

# Indonesia and Malaysia Students' Quality of Life After the Covid-19 Pandemic: A Mixed Methods Study

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## Abstract

Learning from home during the COVID-19 pandemic and learning face-to-face at school with strict health protocols during the COVID-19 pandemic have long-term negative effects on the psychological health of students. This situation may impact life quality (QoL). To measure students' quality of life, mixed methods were adopted. Participants in this research ranged in age from 12 to 19 years. The study involved a total of 139 research participants. Kidscreen-27 questionnaires with a reliability coefficient of 0.913 percent were used. The interviews were conducted according to a set of defined rules. This data was collected online. The analysis was quantitative, qualitative, and descriptive. The majority of Indonesian and Malaysian students' quality of life fell below the average or "moderate" level (64.7 percent). Malaysian students tend to have a higher higher quality of life than Indonesian students; male students tend to have a higher quality of life than female students; and students aged 12 to 15 tend to have a higher quality of life than students aged 16 to 19 years old. In addition, this analysis found that Indonesian and Malaysian students tend to have a higher "peers and social support dimensions" quality of life. The final finding indicated that students' quality of life is related to their social interactions, such as school and home activities with friends and family members.

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## 1. Introduction

The COVID-19 pandemic carries lasting negative effects on the mental health of individuals from all age groups (WHO, 2020a, 2020b). Recent research has discovered that individuals throughout the globe may develop a variety of symptoms of psychological issues related to the pandemic (Shahyad & Mohammadi, 2020). Thakur et al. (2020) associated the COVID-19 pandemic with physical and mental health issues. Meanwhile, the United Nations (2020c) correlates it to changes in social and behavioral norms.

According to previous studies conducted in Indonesia, the student's quality of life during the COVID-19 pandemic is classified as moderate (Ningsih & Hamdani, 2021; Rogi, Rombot, & Siagian, 2020). However, high level of anxiety is reported among more than half (54%) of Indonesian students (Fitria & Ifdil, 2020). Meanwhile, in Malaysia, depression, anxiety, and stress were present in 28.5%, 31.4%, and 13.3% of the 45 Malaysian adolescents, respectively (Zainudeen et al., 2021).

The failure to regulate the COVID-19 pandemic is predicted to retain students' challenges in attending online learning (Mohd Nor, Kaspin, Jamal, & Marzuki, 2022). Students who participate in online learning exhibit procrastination dominated by their efficient time-management skills (Basith, Rahman, & Moseki, 2021). Global studies indicate that during lockdowns, children exhibit a variety of issues, including anxiety, emotional and behavioral disorders, along with increasing levels of depression and anxiety in social relationships due to a lack of socialization (Jiao et al., 2020; Spinelli, Lionetti, Pastore, & Fasolo, 2020; Xie et al., 2020).

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During the pandemic, educational and psychological research demonstrates that students experience heightened negative emotions, including fear, anxiety, and fatigue (Aslan, Ochnik, & Çınar, 2020; Odriozola-González, Planchuelo-Gómez, Irurtia, & de Luis-García, 2020; Saravanan, Mahmoud, Elshami, & Taha, 2020; Son, Hegde, Smith, Wang, & Sasangohar, 2020). Besides, lockdowns have negatively affected the mental health of children and adolescents (Dalton, Rapa, & Stein, 2020; Worldometer, 2020).

According to Ribeiro et al. (2018), persistent tiredness is linked to a decreased quality of life, academic weakness, anxiety, and stress (Alkatheri et al., 2020). Consequently, this anxiety disorder has a negative influence on the quality of life of adolescents. Further, problems with adolescents' quality of life may influence their physical health, psychological growth, level of freedom, social interactions, and environment. Heng et al. (2022) have uncovered a positive connection between anxiety and quality of life.

Investigation into the students' quality of life becomes a compelling research topic, especially after being restricted at home and learning from home for approximately two years, then attending limited face-to-face learning with strict health protocols. This study compared the quality of life of students by country, sex, and age. Moreover, this article explores the students' concrete actions to enhance their quality of life in all dimensions.

Referencing the WHO's idea of quality of life, Eriksson, Boman, and Svedberg (2022) described the health-related quality of life as a multidimensional assessment in relation to people's views, as well as subjective assessments of their health and well-being in their culture. Quality of life is a multifaceted concept that covers well-being or non-health-related objectives and subjective elements of life.

