



## Education and awareness of modern health care amongst aboriginal people: The case of the Jakuns of Peninsular Malaysia

Vivien W.C. Yew<sup>1</sup>, Mal-Kong Sia<sup>2</sup>, K.C. Lam<sup>1</sup>, Sarmila M.S.<sup>1</sup>, Sivapalan Selvadurai<sup>1</sup>

<sup>1</sup>School of Social, Development and Environmental Studies, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, <sup>2</sup>Faculty of Engineering and Built Environment, Tunku Abdul Rahman University College

Correspondence: Vivien W.C. Yew (email: vivienyew@ukm.edu.my)

### Abstract

Previous studies have indicated that the resettlement of the Orang Asli communities into areas nearer to towns was with the intention of improving the health conditions of the aboriginals. Subsequent researches have since focused on the relation between mainstream orthodox medical approaches and traditional healing practices in search of improved approaches to advance further the health cause of the aboriginal communities. However, none of these works have addressed the central question of how the Orang Asli have been adapting themselves to the mainstream healthcare system while still holding strong beliefs in their traditional medicine. To close the gap this study examined the readiness and intentions of the Orang Asli in adapting to modern health care approach amidst old traditional health beliefs and healings practices. A qualitative study based on in-depth interviews and field observations was carried out at a Jakun village of Kampung Kedaik, Rompin, Pahang involving 12 male and 13 female informants between 18 – 70 years old. Results of the study showed that as the Orang Asli people received proper education they appeared to think about health differently. Most of the informants preferred modern over traditional medicine predominantly because of their deteriorating faith in, and relative inaccessibility to traditional medicine. The findings implied that in this modern day most of the indigenous communities were open to social change which in this context included modern health care so as to improve their health conditions.

**Keywords:** education, health care, indigenous people, Orang Asli, Peninsular Malaysia, traditional medicine

### Introduction

The indigenous people (commonly called as *Orang Asli*) of Peninsular Malaysia are divided by social scientists into three main tribal groups, namely, 'Negrito', 'Senoi' and 'Proto-Malays', based on their anthropological descent. They are further divided into six sub-ethnic groups according to their culture, language, religion, economy, social organization and physical characteristics (Carey, 1976; Dentan et al., 1997). Within the Negrito tribal group, there are six sub-groups, namely, Kensiu, Kintaq, Jahai, Mendriq, Bateq and Lanoh. These sub-groups are mostly resided at the northern part of the Peninsular Malaysia in Kedah, North Perak, Kelantan (Gua Musang) and Ulu Terengganu. In Senoi group, there are six sub-groups -Temiar, Semai, Jahut, Che Wong (Pahang), Semoq Beri and Mahmeri. Most of these Senoi sub-groups reside at Central Perak, South Perak, Pahang and Selangor. As for the Proto-Malays, also, there are six sub-groups, namely, Temuan, Jakun, Semelai, Orang Kuala, Orang Seletar and Orang Kanaq. Most of them settled in the regions of Johor, Melaka, Negeri Sembilan, South Pahang and part of Selangor (Edo & Fadzil, 2004).

In Malaysia, in 2010, the total population of Orang Asli community was 178,197 (according to Aboriginal Peoples Development Strategic Plan 2011-2015 and population census 2010), and this represented a mere 0.7 percent of the total Malaysian population. Of this total population of Orang Asli, the Senoi tribal group has the biggest number, approximately 54 percent of the total indigenous

community. On the contrary, both the Negritos and Proto-Malays have only 7 and 39 percent respectively of the indigenous population. From the 39 percent of Proto-Malays, approximately 21,895 people are from the Jakun sub-group, of which the Jakun represented 12.28 percent of the total Orang Asli population in Peninsular Malaysia (Bahuchet, 1992; JAKOA, 2011).

Still in trying to cope with the adjustment to the rapid development of the mainstream society, the Orang Asli are at all stages of development, from the most primitive to the most sophisticated (Benjamin, 1976). To date, the most prominent development programme initiated by the Department of Orang Asli Development (JAKOA) was the “Resettlement Plan Scheme” or it was also known as the “Regroupment Schemes”. This programme of “Resettlement Plan Scheme” has been carried out all these years because there are always powerful interests from various parties on the country natural resources such as timber and minerals. Similarly, due to country development, conversion projects from tropical forest into oil palm or rubber plantations, golf courses, hydroelectric power installations, the Kuala Lumpur International Airport, and all these development projects ultimately coveted the Orang Asli’s land (Nicholas & Baer, 2007). The Orang Asli were then resettled in rural and semi-rural locations, or on the outskirts of larger cities, where they are encouraged to integrate into mainstream society. According to the Malaysian government policies, the relocation programs of Orang Asli aim at drawing the Orang Asli into “the mainstream of society” (Gomes, 2004).

