versions. Results from this pilot study revealed that (1) all items in the questionnaire are clear and readable, and (2) there was no significant difference between the two data sets (online vs hardcopy). The reported Cronbach's coefficient alpha value was 0.79, suggesting the questionnaire is reliable.



### **Data Collection Methods and Procedure**

Upon approval from the Universiti Malaya Research Ethics Committee (Ref. No.: UM.TNC2.UMREC -1731), LPPKN, and community leaders, data collection from each research phase began and progressed sequentially. First, the researchers conducted a needs analysis survey. The survey was administered to 315 B40 youth participants in Klang Valley by using a stratified sampling method. Thereafter, the answers from the survey were analysed using SPSS. Based on the feedback collected, the researchers developed a psychoeducational module to improve the resilience and family functioning of youths in the B40 group. Experts in module development, resilience, and family counselling were invited to evaluate the module's content validity using online surveys via Google Forms. In order to evaluate the effectiveness of the module, the researchers conducted a pilot study (i.e., a psychoeducational programme) with selected participants ( $n = 39$ ) from the B40 group.

### **Data Analysis**

The data were analysed using Statistical Software Package for the Social Sciences (SPSS). The analysis includes descriptive (i.e., mean and standard deviation) and inferential statistics (e.g., Independent Samples T-test and Pearson Correlation Test).

## **RESULTS**

The following sections elaborate on the results from each phase of the research.

### **Phase 1: Baseline Analysis & Need Assessment using Survey Research**

**Psychological Well-being, Family Functioning and Resilience.** Descriptive statistical analysis (using mean and standard deviation) revealed (1) the mean score for psychological well-being was greater than the cut-off point ( $M = 81.69$ ,  $SD = 12.26$ ), suggesting that the participants had high psychological well-being, (2) the family functioning mean score for family functioning was moderate ( $M = 107.39$ ,  $SD = 24.34$ ), and (3) the mean score for resilience was low ( $M = 119.62$ ,  $SD = 25.55$ ). This result suggests that major resilience empowerment is needed to produce resilient B40 youths. Results from descriptive statistics are shown in Table 2.

### **Gender Differences in Family Functioning and Resilience.**

The independent-sample t-test was conducted to compare the family functioning and resilience scores for males and females. T-test results showed that there is no significant difference in the Family Functioning scores between males and females ( $M = 105.31$ ,  $SD = 25.692$ ,  $t(315) = -1.243$ ,  $p = .22$ , two-tailed) ( $M = 108.79$ ,  $SD = 23.35$ ). The size of the mean difference is 3.47, with a 95% confidence interval of -8.97 to 2.02, which is extremely modest ( $\eta^2 = .005$ ). Resilience ratings for males ( $M = 117.96$ ,  $SD = 29.081$ ) and females ( $M = 120.74$ ,  $SD = 22.862$ ;  $t(315) = -.91$ ,  $p = .37$ , two-tailed) did not differ significantly from one another. The differences in the means are very slight ( $\eta^2 = .003$ ), with a mean difference of 3.07 and a 95% confidence interval of -8.84 to 3.27.



Table 2  
*Psychological well-being, family functioning and resilience of B40 youth*

	Mean	Std. Deviation
<b>Psychological Well-being</b>	81.69	12.26
Autonomy	13.45	3.38
Environmental Mastery	12.89	3.19
Personal Growth	15.44	3.33
Positive Relations with Others	13.59	3.22
Purpose in Life	12.34	2.51
Self-Acceptance	13.97	3.43
<b>Family Functioning</b>	107.39	24.34
Communication	38.90	9.29
Cohesion	25.55	6.30
Rules	25.17	5.94
Roles	17.77	4.22
<b>Resilience</b>	119.62	25.55
Equanimity	26.91	6.00
Perseverance	14.87	3.59
Self-Reliance	28.43	6.63
Meaningfulness	34.53	8.14
Existential Aloneness	14.88	3.51

**Correlation between Family Functioning and Resilience.** Pearson correlation analysis was performed to examine the distribution of scores between the two variables. Results revealed a statistically significant positive association between resilience and family functioning; however, it is only mildly correlated ( $r = .140$ ,  $n = 315$ ,  $p < 0.05$ ). In other words, a youth's level of resilience (1.96%) is directly proportional to their family functioning, as seen by the  $R^2$  variance value. However, it is impossible to detect 98.04% of the change in youths' resilience related to family functioning.