In addition, happiness is widely used as a synonym for total life quality, which includes all contributing aspects to its goodness and purpose in daily conversations. Quality of life is defined as an individual's satisfaction or dissatisfaction with their social, cultural, or intellectual environment. It is a wide concept or standard that influences almost all aspects of human functioning and quality of life (Ravens-Sieberer et al., 2005). Numerous social factors, including friendships, instructors, relocating away from home, parental expectations, and peer pressure, influence an individual's quality of life.

Meanwhile, among adolescents, quality of life is defined as an evaluation of a positive life cycle, including a positive self-image, positive relationships with family and friends, and the capacity to fulfill their tasks in the school environment (Dewi & Hamzah, 2019). The adolescence period determines a person's quality of life since significant physical, mental, and social growth occur during this time (Thoyibah, 2021).

According to Alsubaie et al., (2019) social support from family is a significant predictor of the psychological domain in quality of life, especially within the context of the social connection component. In contrast, the social connection domain of quality of life is predicted by social support from friends or significant others. Alsubaie et al. (2019) and Lopez-Zafra et al. (2019) assert that social support from family, friends, and the community also presents a major influence on life quality. Social support reduces stress that helps individuals feel better.

Previous studies revealed that male and female students perceive social support in different means, with female students feeling more supported by their classmates, family, and teachers. Further, in general, male students are reported to earn less assistance than female students (Malecki & Demaray, 2006). Typically, adolescents with strong social support have a greater health-related quality of life. Besides, inadequate social support may further worsen a child's emotional distress and Internet addiction (Karaer & Akdemir, 2019).

In the context of children and adolescents, quality-of-life assessments provide information concerning their everyday functioning at home and school. A method for evaluating the effects of

contextual burdens, such as evidence of unfavorable circumstances (poverty, ill family members, and natural disasters like the COVID-19 pandemic), may include assessing the quality of life.

In several nations, one of the measurement methodologies has enabled comparisons of the quality of life across nations. This instrument was named Kidscreen and designed by a European team. It is now available in 38 languages with 10-item, 27-item, and 52-item versions (European Kidscreen Group, 2006). Kidscreen-27 is a 27-item self-report measure that evaluates five health-related dimensions of quality of life, namely physical and mental health, autonomy and parental relationships, peer and peer support, as well as school environment (Ng, Burnett, Ha, & Sum, 2015; Ravens-Sieberer et al., 2007).

## 2. Method

The sequential explanatory design of this mixed study was divided into two independent parts (Creswell, Plano Clark, Gutmann, & Hanson, 2003). The quantitative data, in numerical form, were collected and analyzed first in this design using the quantitative study *ex post facto* design. Meanwhile, the qualitative textual data was collected and analyzed second in the sequence to elaborate further deeper the quantitative results obtained in the first phase.

The obtained quantitative data subsisting of participants' country, sex, and age aid the investigation of the quality of life for Malaysian and Indonesian students. After the COVID-19 pandemic, a qualitative multiple case study technique was used to explain why a certain quality of life dimension, which was tested in the first phase, is the most crucial aspect of a student's quality of life. The research's dependent variable is the quality of life. The dimensions of quality of life are physical activity, mood, family life, friends, and school (Ravens-Sieberer et al., 2005).

### 2.1. Participants

One hundred thirty nine junior and senior high school students (Indonesia = 114; Malaysia = 25) participated in this study. Further, one Indonesian and one Malaysian student participated in the interview. We selected these participants following a set of criteria that they should be active students from Indonesia and Malaysia, aged 12–19 years old, had experienced learning from home during the COVID-19 pandemic, and had attended school after approximately two years of studying from home. This selection of participants was carried out using a convenient process. In addition to the limited time, funds, and outreach due to the large population size and long distances, this technique was chosen as it is a pilot study for a more specific quality of life research. Table 1 presents participant profiles regarding their country, sex, and age. By country, the largest group of participants was Indonesian. Based on sex, there were more female than male participants, and most of them were around 12-15 years old.

