Lifestyle Related Diseases amongst Orang Asli in Peninsular Malaysia-Case Study

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Abstract

The lifestyle of the new generation of Orang Asli in Malaysia exposed them to lifestyle related diseases. This study was conducted to evaluate the effects of the new lifestyle on the related diseases amongst Orang Asli in one resident of Orang Asli in Peninsular Malaysia. Data on demographic, lifestyles, health status and treatment seeking prevalence were collected through questionnaires and analyzed. Participants were males and females (n=37), mean age 40.8 from Muslim semai group. Most of the females are homemakers, and male do less labour work. Less mobility exposed them to lifestyle related diseases. The new way of life has exposed Orang Asli toward a lifestyle related diseases in Malaysia.

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1. Introduction

Orang Asli, are the indigenous minority people of Peninsular Malaysia. The earlier study stated that like other native nations around the world, Orang Asli were among the most marginalized community, faring very low in all the social indicators both in absolute terms and to the dominant population. The
The official statistic also proved that 35.2% of Orang Asli were hardcore poor (Zainal Abidin 2003). Only 14% of them attended schools and out of this only 43% of them were literacy (Lim 1997).

The concept of health and illness among Orang Asli population is reported as culture specific (Kleinman 1973). Illness in this population is reported to be associated with supernatural agents rather than a natural one (Gianno 1986). This phenomenon has thus dramatically affected their health seeking behaviour, where the emphasis is given to traditional specifically spiritual ways of healing rather than scientifically proven therapies (Wolf 1985). During those days, Orang Asli’s were reported to be healthier than their counterparts in the urban areas due to simple diet, physical activities as well as less exposure to the modern life style. Orang Asli who had less contact with outside society were generally healthier than those with more contact (Noone 1936). However, they were more fond of traditional diseases like malaria, bronchitis, boils, scabies, wounds, neuralgia, dental caries, intestinal worms and yaws (Baer 1999).

The modernization brought the encroaching of outsiders with new pathogen. Disease patterns are also reported to changed from malaria, scabies to the more life threatening maladies such as smallpox, cholera, thyroid, flu, syphilis etc (Baer 1999). Since Orang Asli have no immunities to these diseases this has killed many and even wiping out the whole villagers contributed to the long-standing Orang Asli fear and distrust of strangers.

To protect Orang Asli from this problem the resettlement camp of Orang Asli was built. This project failed because more than 7,000 Orang Asli died in this squalid camp from disease, malnutrition and depression (Polunin 1953). With the failure of this project, British who govern the country during those days built forts and associated amenities for them in the forest. This create difficulties for doctors to pay visit for their medical aids due to the rotational basis and lack of doctors back then to make a regular visit due to the area location and further afield.

Besides that, the strong believe in traditional healers makes it hard to keep Orang Asli in the hospital. This was due to poor perception on modern medication back in those time. (Bolton 1973).

Modernization had also brought changes in their lifestyle habit which contributed to the new era diseases such as obesity and cardiovascular related problems. Suprisingly, there is high percentage of Orang Asli with Osteo diseases which is one of the common diseases among Malaysian population.

Malaysian government under the Department of Orang Asli Affairs (JHEOA), has their own goal in turning Orang Asli to merge with modern life. The following verbatim extract from the website prove their seriousness in realizing their vision:

To create an individual, family and community of Orang asli who are healthy and productive by a health system that is fair, easily accessible, disciplined and adaptive to change in response to environment and customer’s expectation with every stratum besides encouraging individual responsibility and social participation towards improving the quality of life. (JHOEA website, accessed 9th May 2005).

Moreover the modernization of Orang Asli indirectly change their perspective toward health seeking behaviours from primitive to modern ways of treatment.

From our observation and communications with this population economic dealing with nearby Malay communities has been going on where they trade their forest product for salt, knives and metal axe-heads, among others. They wear modern clothes and appreciate visitors. Most of the houses are equipped with radio and television which are connected to private channel. The generators are available for use during night time and they spent most of their day time to earn a living and doing the household works. Most women stay at home and have more leisure time with families while men are doing less labour work compared to the previous time. The school is built at a normal walking distance from their home. Children wear full set of school uniform and use basic toiletries. The new life style and behaviour of Orang asli has increased their status of life. There are less people with infected diseases, however the
available infrastructures surrounding their communities make them less mobile and vulnerable to lifestyle related diseases.

However since the frequent mobile clinic visits completely equipped with medical staff and medication, their health conditions are under control and no serious chronic diseases are found among Orang Asli at the particular village of the study.

