Modernization and the Life-Style Related Diseases among Orang Asli at Kuala Boh, Selangor, Malaysia

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Abstract
Modernization of Orang Asli in Malaysia exposed them to lifestyles related diseases. This study was conducted to evaluate the effects of modernization on lifestyles related diseases amongst Orang Asli at Kuala Boh Selangor Malaysia. Data on demographic, health and treatment seeking preferences were collected through questionnaires and analyzed. Participants were males and females (n=35), 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 health related diseases. The modern way of life has exposed Orang Asli toward a lifestyles related diseases in Malaysia.

Keywords: Orang Asli; Health seeking behaviours; Life style related diseases, Modernization of Orang Asli

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1.0 Introduction
Orang Asli are the indigenous minority of Peninsular Malaysia. Over the past three decades many had to undergo relocation programs when their land where were acquired by the state authority for development. In reflect to the modern era of Malaysia they are given new infrastructures for the improvement in their quality of life (Mohamud, W.W. et. al., 2010). However lifestyles changes indirectly contributed to the changes in the disease pattern. This current study was conducted to determine whether these changes occur in Orang Asli community at Kuala Boh, Selangor, Malaysia, and to determine the current status of disease pattern in this community based on self designated questionnaires.

2.0 Literature Review
Orang Asli were among the most marginalized community, faring very low in all the social indicators. 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).

During those days, Orang Asli’s were reported to be healthier than the urban areas due to simple diet and high physical activities.. Those who had less contact with outside society were generally healthier than (Noone, 1936) eventhough, they were more fond of infectious diseases (Baer, 1999).

3.0 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)). Questionnaire items were developed from literature reviews and consultation with head of the village and experts working on issues related to Orang Asli population and validated.. Interviews were conducted at their home during our home visit. Study subjects were 35 participants from the village. All of them understand and speak Malay very well which facilitated the data collection process. Informed consents were obtained from the head of the family before completing the questionnaire. Data collected were analyzed and tabulated using SPSS and presented in percentages and +/- SE mean.

4.0 Results and Discussion
Thirty five participants consisting of 22.9% (n=8) males and 88.8% (n=28) females (Figure 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 (Figure 2). 67.6% (n=23) received primary education while 32.3% (n=12) (Figure 3) never attended school. Unlike other urban areas in Malaysia, majority of the
females are reported as homemakers (92.5% (n=25)) (Figure 4), while 87.5% (Figure 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 (Figure 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 (Figure 7). Even though most of them (70.4%) are not smoking (Figure 8) and claim to practice a healthy lifestyles, majority of them (54.5%) possess at least one type of chronic disease (Figure 9) such as cardiovascular & respiratory problems. Surprisingly a high percentage of them are having disease related to bone (Figure 10). Despite of regular household activities, a high body mass index (BMI) was reported among most of the females (> 50%) (Figure 11). However since most of them which is 79.45% (n=27) seek modern treatments, their health problems were under control (Figure 12).

Figure 2: Percentages of Married and Unmarried Respondents Out of Total Population

Figure 3: Percentage of Respondents Who Attended School versus those Who Never Attended School
Figure 4: Percentage of Working and Nonworking Woman in Total Respondents

Figure 5: Percentage of Working and Non Working Man in Total Respondents

Figure 6: Percentage of Respondents that go for Medical Checkup Regularly versus those who Never go for Any Medical Check Up
Figure 7: Percentage Respondents that Perform Regular Exercise versus those Who Never Have Any Exercise

Figure 8: Percentage of Respondents on Smoking Status

Figure 9: Percentage of Total Respondents Who Suffer at Least One Type of Chronic Disease
Modernization had brought changes in the Orang Asli lifestyle which contributed to the new era diseases such as obesity and cardiovascular and bone diseases. However the
perspective toward health seeking behaviors has also changed from primitive to modern ways of treatment which made their health conditions are under control and no serious chronic diseases are found among them.

5.0 Conclusion
The results of this study reveals that the modernization has changed the life style thus changed the 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.

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