**Table 1. Demographics of Research Participant**

	Information	Amount	%	Total
Country	Indonesia	114	82.01	139
	Malaysia	25	17.99	
Sex	Male	49	35.25	139
	Female	90	64.75	
Age	12-15 years old	62	44.61	139
	16-18 years old	77	55.39	

### 2.2. Instrument

The Kidscreen-27 questionnaire was used in the study. Firstly, the instrument was translated into Indonesian and Malaysian, attaining a reliability coefficient of 0.913. Then, the data were collected online through Google Forms. Meanwhile, a structured interview guide was used during the interviews. The Kidscreen-27 is a health-related quality-of-life questionnaire containing a parameter for comparing children's perceptions of their psychological and medical well-being. It has 27 questions, each with five possible answers (ranging from nothing to very much). Its items were divided into five dimensions, namely physical activity (4 items), mood (7 items), family life (7 items),

friends (4 items), school (4 items), and one question about the child's overall health over the previous week. Ravens-Sieberer et al. (2005) have uncovered this test's factorial validity and reliability in terms of internal consistency across all the test subscales, with a total Cronbach's Alpha score of 0.82. Similarly, our data showed 0.831 of Cronbach's Alpha.

### 2.3. Procedure

The quantitative, numerical data was collected and analyzed first, followed by the qualitative verbal data in the second sequence. Qualitative data aid further analysis of the quantitative results obtained in the first phase. In detail, quantitative data helped in identifying the quality of life between Indonesian and Malaysian students after two years of the COVID-19 pandemic based on their country, sex, and age. Then, a qualitative multiple case study was employed to illuminate the importance of particular internal and external variables that were examined in the first phase as predictors of students' program persistence. As a result, the quantitative data analysis results offered a broad overview of the research problem, while the qualitative data analysis clarified and explained those statistical findings by delving more deeply into the participants' perspectives on their persistence.

### 2.4. Data Analysis

The data were analyzed both qualitatively and descriptively. The descriptive analysis of the quality of life of students in Indonesia and Malaysia after the COVID-19 pandemic was divided into four parts, namely the general description, as well as the description based on their country, sex, and age. To identify the participants' quality of life, a descriptive analysis was conducted using the mean and standard deviation. After that, the student's quality of life scores was analyzed through the normal distribution category with the categories of "high," "moderate," and "low".

## 3. Results

### 3.1. Quantitative Analysis

A quantitative analysis of all participant data was performed to determine the quality of life of Indonesian and Malaysian students in general. For this analysis, we used the mean, median, and mode values. The obtained mean value of the quality of life of Indonesian and Malaysian students was 92.61, while the median and mode values were 92.00 and 90.00, respectively. These data suggest that the majority of Indonesian and Malaysian students had below-average quality of life scores, as their mode scores are below the mean value. In other words, Indonesian and Malaysian students have a poor quality of life.

For a more detailed description, the quality-of-life scores were categorized into predefined categories based on the minimum and maximum values, mean, and standard deviation. Table 2 shows the categorization results of Indonesian and Malaysian students' quality of life.

**Table 2. Level of Indonesia & Malaysia Students' Quality of Life**

Categories	Score Range	f	%
Low	27-62	2	1.4
Moderate	63-98	90	64.7
High	99-135	47	33.8
Total		139	100

According to Table 2, 1.4% of Indonesian and Malaysian students have a "low" quality of life, while 64.7 and 33.8% of them have a "moderate" and "high" quality of life. This finding indicates that the majority of Indonesian and Malaysian students have a "moderate" quality of living. Besides, this analysis result also suggests that neither Indonesian nor Malaysian students are likely to be physically fit, active, healthy, or energetic. Interestingly, we also found that these pupils lack the happiness necessary for a positive attitude in life. They feel unsatisfied with life and are not sufficiently emotionally balanced. In addition, their relationship with their parents has not been positive, with no age-appropriate independence to make decisions for themselves. The positive and balanced relationship between parents also contributes as an additional pattern. In terms of peer acceptance, they tend to

receive less support from their peers. They are also unhappy in school and perform poorly on schoolwork. As a result, there are a number of restrictions on learning both during and after the Covid 19 pandemic.

In addition, the participant's quality of life based on their country was determined by calculating the mean value for each group. On average, the quality of life of Malaysian students (mean = 95.68) was higher than that of Indonesian students (mean = 91.93). Table 3 provides a country-by-country quality of life for students.

**Table 3. Level Of Students' Quality of Life by The Country**

Categories	Score Range	Indonesia		Malaysia	
		f	%	f	%
Low	27-62	2	1.7	0	0
Moderate	63-98	76	66.7	14	56.0
High	99-135	36	31.6	11	44.0
Total		114	100	25	100

According to Table 3, there are no Malaysian students with a "low" quality of life, whereas two students with low quality of life (1.7% of all students) reside in Indonesia. In the "moderate" category, the proportion of Malaysian students is greater than that of Indonesian students. Similarly, more Malaysian students have a high quality of life (44%) than the Indonesian students (31.6%).