With regard to the “Resettlement Plan Scheme” adopted by the Orang Asli, moving out of the forest led to changes in their lifestyle and living environment. This changes subsequently brought changes to their healthcare system. As the Orang Asli are being situated near to larger cities, among others, the changed environmental conditions caused the spread of infectious disease such as common cold, cough and running nose among the Orang Asli children particularly. Also, those settlements with higher population densities would sustain parasitical infections over a longer period (Chee, 1992). Besides, there are other health problems such as increased social stress and skin problem as well as pollution-caused diseases, which are associated with living in urban environment in crowded areas. With that, the Orang Asli’s health status remains far below the national average. In addition, due to their relocation under village resettlement projects, large number of Orang Asli today face increasing burden of illness and disease (Bedford, 2009).

Planned resettlement projects by the Malaysian government clustered most Orang Asli in less remote or near to town villages along with normal education and healthcare facilities. As such, one would expect that most Orang Asli now seek medical care at government clinic instead of Orang Asli traditional healings and practices from within, particularly the Jakun ethnic group where most of their villages located nearby town areas. Thus, in this study, the researchers aim to investigate the readiness and intentions of Orang Asli in adapting to modern health care approach amidst old traditional health beliefs and traditional healings and practices. In addition, the importance of education is then examined against the Orang Asli understandings of health and illness.

## Literature review

Within the tribe of Proto-Malays, the Jakun people are the largest group. Most of them are residing in the states of Pahang, Johore, Malacca, Negeri Sembilan and Selangor. Among the states, Pahang has the highest number of Jakun population. The Jakun people are also known as “Orang Hulu” (the people who live upstream) in the Malay language and literature. They have their own language, which is often used among them. However, most Jakun people could speak Malay language fluently (JAKOA, 2011). According to the previous studies by Fix (1995) and Nicholas (2006), Jakun people have straight hair and epicanthal folds as well as a lighter average skin color. In terms of their economic activities, Jakun people usually work as farmer-traders. Though a small minority of them is still depending on the forest for a living, this trend is reducing gradually. This is because the Malaysian government has relocated majority of the Jakun people to places nearby town areas. As a result, these Jakun people tend to have more

interactions with outsiders and subsequently more economic opportunities are available for them as they meet people from town areas.

Further, as previous studies (Fix, 1995; Nicholas, 2006) indicated, more than half of the present-day Orang Asli Jakun has been relocated to areas very much farther from their old settlements in the jungle. For this, the Jakun people have shifted away from a subsistence economy and only forage for forest produce as a subsidiary activity due to the diminishing forest resource base near to their resettlement areas. Many have found employment with logging concessionaires, plantations and the government sector. Some of the younger generations of the Jakun people chose to work in the town areas as assistants in small auto workshops, restaurant waiters or waitresses and operators in manufacturing factories. At times, frequent interactions between Jakun people and Chinese business community staying in the nearby town, lead to intermarriage between the two ethnic groups.

Generally, Jakun people practice animism until today. However, there is a small portion of the Jakun has converted to Muslim. Besides, a small number of the Jakun people converted to Chinese traditions due to intermarriages between Jakun and Chinese. In terms of community beliefs, the Jakun community is commonly known to subscribe to the belief in the spirit of nature. According to the Jakun people, any features or phenomena in this physical world including mountains, rivers, hills, caves and stones have its spirits. They strongly believe that their village or community will face with disaster if they were to breach any of the nature rules (Fix, 1995; Nicholas, 2006; Salbiah, 2012).

Although the Jakun people are known as superstitious, studies (Fix, 1995; Salbiah, 2012) indicated that the Jakun community has inherited wide knowledge from their ancestors to treat common ailments as they also inherited quite an extensive knowledge on herbs and healing powers. To them, the forest is their source of food as well as health remedies. However, as most of the Jakun people moved out from the forest, they do not have accessibility to the forest produce. Thus, in time of illness, they will normally resort to whatever home remedies possible or pay a visit to the government clinic nearby their village. The central question posed in this study would be how the Orang Asli Jakun have been adapting themselves to the mainstream healthcare system when many of them still hold strong beliefs in their traditional medicine. As we ponder on this modern health care facility in meeting the Jakun people's health and illness, we then relate our observation with the traditional understanding of health and illness of the Jakun community. Further, with proper education provided by the government, this study aims to investigate if level of education contributes to frequent visits of government clinics or hospitals.