**Phase 2: Module Design & Development**

**Module Design Stage.** This study adopted Noah and Ahmad's (2005) "Module Creation

Model" to design an efficient and organised module. Figure 1 summarises the stages of module content development. Mahfar et al. (2019) chose this comprehensive model because of its systematic content development technique and reliability and validity tests.

The module included 11 creative art-based activities (for example, expressive arts drawing, emotion-focused reflective writing and colouring, creating poem and song lyrics, and singing motivational songs), which are divided into seven sessions based on R.A.F.I.D.A.H.'s model of creative group counselling (Jaladin et al., 2020). Table 3 highlights the module's content and activities.

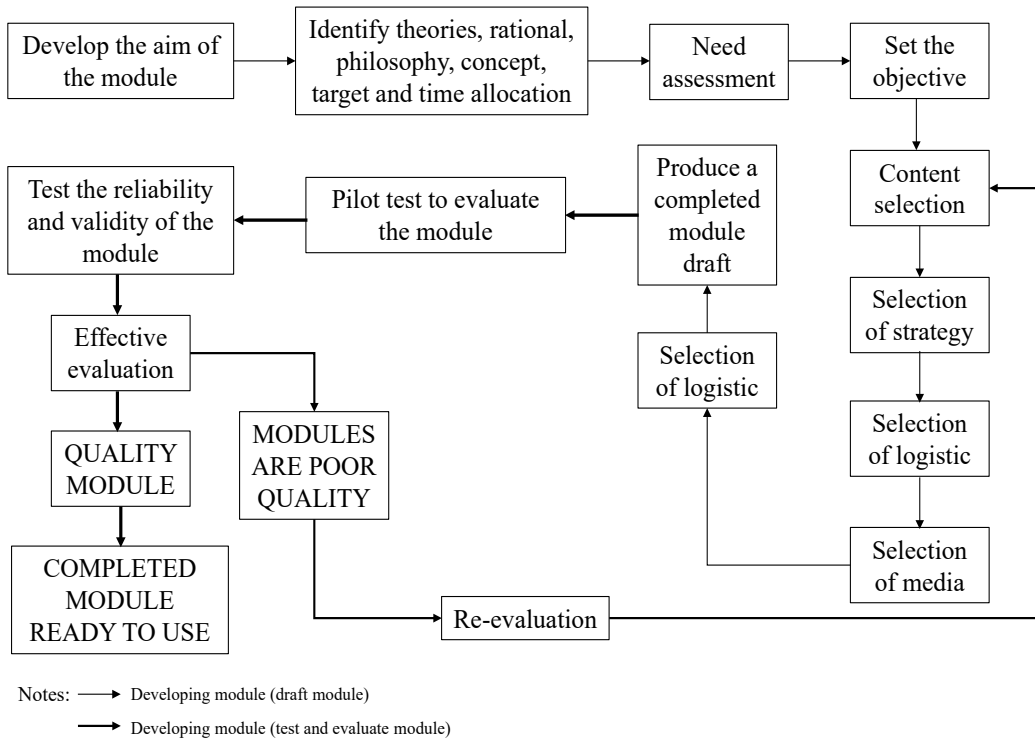


Figure 1. Sidek's module development model (Mahfar et al., 2019; Noah & Ahmad, 2005)

Table 3   
 A summary of module content based on R.A.F.I.D.A.H. model of group process

No / Session	Group Process	Domain / Sub-domain	Activity	Synopsis
1	Relationship building using the RESPECTFUL model.	<b>Family Functioning:</b> Communication	A1: Who Am I?	This activity has two specific objectives: (1) to promote communication among the participants and (2) to elicit information on the cultural background of the participants through exercises using worksheets and group discussions.