In addition to investigating the quality of life of students by country, we also analyzed their quality of life by sex. On average, the male students' quality of life (mean = 94.41) was higher than that of female students (mean = 91.63), as shown in Table 4.

**Table 4. Level Of Students' Quality of Life by The Sex**

Categories	Score Range	Male		Female	
		f	%	f	%
Low	27-62	0	0	2	2.2
Moderate	63-98	30	61.2	60	66.7
High	99-135	19	38.8	28	31.1
Total		49	100.0	90	100.0

As presented in Table 4, there are no male and two female (2.2%) students having a "low" quality of life. In the "moderate" category, a more significant proportion of female students (66.7%) than male students (61.2%) were present. In the high category, there are 38.8% of male students higher than that female students (31.1%).

In addition, we analyzed students' quality of life based on their age by grouping them into 12 to 15 and 16 to 19 years old. From the analysis of each group's mean value, the quality of life of students aged 12 to 15 years (mean = 93.79) tends to be higher than that of students aged 16 to 19 years (mean = 91.66). Table 5 provides a detailed quality of life of students based on their age.

**Table 5. Level Of Students' Quality of Life by Age**

Categories	Score Range	12-15 years old		16-19 years old	
		f	%	f	%
Low	27-62	1	1.6	1	1.3
Moderate	63-98	39	62.9	51	66.2
High	99-135	22	35.5	25	32.5
Total		62	100.0	77	100.0

In the low quality of life, there is one student from each group, the 12–15 years old (1.6%) and 16–19 years old (1.3%) age group, as summarized in Table 5. In the "moderate" category, there are more students from the 16–19-year-old group than the 12–15-year-old groups (62.9%). In the "high"

category, the percentage of 12–15-year-old students is more significant (38.8%) than the percentage of 16–19-year-old students (32.5.)

In addition to describing the level of quality of life of students by country, sex, and age group, this study also analyzed the quality of life based on the dimensions of quality of life. The results of descriptive analysis on the dimensions of QOL are presented in Table 6.

**Table 6. Descriptive Data of Quality-Of-Life Dimensions**

	Physical Activities and Health	Psychological Well- being	Autonomy & Parents	Peers & Social Support	School Environment
Valid	139	139	139	139	139
Missing	0	0	0	0	0
Mean	3.3094	3.3124	3.3885	3.6745	3.6151
Median	3.2000	3.2857	3.4286	3.7500	3.7500
Mode	3.20	3.57	3.43	3.25	3.75
Std. Deviation	.64571	.59515	.67775	.77005	.66299
Variance	.417	.354	.459	.593	.440
Range	3.20	3.43	3.71	3.00	3.25
Minimum	1.80	1.29	1.00	2.00	1.75
Maximum	5.00	4.71	4.71	5.00	5.00

Based on Table 6, our participants scored the highest quality of life in the dimension of “peers and social support” by 3.674, followed by “school environment” (mean=3.615), “autonomy and parents” (mean=3.388), “psychological well-being” (mean=3.3312), and “physical activity and health” (mean=3.31). The “peers and social support” dimension explores the quality of interactions between children or adolescents and their peers, as well as the support they have experienced. The mean value of the “peers and social support” dimension, which tends to be higher than other dimensions, suggests students’ better quality of life than other dimensions of quality of life.

In addition, the lowest mean value was observed in the dimension of “physical activities and health.” This dimension investigates the level of physical activity, energy, and fitness of the child or adolescent. It also explores the extent to which a child or adolescent feels unwell and complains of poor health. Thus, the obtained lowest score also indicates a tendency for students’ poor quality of life in this dimension. In other words, they experience physical exhaustion, are physically unhealthy, feel unworthy, and have low energy. This is understandable, as they are locked down during the COVID-19 pandemic and have restricted activities.

### 3.2. Qualitative Analysis

Following the quantitative data analysis, we analyzed the qualitative data to attain a more coherent description of the student’s activities in each quality of life dimension. Further, we conducted interviews with students with the highest quality of life scores, representing Indonesia and Malaysia. Both students were female high school students.

The interview results suggested that the activities carried out by Indonesian and Malaysian students in maintaining their quality of life are related to other people, especially with peers and family members, both at school and home. The results of the qualitative data analysis are shown in Figure 1.