This current study was designed and conducted to describe the changes that occur in Orang Asli community at Kuala Boh, Selangor based on their health status, health seeking behaviours and life styles in the modern era of Malaysia.

2. Methodology

This study was conducted at the Orang Asli village in Kuala Boh, Selangor with the permission from Department of Orang Asli Affair (Jabatan hal Ehwal Orang Asli Malaysia (JHOEA)) of the village. Questionnaire items were developed from literature reviews and consultation with head of the village and experts working on issues related to Orang Asli population. To validate the questionnaire the draft was given to some of the villagers for feedback. Face to face interviews were conducted at their home during our home visit. Study subjects were 35 participants from villagers residing in Kampung Kuala Boh, Selangor. All of the participants understand and speak Malay very well which facilitated the data collection process. The researcher and the representative from JHOEA collected the data. No formal sampling methods were used for the actual survey. Instead, the researchers went to all houses door to door. The resident was asked to complete the questionnaire, and participation was voluntary. Informed consent letters were obtained from the head of the family before completing the questionnaire. Data collected were analysed and tabulated using SPSS. Data were presented in percentages and +/- SE mean.

3. Results

Thirty five participants consisting of 22.9% (n=8) males and 77.1% (n=27) females (Fig. 1), mean age 40.8 +/- 20.8 years participated in this study. All participants were Muslim and from the Semai group, an indigenous ethnic group among Orang Asli population. More than half of the study population were married 82.9% (n=29) while 17.4% (n=6) were stated as never married (Fig. 2). 67.6% (n=23) received primary education while 32.3% (n=12) (Fig. 3) never attended school. Unlike other urban areas in Malaysia, majority of the females are reported as homemakers (92.5% (n=25)) (Fig. 4), while 87.5% (Fig. 5) of the male population are working to serve the family. A high percentage of 88.5% (n=31) from the participants are reported to go for regular health check-ups while only a few 11.4% (n=4) never attended any check-ups (Fig. 6). None of them are reported to have a habit of regular exercise but most of them claim to compensate it with their daily labour work (Fig. 7). Eventhough most of them (70.4%) are not smoking (Fig. 8) and claim to practice a healthy lifestyles, majority of them (51.4%) possess at least one type of chronic disease (Fig. 9) such as cardiovascular & respiratory problems (Figure 10). Surprisingly a high percentage of them are having disease related to osteo (Fig.10). Despite of regular household activities, a high body mass index (BMI) was reported among most of the females (> 50%) (Fig.11). However since most of them which is 79.45% (n=27) seek modern treatments, their health problems were under control (Fig.12).
Fig. 1. Percentages of males and females respondents out of total population

Fig. 2. Percentages of married and unmarried respondents out of total population

Fig. 3. Percentage respondents that ever attended school versus those who never attended school
Fig. 4. Percentage respondents on working status for woman

Fig. 5. Percentage of working and non-working man from total respondents
Fig. 6. Percentage of medical check up status from total population

Fig. 7. Percentage of exercise status from total population
Fig. 8. Percentage of smoking status among total population

Fig. 9. Percentage of total population who suffer at least one type of chronic disease
Fig. 10. Percentages of disease distribution amongst total respondents

Fig. 11. Percentage of BMI status among total population
4. Discussion and Conclusion

The results of this study reveals several interesting findings about the health status and health seeking behaviours among Orang Asli population. Although it was done on a very low scale the findings can help in understanding the needs of this indigenous group of people. The modernization has changed the lifestyle, health status and health seeking behaviours of Orang Asli in Malaysia. The changed to the modern ways of life has also increased the exposure to the modern and lifestyle related diseases. However since the access to the modern treatments were made available, the diseases are reported to be well controlled. As reported previously the concept of illness as more culture specific, participants shows a better understanding towards health related issues by playing an active role in treatment and decision making process. It is imperative to appreciate the efforts made by the Malaysian government to recognize the needs of Orang Asli population and to meet their demands by taking effective measures. Provision of health care facilities and making it affordable for them are few of the initiatives taken by the government to improve the health status of Orang Asli in the region. With the empowerment of these measures it can help Orang Asli to play their role as productive component of the society. A better understanding towards health related issues and their treatment with effective and proven methods may also help in reducing burden on Malaysian health care system. The study findings also provide ground information for the social and health workers in designing an effective educational interventional programmes to improve awareness about health and health seeking behaviours amongst them.
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