Table 3 (Continue)

No / Session	Group Process	Domain / Sub-domain	Activity	Synopsis
1		<b>Family Functioning:</b> Roles 1/Rules	A2: Oh! My Family	This psychomotor activity involves practising drawing one's family portrait. Then, it continued with a writing activity where participants had to make a list of do's and don'ts, focusing on roles and rules in the family. In-depth discussion focused on aspects E (socioeconomic) and F (family dynamics) based on the RESPECTFUL model.
2	Attending to feelings and thoughts and anticipating conflicts and resistance.	<b>Family Functioning:</b> Cohesion/Roles 2	A3: My Family Genogram	This activity involves sketching, colouring, and discussion because the participants have to produce a genogram of their respective families. Next, they will describe the family relationship or closeness between them and other family members.
		<b>Resilience:</b> Perseverance 1/Existential Aloneness 1	A4: Magic Number	This activity focuses on exploring emotions, thoughts, and conflicts experienced by participants based on a numbered scale. Questioning skills using scaled questions are applied to carry out this activity.
3	Finding possible causes: Consequence of actions	<b>Resilience:</b> Perseverance 2	A5: A-B-C Train	This activity is based on a cognitive behavioural theory or model that explains the relationship between the trigger or cause of the problem, the problem faced in irrational thinking or problematic behaviour and the consequences of those thoughts and/or behaviours.
		<b>Resilience:</b> Existential Aloneness 2	A6: Mr Lonely	This activity is an 'auditory' focused activity as it involves participants listening to a song titled "Mr Lonely" and delving into the lyrics of the song (for example, <a href="https://www.youtube.com/watch?v=XL-8MqMgw3s">https://www.youtube.com/watch?v=XL-8MqMgw3s</a> or <a href="https://www.youtube.com/watch?v=dOZ6f1cY8rk">https://www.youtube.com/watch?v=dOZ6f1cY8rk</a> ) and study the lyrics of the song. Then, in groups, the participants will create song lyrics to describe the loneliness they experience.

Table 3 (Continue)

No / Session	Group Process	Domain / Sub-domain	Activity	Synopsis
4	Initiating possible solutions or alternatives.	<b>Resilience:</b> Perseverance 3	A7: Resilient Youth Recipe	This activity focuses on dyadic discussions to produce solutions to become a resilient youth. The proposed solution is based on the group members' shared views and experiences. This activity indirectly helps group members to become resilient youths.
		<b>Resilience:</b> Existential Aloneness 3	A8: Soul Healing Motivation	This activity applies creative elements and high-level thinking because the participants must create a poem that can motivate them to heal their souls.
5	Deciding on the best course of action.	<b>Resilience:</b> Equanimity	A9: SMART Roadmap	This activity applies the principles of problem-solving from a psychological perspective because participants have to choose the best plan of action to help improve their resilience. The chosen plan must be balanced in terms of thoughts, feelings, and actions. The choice must be made according to the SMART Goal (Specific, Measurable, Achievable, Realistic, and Timely.)
6	Acting on the chosen plan.	<b>Resilience:</b> Self Reliance	A10: Lights, Camera, Action!	This activity focuses on the element of imagination because the participants have to explore their level of resilience, especially the attitude of self-reliance (sometimes called a thick soul), based on the hypothetical scenario. In groups, participants have to solve the problem by taking the actions they feel best for their group. If there is time, participants can act out their group action plan.
7	Harnessing hope and optimism for self-empowerment.	<b>Resilience:</b> Meaning	A11: Wheel of Dreams	The facilitator asks each group member to look and think about themselves. How do you see yourself after this program? What exactly is your role? What are your responsibilities? What are your hopes for the future? Then, the facilitator asks each group member to write words of encouragement to themselves.

**Module Development Stage.** Once the research team agreed on the module contents framework, writing the module and preparing worksheets began. The writing procedure started with the topic matrix. For sub-domains with the lowest mean scores, it was agreed that empowerment is needed. As such, one sub-domain (Roles) needs enhancement for the family functioning variable, whereas, for the resilience variable, two sub-domains (perseverance and equanimity) need a series of empowerment.

**Module Content Validation Stage.** Once the first completed draft of the module is ready and finalised by the research team (internal experts), the module contents need to be validated by external experts. Thirty-six experts from various professions who have experience working with the youth community were identified and invited to be part of the expert pool. A Google Forms link was created to obtain experts' responses on the module's content validation. The duration allotted for this moderation procedure is one week.

A copy of the finalised psychoeducational module was emailed to each expert, which included an introduction, background, rationale, objectives, methods, activities, relevant appendices, and a link to an 8-item questionnaire of content validity (e.g., The module content fulfils all the components of resilience; The module content fulfils all the components of family functioning; and The module content meets its target population (i.e., youths in the B40 group) based on Russell's (1974) guidelines.