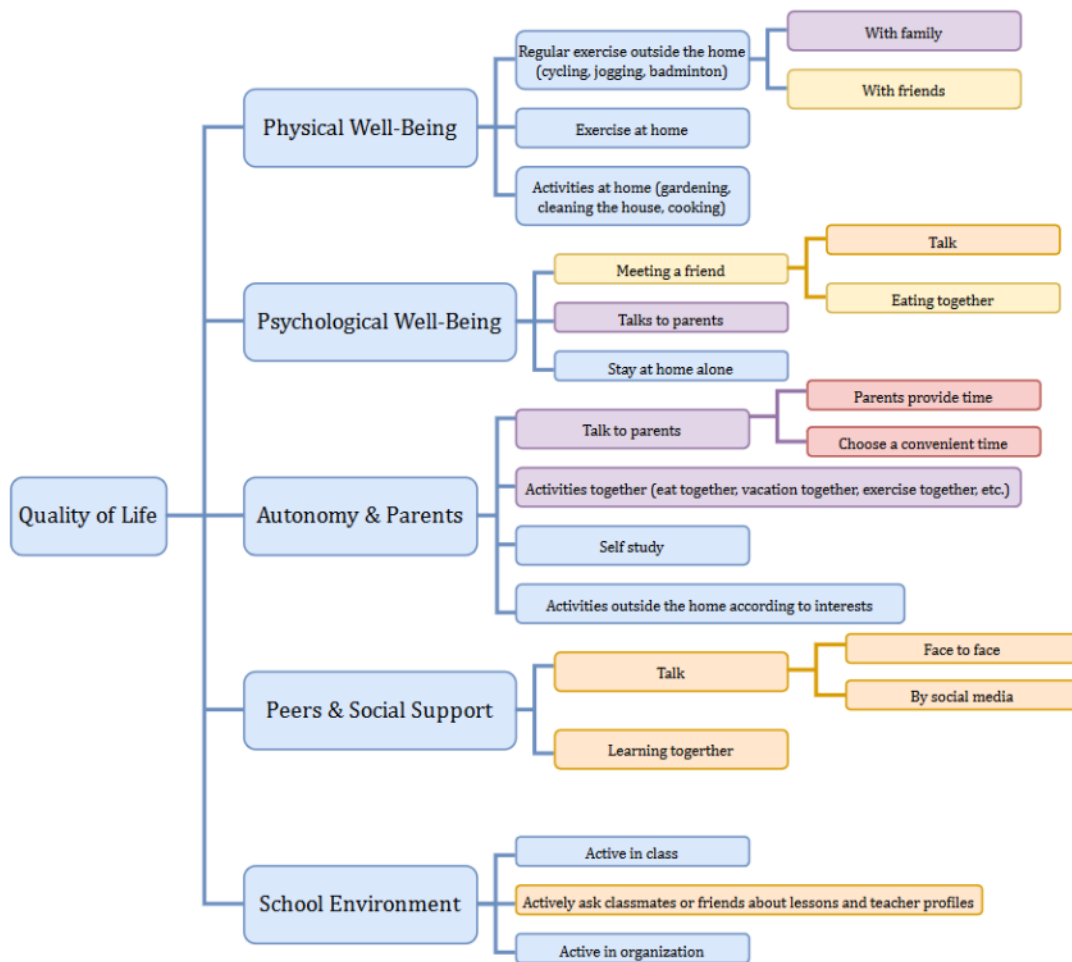


Figure 1. Description of Student Activities for Quality of Life

As illustrated in Figure 1, connection with others, particularly with peers and family members, is prevalent in every measure of life quality. In the “physical well-being” dimension, for instance, the physical activity performed by the first and second respondents is exercising with family members. The first respondent stated that she maintained her health by exercising with her family on the weekends. If she does not exercise on the weekends, she undertakes light housework. Along with the first response, the second respondents also engaged in health-promoting physical activity by jogging and playing badminton with their parents.

In the dimension of “psychological well-being,” the participants’ activities also involve other people. Both respondents described that they tell stories to their parents at home and friends at school. If they cannot meet in person, they communicate on social media. As the first respondent stated: “I like meeting my friends, especially during face-to-face learning at school. If I feel as if someone is resentful of me or stalking me, I usually meet my friends. Then, I am immediately happy. If we could not meet, we talk via WhatsApp, or else I talk to mom or dad” (GMF-act-R1). Further, they explained that they maintain their feelings and mood by doing these activities. Besides, they feel happy, more focused on learning, more ease in learning material, and have a positive impact on those around them.