Based on the observation done by Michael and Chuen (2012), the Orang Asli community that resides in Perak, Malaysia has a low level of education as well as low standard of health care. The lack of education among Orang Asli resulting in ignorance of the indigenous people on the importance of medical facilities provided in the village by the local government. In addition, due to lack of education, the Orang Asli living in the state of Perak, Malaysia tend to care less about healthcare matters. They continue to believe that the forest could furnish natural remedies and when they need medicines to alleviate illnesses.

In another study on Chinese school students in Linxiang City of Hunan province in China, Bieri et al. (2013) concluded that as the students' knowledge about soil-transmitted helminths increased due to proper education, there seemed to be a change in students' behaviour in washing hands regularly and thus reduce the rate of infection among school students. The students learned that infections with soil-transmitted helminthes cause intestinal worms to transmit through contaminated soil. The above study result validates the reduction in infection rate with an increase of knowledge in health care by better hygiene practice on the learned. Thus, with health education, it promotes understanding on transmission of diseases; bring about behavioural change that reduces such transmission.

A very recent study by Cheng et al. (2014) on Orang Asli Lanoh living in Lenggong, Perak emphasized on the urgent need of education intervention to improve the Lanoh community's knowledge on the proper use of medications. The study findings showed that a majority of the Lanoh people seeks modern treatment although the use of traditional medications is part of their health seeking behavior. However, as their education level remains low; more than half of the study population shared medication with others.

As indicated by studies above, the importance of education plays a significant role in changing the mindset of Orang Asli in terms of their traditional understanding of health and illness. In this present study, education is seen as utmost importance in changing the Jakun people's attitude towards modern health care.

## Methodology

The present study was conducted within a Jakun Orang Asli village of Kampung Kedaik, located in the state of Pahang, Peninsular Malaysia. 25 adults of 18 years old and above from the Jakun community participated in this study (September 2014 – February 2015) by responding to interviewing of pre-planned interview schedule. The interview schedule for this group of informants included questions on traditional healing practices, the availability, access and utilization of various traditional health and illness rituals, traditional understanding of health and illness; use of self-medications, use of home remedies, use of traditional healing practices, as well as use of modern healthcare system. All the participants identified for in-depth interviews knew Malay language, and hence all interviews were conducted in the Malay language. However, consent was obtained from each participant by explaining the purpose of this present study as well as their freedom to leave the study in the event that the participant feel uncomfortable to continue with researcher's interviewing process (Karubi & Ching, 2015). In this qualitative research, non-participant observation and in-depth interviews were conducted on selected members of the Orang Asli community (12 males and 13 females). It is significant to highlight in this study that more than half (13/25) of the informants have had either lower or higher secondary education.

Further, the data obtained from in-depth interviews were first recorded as field notes and were later transcribed before the study can be concluded. This process of transcribing is essential to facilitate readers' understanding at the data analysis stage. Also, in the transcribed data, informants' names are replaced with pseudonyms for confidentiality throughout the whole research period and later during publication of the study findings (Poland, 1995; MacLean, et al., 2004). Throughout the whole interview process, use of tape recorder was not introduced so as to eliminate any hesitation from the part of the informants to speak freely and openly. This action has ensured positive responses from the study informants when the researcher touched on sensitive family matters in terms of health care practices.

## Findings and analysis

In this study, a group of 25 Orang Asli Jakun was interviewed in-depth to relate their preferences in seeking treatment for various illnesses. Study findings indicated that majority of the Jakun informants, with a minimum primary education level, have a higher tendency to seek treatment at a government hospital or clinic. This is because through education, they have better exposure to the outside world. In addition, frequent interaction with people outside their own Jakun community, which they consider as the modern society, the Jakun people subsequently have better understanding about modern health care and modern medicines. As the younger generation of the Jakun community continues to receive proper education, the people appear to think about health differently. Consequently, the further analysis of findings focuses on the following two topics: 1. Change in health and illness beliefs and 2. Social change causes modern health care awareness.