A 10-point Likert scale ranging from 1 (strongly disagree) to 10 (strongly agree) was the response scale of the questionnaire. The questionnaire also has an open comment section for the experts to provide feedback or suggestions for module improvement.

The data were calculated by dividing the sum of the ratings of the various experts by the rating's overall score to determine the validity of the module's contents. A research module's level of validity will be highlighted by the determined value based on this method, and strong content validity is defined as a value of >70% (Noah & Ahmad, 2005). Results revealed a score of 89.87%, which suggests that this module's overall content validity is high and may be used with the intended audience.

### **Phase 3: Reliability and Effectiveness of Psychoeducational Module**

A set of reliability questions was developed to test the value of the psychoeducational module. The questionnaires were developed based on 11 module activities (Noah & Ahmad, 2005).

Descriptive statistics such as mean and standard deviation were employed in this phase to evaluate the efficiency of the psychoeducational module. The results revealed a significant rise in the mean score for the pre-test ( $M = 115.67$ ,  $SD = 20.90$ ) and post-test ( $M = 115.87$ ,  $SD = 20.97$ ) of family functioning. The same conclusion was reached for the two sub-components, communication and rules. Nonetheless, the sub-components of cohesion and roles have dropped marginally. The result also

demonstrated that the mean scores for resilience among B40 youth significantly increased after they joined the intervention. It means that the B40 youths' resilience is improving. The difference between the mean scores of the pre-test ( $M = 132.17$ ,  $SD = 22.06$ ) and post-test ( $M = 134.30$ ,  $SD = 18.05$ ) was  $M = 2.13$ . Results also revealed a significant rise in the average scores for the subcomponents of equanimity, perseverance, self-reliance, and existential aloneness while indicating a decrease in the mean scores for the subcomponents of meaningfulness. The statistical results indicated that the psychoeducational module was indeed effective.

Pre- and post-test surveys are consistent with results obtained from the evaluation of the overall intervention program. Of 26 respondents, 42.3% evaluated the overall intervention as very satisfactory and 34.6% rated satisfactory. Whereas, for the specific items on the module contents, participants rated the following:

1. Achievement of course objectives: 50% rate excellent, 23.1% rated good, and 7.7% rated satisfactory. In fact, one participant commented, "...this course is very good and there is no need to improve anything."
2. Course capability in fulfilling students'/participants' expectations: 30.8% rated excellent, 46.2% rated good, and 7.7% rated satisfactory;
3. Coverage of subjects in the course: 42.3% rated excellent, 34.6% rated good, and 7.7% rated satisfactory; and

4. Duration of course: 26.9% rated excellent, 34.6% rated good, and 15.4% rated satisfactory. One participant suggested that, "Need to do this course maybe for 3 or 4 days because we feel it is not enough if this course lasted for only 2 days and 1 night."

Overall, results from the pre-and post-test comparison, rating form, and participant feedback provided strong empirical evidence that the psychoeducational module is valid, reliable and effective in an intervention program to empower B40 youth's resilience and family functioning.

## DISCUSSION

Despite having several limitations that may impact the generalisation of results (e.g., low response rate in Phase 3, restricted to few areas in Selangor and Kuala Lumpur), the main findings shed light on significant issues for youth resilience and B40 family functioning. First, the present study revealed that the B40 youth had moderate family functioning and low resilience. There are several explanations to account for this finding. B40 families are greatly affected by the Movement Control Order (MCO) during the COVID-19 pandemic. Thus, several announcements of MCO resulted in unemployment, loss of income, mental distress, and poor health. The transition from pandemic to endemic also affects the B40 families. These stressors negatively impact both the parents and children of the B40 family. Hence, they struggle to bounce back, learn, and grow from this adversity.

Although the findings showed that the B40 youth had low resilience, past studies demonstrated different results. For example, Manaf et al. (2013) stated that the level of resilience among youth who participated in National Service Training is high. A study conducted by Yusoff and Don (2016) also demonstrated that the level of resilience among youth is high. This contradictory finding shows that (1) there is a need for future studies that explore youth resilience, and (2) there is a distinct difference between marginalised B40 youth and mainstream youth. With regard to family functioning, the results of the current study are consistent with those of Desa et al. (2015), who demonstrated a moderate and high level of family functioning in Malaysia.