Like the previous two dimensions, in the autonomy and parent dimension, the participants also carried out activities related to family members. To regulate the quality of life in this dimension, both respondents carried out activities with family members at home and outside the home, such as vacationing together, eating together in a restaurant, watching movies, and praying together. The second respondent said: “Every month, our family goes on vacation. Our large families will go out together. At home, we perform many activities. Watching television, eating, and praying together”

(Fam-act-R2). They also described their parents. The first respondent stated that his parents gave him time at home. At home, their parents use all of their time for the family, and they no longer do office work. Meanwhile, to fill in their spare time, both respondents engaged in other activities, such as playing social media, cooking, designing, studying, and talking with friends.

In the “peers and social support” dimension, both respondents stated that they gathered and shared stories with their friends, both at school and outside school. The second respondent explained, “With school friends, we will study together. If it is my friend at home, I will go out together. We went camping together” (Find-act-R2). Similar to the second respondent, the first respondent also described similar activity. “Usually, I hang out with my friends.... Usually, we tell stories. At school, I have a place that is never used by anyone else. It was only used by us. We talked there. Outside of school, we prefer to meet at one of our houses” (Frnd-act-R1).

For the “school environment” dimension, in addition to showing a good attitude of students by focusing on learning, both respondents also said that they always try to complete their school assignments and be active in class. Meanwhile, for building good relations with teachers and classmates, the first respondent stated, “My relationship with the teachers is good. I asked my classmates what kind of person the teacher was. What about this teacher?” (SL-maint-R1). This experience shows that, in the school environment, the respondents’ activities mainly focus on connecting with other people, such as their school friends and teachers.

#### 4. Discussion

After the COVID-19 pandemic, the majority of Indonesian and Malaysian students had a “moderate” quality of life, as shown in our findings. This result is consistent with the results of other research on students’ quality of life during the COVID-19 pandemic. In a past study, Rogi, Rombot, and Siagian (2020) and Ningsih and Hamdani (2021) reported students’ moderate quality of life throughout the pandemic. These statistics reveal that students in Indonesia and Malaysia continue to face psychological problems such as anxiety, boredom, tension, sadness, and loneliness, as well as other psychological issues that negatively impact their quality of life.

The “moderate” students’ quality of life is related to physical activity and health factors. This quantitative data relates to qualitative data. Interview results indicate that Indonesian and Malaysian students are generally less healthy and have less exercise or physical activity. They contend that their movement is limited. They mostly stay in front of the screen. Physical inactivity affects the quality of life. Numerous research has investigated the relationship between children’s physical fitness and life satisfaction. According to Andersen et al. (2017), physical activity is associated with higher perceptions of physical well-being. Another study uncovered that students who participated in more physical activity and spent less time in front of a screen had better emotional advantages (Yadav, Yadav, Punjabi, Sankhla, & Shukla, 2022). Therefore, regular physical activity is essential for physical, mental, and emotional well-being (James et al., 2018; Torres et al., 2018).

Although students have reached a learning recovery process during the tenth month of the COVID-19 pandemic (Irawan, Muslifar, & Dwisona, 2021), they still need more time to recover psychologically. Our findings confirm that the COVID-19 pandemic had long-lasting psychological effects, such as anxiety, emotional, and behavioral problems (WHO, 2020b). Further, the COVID-19 pandemic also elevated students’ levels of sadness and anxiety in social connections due to a lack of socialization (Jiao et al., 2020; Spinelli et al., 2020; Xie et al., 2020). Besides, students also reported experiencing more negative feelings, such as fear, anxiety, and boredom (Aslan et al., 2020; Odriozola-González et al., 2020; Saravanan et al., 2020; Son et al., 2020). They also experience increased tension, anxiety, and depression (Aristovnik, Keržič, Ravšelj, Tomažević, & Umek, 2020; Son et al., 2020). The “moderate” quality of life experienced by most Malaysian and Indonesian students is attributable to their poor psychological health. This study is congruent with the findings of (Isaac et al., 2021) who discovered that depression, anxiety, and stress during the COVID-19 pandemic were associated with a decrease in life satisfaction.

However, nearly half of the students in this study have a “high” quality of life. As a consequence of the government’s decision to reopen schools, students are no longer confined to their homes.