### *Change in health and illness beliefs*

Generally, people of this Jakun community subscribe to several causes of illness. Most female informants cited poor hygiene as the natural cause for illnesses such as diarrhea, vomiting and fever. They believe that illnesses caused by poor hygiene can be easily avoided as long as they constantly keep their body,

food and surroundings clean. As the first author chatting with one of the informants as she was preparing lunch, she said:

*“To avoid getting ill, we should always cover our food as there are flies everyway in our house.”*

Several informants, males as well as females, shared the same opinion that all parents should take their children to the nearby government clinic for vaccination. One female informant, aged 32, had higher secondary education said:

*“If we send our children for vaccination, we then do not need to worry about them getting sick all the time. If our children or we fall sick, we must immediately consult a doctor. For illnesses such as fever and vomiting, we will complete the course of medicine prescribed by the doctor at the government clinic.”*

As a whole, we see that this group of Orang Asli Jakun informants focused on using modern concepts in elaborating the causes of illnesses in their community. However, when certain illness persists even after consulting with medical doctors, these informants agreed that they will turn to their village shaman for traditional healing practices. In this context, the Jakun people consider supernatural forces such as their ancestor or evil spirit cause the particular illness (Chin & Noor, 2014; Yew & Noor, 2015).

The above data show a shift in both beliefs and perceptions related to health and illness of the Orang Asli Jakun. It then subsequently showed a change in the behaviours, which the Jakun people have adopted to restore their health. As their economic condition and literacy rate is increasing they are more inclined towards the usage of modern health care. It is evident to point out here that the Jakun community's beliefs of health and illness are influenced by their educational level and social interaction. Influence of education is apparent in recognizing the causes of illnesses. Through social interaction, the older generation of Orang Asli Jakun would get awareness from the educated, younger generation.

#### *Social change generates awareness of modern health care*

In this section, we answer the central question of how the Orang Asli Jakun have been adapting themselves to the mainstream healthcare system when many of them still hold strong beliefs in their traditional medicine. From the research findings, the level of education achieved by the younger generation of this Pahang Jakun community as well as the quality of modern healthcare provided for this village of Orang Asli Jakun, are relatively satisfactory. The Orang Asli claims that there is an increased attention to obtain proper education for their younger generation as they are now getting educational support provided by the government.

When interviewed about informants' treatment options, all of the informants were discovered to have visited the modern health care centers. Majority of these Jakun informants explained that they would normally seek advice from doctors in government hospitals or clinics when they were sick. The main reason to do so is to find out the actual cause of their sickness from the medical doctors. As they have certain level of education, they then would be able to judge by themselves whether their illness is at risk or it is just normal illness. If they happen to be attacked by normal flu, cold or cough, they would just consume the Western medications. Otherwise, they sometimes would complement the Western medications with home remedies if their illness persists.

In terms of usage of modern health care facility, majority of the informants in this study subscribed good health seeking behavior as the majority of them had regularly visited and obtained treatment from government hospitals and clinics when they were sick. This showed that they were willing to get modern treatment instead of relying on traditional healings and practices performed by shaman in their village. However, most informants interviewed disclosed that they still believe in home remedies passed down from their ancestors. This study also showed that most of them were in the opinion that home remedies using plants found in their surroundings would not pose harm to their health. Studies of Orang Asli from

other parts of peninsular Malaysia also reported the use of traditional medications or home remedies for healing their illness as a practice passed down from generations to generations (Ong et al., 2012; Mohammad et al., 2012). As a whole, majority of the informants preferred modern over traditional medicine, predominantly because of lack of belief as well as inaccessibility of traditional medicine. The study findings implied that, in this modern day, most of the indigenous communities are prepared for social change, in this context, the inclusion of modern health care so as to improve their health status.

Though we see positive response from this Jakun community towards the usage of modern health care facility, the study findings however discovered that most of the informants, be it males or females, had wrong perceptions about the usage of modern oral medications. Majority of them informed that they normally shared their medications with other family members, particularly when both parties were down with normal illnesses such as cold and cough. This particular doing of Jakun people was mainly due to lack of awareness of the consequences of these improper practices. As such, future studies should focus on educating them on taking modern oral medications. It is paramount to highlight to this Orang Asli community that modern medication is prescribed by a medical doctor to an individual patient according to the patient's illness.

## Conclusion

This study has highlighted the importance of education in changing the Jakun community's understanding of health and illness. In addition, it brought about behaviour change amongst the Jakun people. Almost the whole community subscribed to modern health care facility, even though some of them adhered to home remedies while consuming modern medications. In terms of social-economic status, the Jakun people are still under the poverty group and their education level is considered as moderate level, particularly for this village in Kampung Kedaik. A majority of them seek modern treatment although the use of home remedies is part of their treatment options. However, educational campaign is necessary to improve their knowledge on the proper use of medications.

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