Secondly, the findings showed no significant difference between males and females in their perceived resilience and family functioning. This result is consistent with previous research findings in Malaysia (Hassan et al., 2017). However, the present finding is also inconsistent with some past studies (e.g., Isaacs, 2014; Katyal, 2014; Yusoff & Don, 2016), showing that females reported higher resilience than males. With regards to family functioning, the current finding is consistent with findings from some previous studies in which the functioning of the family is unaffected by gender (e.g., Desa et al., 2015; Francisco et al., 2015; Pai & Arshat, 2020).

Thirdly, the findings indicated a statistically significant positive relationship between family functioning and resilience. This result is congruent and supported

by previous studies, which also found a significant positive relationship between family functioning and resilience (e.g., Kamaruddin et al., 2016; Narayanan & Onn, 2016; Yusoff & Don, 2016; Yusoff et al., 2019). A good family structure could shape youths to obtain a high level of resilience. Support from parents or family members, especially siblings, could determine adolescent resilience at its best (Kamaruddin et al., 2016; Yusoff & Don, 2016; Yusoff et al., 2019).

Fourthly, the results suggest that the newly developed psychoeducational module is reliable and valid for programme intervention with B40 youth. From a theoretical and practical viewpoint, Phase 2 findings significantly impact the current body of knowledge about resilience and family functioning. Moreover, the module's content validity was verified prior to its implementation for a more significant impact. This proposition is best echoed by Noah and Ahmad (2005). They highlight two essential characteristics that signify the merit of a newly constructed module: (1) content validity and (2) reliability. Content validity is the best predictor of the module's strength between these two.

Lastly, Phase 3 findings revealed that implementing the psychoeducational module had a beneficial influence, as there is an increase in resilience and family functioning among B40 youngsters. Nonetheless, when the module is used in a psychoeducational program, the program organiser must ensure it is delivered by a competent professional counsellor to



enhance its effectiveness. Youth learners prefer trainers with knowledge, respect, applied experience, clear communication skills, and cultural understanding.

### **IMPLICATIONS AND DIRECTIONS FOR FUTURE RESEARCH**

The research findings have implications for resilience theory, module development models, counselling practices, and future research. Firstly, the research findings may affect Wagnild's Resilience Theory (Wagnild, 2009). Since the present study involved disadvantaged youth, the theory may need some cultural modification to suit the cultural background and context of B40 youth. It explains why two resilience dimensions scored the lowest mean among the B40 youth sample. In addition, the finding suggests that family functioning is an external factor linked to an individual's resilience. In the context of Wagnild's theory, the support and dynamics within the family may play a role in fostering perseverance, equanimity, self-reliance, meaningfulness and coping with existential aloneness.

Secondly, Noah and Ahmad's (2005) Module Development Model (SMDM) is utilised to create an effective and systematic module. Sidek's Model is a complete and robust model with precise stages for developing a module and determining its validity and reliability. Several additional local studies have used Sidek's Module Development Model, and their results support its robustness and usefulness (Ahmad, 2002; Jaladin et al., 2020; Mahfar et al., 2019).

Thirdly, the validity of the module's information must be confirmed before adoption for an influence to be more noticeable. The finest articulators of this idea are Noah and Ahmad (2005). They contend that content validity and reliability are the key attributes that best characterise a newly designed module. The importance of content validity among these two factors in determining the robustness of the construct included in the module is paramount. Achieving a high content validity is generally challenging since a newly produced module requires extensive study of pertinent literature (Shah et al., 2013). By employing this technique, a module can be successfully created to meet the requirements of a certain group in society (such as professional counsellors or student groups).

Finally, the findings also have some implications for counselling practice. First, to protect the client's well-being and enhance efficacy, the execution of the psychoeducational module must be overseen by a qualified professional counsellor. Although the developed module was psychoeducational, it can also be used as a screening tool to identify at-risk B40 youths who may need individual or group counselling services. Consequently, it can promote help-seeking behaviours among B40 youth. Second, in working with the B40 juvenile group, especially those with low resilience and low/moderate family functioning, this module can greatly help practitioners, especially counsellors. In view of the module's high content validity and

effectiveness when used in an intervention program, it is hoped that this module would assist the target group (B40 youths) in achieving higher levels of resilience and family functioning.