Consequently, they are free to move and express themselves, so their psychological state has improved. This quantitative finding is supported by qualitative evidence indicating that students tend to have a higher quality of life in the peers and social support dimensions. The majority of our participants conduct activities involving other people, such as their classmates and their families. Our conclusion correlates to Bronfenbrenner (1979), reporting that an individual's well-being and growth are influenced by the interaction between their personality and the environment.

In addition to "peers and social support" family activities also contribute to the excellent quality of life experienced by students. The majority of students engage in family-related activities, such as sharing stories, exercising, cooking, watching television, and praying, both at home and outside of the home, as shown by interview data. To maintain their quality of life, students regard home as a place of comfort and security. The second activity that students engage in to maintain their quality of life after the COVID-19 pandemic is gathering and sharing stories with friends at school and outside of school. In other words, supporting and enhancing students' quality of life in the aftermath of the COVID-19 pandemic is contingent upon their ability to form and maintain relationships with others.

Children and adolescents are profoundly influenced by their social environment since they grow and develop under the care of many social systems, such as family, friends, and school. In this study, the social environment, including classmates and the learning environment both inside and outside of school, had a significant impact on students' quality of life. This finding is consistent with Alfaro-Inzunza, Ramírez-Casas Del Valle, and Varela (2019), reporting that feeling cared for, loved, and supported by significant adults is essential to the well-being of children and adolescents. Moreover, social support from friends or significant others is predictive of the social connection domain of quality of life (Alsubaie et al., 2019).

The findings of this study are also consistent with the previous studies. According to Lopez-Zafra et al. (2019), there is a substantial correlation between quality of life and social support from family, friends, and the community. Guo, Tomson, Keller, and Söderqvist (2018) demonstrated that social trust is an independent factor connected with mental health. Adolescents spend a large amount of time at school each day; thus, the environment is essential to their growth of mental health. Lester and Cross (2015) positioned a sense of safety, a strong school connection, and peer support as protective factors for mental health. In contrast, throughout elementary and high school, relationships with teachers acted as a buffer for students' mental health. However, in a study conducted in Jordanian, Arabiat, Shaheen, Nassar, Saleh, and Mansour (2018) reported that parental support is more important than schooling, while peer support is essential for adolescents' well-being.

In addition, our results also showed that male students had a higher quality of life than their female counterparts. This finding concurs with those of Jozefiak, Larsson, Wichström, Matějka, and Sieberer (2008). Female students were found to have a poorer quality of life than male students. Besides, sex also carries an effect on psychological wellness (Guo et al., 2018). The effects of age and sex on life satisfaction were clear and consistent with our findings.

By country, Malaysian students tended to have a higher quality of life than Indonesian students. According to Bronfenbrenner (1992), macroeconomic parameters, such as country, gross domestic product, and the income inequality coefficient, predict children's psychological well-being (Lawler, Newland, Giger, & Roh, 2015; Lawler, Newland, Giger, Roh, & Brockvelt, 2017; Newland et al., 2014). The effect of macrosystems on the psychological well-being of children has been studied, resulting in varied findings (Dinisman & Rees, 2014; Kim & Main, 2017; Lee & Yoo, 2015). In their most recent research, Newland et al. (2019) found that country-level characteristics do not significantly predict well-being but somewhat improve model fit. It is believed that these macrosystem elements contribute to the disparity in quality of life between Indonesian and Malaysian students.

Students between the ages of 12 and 15 tend to have a higher quality of life than those between 16 and 19 years of age. According to a study on life satisfaction, the impacts of age and sex are constant. Manzoor, Siddique, Asghar, Nazir, and Hassan (2015) observed the same results in Pakistani student populations. They discovered that the psychological well-being of younger students was superior to that of older students. Although the results of this research imply that the

quality of life of younger students is higher than that of older students, these results are inadequate to conclude that age is correlated with quality of life. According to Diener and Suh (1997), there is no correlation between age and psychological well-being. Although Wilson (1967) discovered that the youth are happier than older people, the results of this research are not sufficient to support this conclusion. Because they are related to developmental activities, it is expected that older students would have a reduced quality of life. These older students are high school students who experience significant physical, mental, and social growth (Thoyibah, 2021). In addition to academics, the Covid-19 epidemic has pushed them to confront these developments.