Future research direction can use the module for any intervention programme involving groups other than B40 youth (for example, disabled youth) to test its external validity. In addition, further research can also investigate the maintenance effects of resilience after using the psychoeducational module in a 3-month or 6-month interval. Finally, the current study recommends that future researchers follow a similar systematic approach when constructing various modules (i.e., psychoeducational, guidance, or therapeutic modules) which involve family functioning and resilience or other psychological constructs.

## CONCLUSION

Indeed, the current study has demonstrated that the newly constructed psychoeducational module is valid and trustworthy for intervention in youth empowerment programs. This paper has documented some research findings that indicated a considerable improvement in the mean scores of family functioning and resilience among B40 youth after they participated in the intervention that utilises the psychoeducational module. To conclude, this module can serve as a platform for future studies on family functioning and resilience among youth or adult populations.

## ACKNOWLEDGEMENTS

The authors thank the Universiti Malaya, Malaysia and the Ministry of Women, Family and Community Development, especially *Lembaga Penduduk dan Pembangunan Keluarga Negara* (LPPKN), for granting us the research grant (GPLPPKN0047) to fund our research-related expenses (Project No.: GA029-2021). Thanks to all co-researchers (Dr Rohana Jani, Dr Rosila Bee Mohd Hussain, Dr Annita Mohd Hedzir, Puan Rasidah Sulaiman, and Puan Ratna Safura Kamal Shari), and Mr. Hamzah Farhan Abdul Rahim who directly or indirectly contributed to the research. We would additionally like to acknowledge all the youths who participated in the study.

## REFERENCES

- Ahmad, S., Nasreen, L., Batool, S., & Khalid, S. (2021). Family functioning and psychological well-being: The mediating role of coping strategies during covid-19 lockdown in Pakistan. *Polish Psychological Bulletin*, *52*(2), 162-171. Doi 10.24425/ppb.2021.137259
- Ahmad, J. (2002). *Kesahan, kebolehpercayaan, dan keberkesanan modul program maju diri ke atas motivasi pencapaian di kalangan pelajar-pelajar sekolah menengah negeri Selangor [The validity, reliability, and effectiveness of the self-development program module on achievement motivation among secondary school students in Selangor]*. [Unpublished doctorate thesis]. Universiti Putra Malaysia.
- Boehm, J. K., & Kubzansky, L. D. (2012). The heart's content: The association between positive psychological wellbeing and cardiovascular health. *Psychological Bulletin*, *138*(4), 655-691. <https://doi.org/10.1037/a0027448>

- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child Abuse & Neglect*, 110(2), 104699. <https://doi.org/10.1016/j.chiabu.2020.104699>
- Costea-Barluti, C. Balas-Baconschi, & C. Hathazi, A. (2018). Romanian adaptation of the Ryff's psychological well-being scale: Brief report of the factor structure and psychometric properties. *Journal of Evidence-Based Psychotherapies*, 18(1), 21-33.
- Desa, A., Yusooif, F., Zamani, Z. A., Kadir, N. B. A., & Sani, M. N. M. (2015). Parenting skills, family functioning and psychological well-being among parents. *Journal of Psychology Malaysia*, 29(2), 32-42.
- Economic Planning Unit. (2021, July 16). *Twelfth Malaysia plan (2021-2025): A prosperous, inclusive, sustainable Malaysia*. Economic Planning Unit. <https://rmke12.epu.gov.my/en>
- Francisco, R., Loios, S., & Pedro, M. (2015). Family functioning and adolescent psychological maladjustment: The mediating role of coping strategies. *Child Psychiatry & Human Development*, 47(5), 759–770. <https://doi.org/10.1007/s10578-015-0609-0>
- Gao, J., & McLellan, R. (2018). Using Ryff's scales of psychological well-being in adolescents in mainland China. *BMC Psychology*, 6(17), 1-8. <https://doi.org/10.1186/s40359-018-0231-6>
- Hakvoort, E. M., Bos, H. M. W., Balen, F., & Hermanns, J. M. A. (2010). Family relationships and the psychosocial adjustment of school-aged children in intact families. *The Journal of Genetic Psychology*, 171(2), 182–201. <https://doi.org/10.1080/00221321003657445>
- Hassan, N. Z. M., Kassim, E. S., Tobi, S. N. M., & Munir, R. S. (2017). Measuring protective factors to resilience: A study on Malaysian young adults. *Advanced Science Letters*, 23(1), 592-595. <https://doi.org/10.1166/asl.2017.7267>
- Isaacs, A. J. (2014). Gender differences in the resilience of academic deans. *Journal of Research in Education*, 24(1), 112-119.
- Jaladin, R. A. M., Fernandez, J. A., Abdullah, N. A. S., & Asmawi, A. (2020). Empowering single mothers through creative group counselling: An effective intervention to improve mental wellbeing. *Malaysian Journal of Medicine and Health Sciences*, 16(3), 192-201.
- Kamaludin, K., Chinna, K., Sundarasan, S., Khoshaim, H. B., Nurunnabi, M., Baloch, G. M., Sukayt, A., & Hossain, S. F. A. (2020). Coping with COVID-19 and movement control order (MCO): Experiences of university student in Malaysia. *Heliyon*, 6(11), e05339. <https://doi.org/10.1016/j.heliyon.2020.e05339>
- Kamaruddin, S. H., Abdullah, H., & Suandi, T. (2016). *Daya tahan belia: Pengaruh hubungan perapatan dalam institusi kekeluargaan [Youth resilience: The influence of bonding relationships in family institutions]*. Universiti Kebangsaan Malaysia.
- Katyal, S. (2014). Gender difference in resilience among undergraduate boys and girls with broken-heart. *Indian Journal of Positive Psychology*, 5(4), 505-507.
- Kobbin, V., Ng, W. J., Toe, M., Ting, X. H., & Abdul Halim, I. A. (2020). Fear, anxiety and coping mechanism during Covid-19 pandemic among undergraduates. *International Journal of Biomedical and Clinical Sciences*, 5(3), 217-228.
- Lee, T. S., Sun, H., & Chiang, H. (2019). Development and validation of the short-form Ryff's psychological well-being scale for clinical nurses in Taiwan. *Journal of Medical Sciences*, 39(4), 157-162. [https://doi.org/10.4103/jmedsci.jmedsci\\_191\\_18](https://doi.org/10.4103/jmedsci.jmedsci_191_18)
- Levitan, N., Barkmann, C. Richter-Appelt, H., Schulte-Markwort, M., & Becker-Hebly, I. (2019). Risk factors for psychological functioning in German adolescents with gender dysphoria: Poor peer relations and general family functioning.

- European Child & Adolescent Psychiatry*, 28(11), 1487-1498. <https://doi.org/10.1007/s00787-019-01308-6>
- Lukens, E. P., & McFarlane, W. R. (2006). Psychoeducation as evidence-based practice. In A. R. Roberts & K. R. Yeager (Eds.) *Foundations of evidence-based social work practice* (pp.291-313). Oxford University Press.
- Madihie, A., & Noah, S. M., & Baba, M. & Wan Jaafar, W. M. (2016). Back-to-back translation for the resilience scale (25 items) from English language to Malay Language. <https://doi.org/10.13140/RG.2.1.3009.6405>
- Mahfar, M., Noah, S. M., & Senin, A. A. (2019). Development of rational emotive education module for stress intervention of Malaysian boarding school students. *SAGE Open*, 9(2), 2158244019850246. <https://doi.org/10.1177/2158244019850246>
- Manaf, N. A., Samah, B. A., & Ahmad, N. (2013). The impact of the national service programme on self-resilience among youth in Malaysia. *Pertanika Journal Social Sciences & Humanities*, 21(S),59-66.
- Narayanan, S. S., & Onn, A. C. W. (2016). The influence of perceived social support and self-efficacy on resilience among first year Malaysian students. *Kajian Malaysia*, 34(2), 1-23. <https://doi.org/10.21315/km2016.34.2.1>
- Noah, S. M. (2001). *Reka bentuk penyelidikan: Falsafah, teori dan praktis [Research design: Philosophy, theory and practice]*. Penerbit Universiti Putra Malaysia.
- Noah, S. M., & Ahmad, J. (2005). *Pembinaan modul: Bagaimana membina modul latihan dan modul akademik [Module development: How to develop training modules and academic modules]*. Penerbit Universiti Putra Malaysia.
- Pai, F. S., & Arshat, Z. (2020). Job satisfaction and family functioning of dual-earner commuter family in Malaysia. *Journal of Social Sciences*, 16(1), 17-22. <https://doi.org/10.3844/jssp.2020.17.22>
- Russell, J. D. (1974). *Modular instruction: A guide to the design, selection, utilization and evaluation of modular materials*. Burgess Publishing.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719-727. <https://doi.org/10.1037/0022-3514.69.4.719>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Satir, V. (1972). *People making*. Science and Behavior Books Inc.
- Schermerhorn, A. C., D'Onofrio, B. M., Turkheimer, E., Ganiban, J. M., Spotts, E. L., Lichtenstein, P., & Neiderhiser, J. M. (2011). A genetically informed study of associations between family functioning and child psychosocial adjustment. *Developmental Psychol*, 47(3), 707–725. <https://doi.org/10.1037/a0021362>
- Shah, M. A., Bakar, R. A., Ahmad, A., & Jais, S. M. (2013). The development of a group guidance module for student self- development based on gestalt theory. *Procedia-Social and Behavioral Sciences*, 84, 1310-1316. <https://doi.org/10.1016/j.sbspro.2013.06.748>
- Sumari, M., Baharudin, D. F., Khalid, N. M., Ibrahim, N. H., & Ahmed Tharbe, I. H. (2020). Family functioning in a collectivist culture of Malaysia: A qualitative study. *The Family Journal*, 28(4), 396–402. <https://doi.org/10.1177/1066480719844334>
- Sumari, M., Md Khalid, N., Zulnaidi, H., Ibrahim, N. H., Baharudin, D. F., & Tharbe, I. H. A. (2021). Development of a Malaysian Family Functioning Scale (MFFS). *Journal of Family Social Work*, 24(1), 22-42. <https://doi.org/10.1080/10522158.2020.1770145>
- Sundarasan, S., Chinna, K., Kamaludin, K., Nurunnabi, M., Baloch, G. M., Khoshaim, H. B., Hossain, S. F. A. & Sukayt, A. (2020). Psychological impact of COVID-19 and lockdown among

- university students in Malaysia: Implication and policy recommendations. *International Journal of Environment Research and Public Health*, 17(17), 6206. <https://doi.org/10.3390/ijerph17176206>
- United Nations. (2020, August 24). Families on the edge: Low-income families need continued support to recover from the effects of COVID-19. United Nations. <https://www.unicef.org/malaysia/press-releases/families-edge-low-income-families-need-continued-support-recover-effects-covid-19>
- Visvanathan, N., Rahman, M. N. A. & Muhamad, A. S. (2021). Psychological well-being of adolescents in Selangor, Malaysia. *Journal of Psychological Malaysia*, 35(1), 98-110.
- Wagnild, G. (2009) A review of the resilience scale. *Journal of Nursing Measurement*, 17(2), 105-113. <http://dx.doi.org/10.1891/1061-3749.17.2.105>
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement*, 1(2), 165-178.
- Xie, X., Xue, Q., Zhou, Y., Zhu, K., Liu, Q., Zhang, J., & Song, R. (2020). Mental health status among children in home confinement during the coronavirus disease 2019 outbreak in Hubei Province, China. *JAMA Pediatrics*, 174(9), 898-900. <https://doi.org/10.1001/jamapediatrics.2020.1619>
- Yusoff, S. H. M., & Don, Y. (2016). Kefungsian keluarga dan ketahanan diri pelajar sekolah menengah kebangsaan harian [Family function and self-resistance of daily national middle school students]. *Proceedings of The ICECRS*, 1(1), picecrs.v1i1.589. <https://doi.org/10.21070/picecrs.v1i1.589>
- Yusoff, S. H. M., Ismail, M. S., Rahman, N. E. A., Ariffin, M. R., Don, Y., & Kasa, M. D. (2019). Family functioning, resilience, and cognitive distortion among secondary school students. *International Journal of Academic Research in Business and Social Sciences*, 9(11), 695–709. <https://doi.org/10.6007/IJARBS/v9-i11/6591>
- Zhai, Y., & Du, X. (2020). Addressing collegiate mental health amid COVID-19 pandemic. *Psychiatry Research*, 288, 113003. <https://doi.org/10.1016/j.psychres.2020.113003>