## 5. Implication for Practices

Our findings suggest the students' quality of life two years after the Covid 19 pandemic is essential information for school counselors. This finding may be used as a foundation for developing guidance curriculum programs that emphasize developing students' life skills. Besides, physical exercise and health, which relates to the quality of life component, is one of the guidance curriculum's main topics. This approach is both preventive and developmental. As class activities, classes and groups may be chosen. The purpose of the guidance curriculum program is to help students in increasing their quality of life by cultivating a number of self-competences relevant to the quality of life.

In addition, the quality-of-life profile of students found through this study can be used as baseline data in student quality-of-life improvement programs after the COVID-19 pandemic. School counseling programs can focus on improving the dimensions of quality of life that score the lowest, namely physical activities and health, and optimizing the dimensions of peer and social support to improve student's quality of life scores.

## 6. Limitation

This research describes the quality of life of Indonesian and Malaysian students after the COVID-19 pandemic based on their country of origin, sex, and age. This research also revealed the highest dimension of students' quality of life, which is further explained in more depth through qualitative data. However, this research is limited in methodology. First, Malaysian and Indonesian students participated in an unequal number of participants. The sampling technique was not strong enough that data analysis could only be carried out using descriptive analysis. Therefore, the issues being examined in this research are still quite relevant for future studies, considering our limitations. By correcting some of the limitations of this study, data analysis can be carried out using more robust methods, such as cross-sectional analysis, to generate more comprehensive results.

## 7. Conclusion

Students in Indonesia and Malaysia experienced unstable psychological health dynamics after learning from home during the COVID-19 pandemic, followed by limited face-to-face learning and full face-to-face learning in schools with strict health protocols. This condition surely affects their quality of life. Based on our data analysis results, the quality of Indonesian and Malaysian students tends to be low. By country, the quality of life of Malaysian students tended to be better than that of Indonesian students. Meanwhile, from the perspective of sex, the quality of life of male students tends to be better than that of female students. Meanwhile, if analyzed by age group, the quality of life of students aged 12–15 tends to be better than that of students aged 16–19 years old. Based on the dimensional analysis, the quality of life of Indonesian and Malaysian students tended to be better on the "peers and social support" dimension. The profile of students' quality of life-based on quantitative data is further strengthened by qualitative data analysis results, showing that Indonesian and Malaysian students tend to engage in activities involving other people to maintain their quality of life, such as through activities with friends and family members, both at school and at home. This reflects the fact that social relationships have become one of the main factors affecting the quality of life of students after the COVID-19 pandemic.

## Author Contributions

All authors have equal contributionsto the paper. All the authors have read and approved the final manuscript.

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# Kualitas Hidup Mahasiswa Indonesia dan Malaysia Setelah Pandemi Covid-19: Studi Metode Campuran

## Kata kunci

Kualitas hidup  
Pandemi Covid-19  
Siswa  
Lockdown  
Well-being

## Abstrak

Belajar dari rumah selama pandemi COVID-19 dan belajar tatap muka di sekolah dengan protokol kesehatan yang ketat selama pandemi COVID-19 berdampak negatif jangka panjang terhadap kesehatan psikologis siswa. Situasi ini dapat memengaruhi kualitas hidup. Untuk mengukur kualitas hidup siswa, metode campuran diadopsi. Partisipan dalam penelitian ini adalah siswa berusia 12 hingga 19 tahun. Penelitian ini melibatkan total 139 peserta. Kuesioner Kidscreen-27 dengan koefisien reliabilitas 0,913 persen digunakan. Wawancara dilakukan sesuai dengan seperangkat aturan yang ditetapkan. Data dikumpulkan secara online. Analisis yang digunakan adalah kuantitatif, kualitatif, dan deskriptif. Sebagian besar kualitas hidup pelajar Indonesia dan Malaysia berada di bawah rata-rata atau tingkat "sedang" (64,7 persen). Pelajar Malaysia cenderung memiliki kualitas hidup yang lebih tinggi daripada pelajar Indonesia; siswa laki-laki cenderung memiliki kualitas hidup yang lebih tinggi daripada siswa perempuan; dan siswa berusia 12 hingga 15 tahun cenderung memiliki kualitas hidup yang lebih tinggi dibandingkan siswa berusia 16 hingga 19 tahun. Selain itu, analisis ini menemukan bahwa pelajar Indonesia dan Malaysia cenderung memiliki kualitas hidup "dimensi teman sebaya dan dukungan sosial" yang lebih tinggi. Temuan akhir menunjukkan bahwa kualitas hidup siswa berhubungan dengan interaksi sosial mereka, seperti kegiatan sekolah dan rumah dengan teman dan anggota keluarga.