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www.msocalsciences.com**The Health Issue in Orang Asli Community: Outbreak of Measles****Muhammad Harith Wafi Mohd Rosman¹, Chuah Lay Yong¹, Muhammad Umair Azman¹, Mohamad Izzuan Mohd Ishar²**¹School of Electrical Engineering, Faculty of Engineering, Universiti Teknologi Malaysia (UTM)²School of Education, Faculty of Social Sciences and Humanities, Universiti Teknologi Malaysia (UTM)Correspondence: Chuah Lay Yong (lychuah99@gmail.com)**Abstract**

This article is a case study on health issues in the Orang Asli community. After the outbreak of measles among Orang Asli in Kelantan, the health issue in this community has been questioned. Compared to non-aboriginal communities, the health of the aboriginal people is lagging, health disparity is still obvious. Since the 1950s, the Malaysian Government has tried to carry development and improve the quality of life in Orang Asli communities, along with non-government agencies, but the health status compared to other aboriginal people groups are still lower. There are a lot of factors as to why the health quality for Orang Asli does not meet the recommended standard including poor education environment, superstitions from their ancestors, and limited facilities to receive health information and medical check-ups. As an impact, they were 14 Orang Asli known as Batek tribe died in Kampung Kuala Koh, Gua Musang from the early of May until 6th June. On 17th June 2019, the Health Ministry has confirmed that there was an outbreak of measles among the Orang Asli Batek tribe at Kampung Kuala Koh, Gua Musang.

Keywords: quality of life, health issue, aboriginal people, Orang Asli**Introduction**

Globally, aboriginal communities represent about 5 percent of the world's population and makeup until 15 percent of the world's extreme poor. Aboriginal peoples also known as native peoples are minority groups of different ethnics who are recognized as belonging to the territory before colonial occupation or designation as a nation-state. In Malaysia, aboriginal people or well known as Orang Asli is the earliest population which lives approximately 5000 years ago. It is believed that most of Orang Asli come from China and Tibet. Before settling down in Peninsular Malaysia, they migrate through the mainland of Southeast Asia. The Malay term, Orang Asli or Orang Asal describes the original people or first people. These people are classified accordingly into three groups which are Negrito, Senoi and Proto Malay. It means that Orang Asli is not a homogenous group. Each tribe possess different language and culture, for instance, the northern Orang Asli group such as Senoi and Negrito speak Aslian languages that have a historical link with those aboriginal peoples in Burma and Indo-China. Aboriginal people hold unique language, knowledge system and beliefs and own crucial knowledge for the sustainable management of natural resources. However, in Malaysia, they are socioeconomically and culturally marginalised.

According to statistic, the population of aboriginal people is about 22.2 million in the year 2000 and it is approximately 0.6 per cent of the total population of Malaysia. The 1991 national census recorded 98,494 Orang Asli (Department of Statistic, 1997), while recent 2000 census recorded 132,486 Orang Asli (Department of Statistic, 2006). There are about 91,317 Orang Asli in 1992 (JHEO, 1992), 106,131 in 1997 (JHEO, 1997) and 149,723 in 2004 (JHEO, 2004). The number of Orang Asli's population was recorded by The Department of Orang Asli Affairs or known as JHEO. Malaysia has conducted various development plans. Throughout this process, Orang Asli has been identified as one of the most impoverished groups in the country. Poverty is higher among the Orang Asli than that of the Malaysian population. The national figures for poverty and hardcore poverty were 7.5 per cent and 1.4 per cent in 1999. In 2001, 50.9 per cent and 15.4 per cent of Orang Asli were identified as poor and hardcore poor respectively.

The health of aboriginal people varies in levels, patterns and trends. Apart from that, in most countries, a large gap can be seen between aboriginal people and non-aboriginal people in term of health (Ring and Brown, 2003). Compared to non-aboriginal communities, the health of the aboriginal people is lagging behind, health disparity is still obvious. In most areas, life anticipation is lower and they are facing higher rates of malnutrition, chronic illnesses, and higher cases of violence and injury, including self-harm and suicides. They are experiencing social, cultural, demographic, nutritional, and psych emotional changes that have a profound impact on health (Gracey & King, 2009; WHO, 2007). Besides that, they also facing communicable diseases and lifestyle non-communicable diseases, for instance, cardiovascular diseases in countries undergoing epidemiological and socio-economic transition. Regardless of their geographical location or sociopolitical situation, health indicators are always poorer for the aboriginal population than for non-aboriginal ones. Many communities have been forced to leave their homes, having lost access and rights of use to a land which has been taken over for the development purposes. Experiences of discrimination and poverty have resulted in poor utilization of public services such as health and education facilities. These disparities are evident in countries worldwide regardless of national wealth and standards of available health services.

For Malaysia, comprehensive socioeconomic development programmes have been done since 1978 by providing modern facilities such as village resettlement, the building of rural Orang Asli, provision of electricity and water supply, social amenities, as well as easier access to education (MORARDM, 2005). These changes have led to significant improvement in the health of its general population. In spite of economic development and efforts that have been done continuously by the government in upgrading the quality life of Orang Asli, they still remained poor and continues to lag behind in terms of health. It can be seen that poverty exacerbates the health problems faced by these communities which include malnourishment, high incidences of infectious diseases and the perpetual problem with intestinal parasitic infections (Baer, 1999). It is undeniable that the health of the Orang Asli is the main current issue that has not been overcome yet.

Objective

To identify current issues regarding the health of the Orang Asli community in Malaysia after the outbreak of measles in Kampung Kuala Koh, Kelantan.

The Health Issues among Orang Asli in Malaysia

Since the late 1950s, the Government of Malaysia has tried to bring advancement and improve the quality of life in Orang Asli communities, along with non-government agencies, but the health status compared to other ethnic groups on the peninsular are still lower. The average life expectancy of the female Orang Asli is 54 years and 52 for males. According to medical examinations and biochemical analyses conducted by Universiti Teknologi MARA which was reported in BMC Public Health in Orang Asli community HDL which the good cholesterol that functions to eliminate LDL, the bad cholesterol, was lower and contributing to a greater risk of cardiovascular disease. Higher insulin

levels were observed in many of the tribes and this, alongside higher fasting plasma glucose level has suggested an increase of diabetes.

First and foremost, the main problem of well-being among Orang Asli is due to their lack of education. Orang Asli is being treated badly in schools by their non-aboriginal peers due to their cultures being different from each other. This leads to them dropping out of school early as they cannot sustain the mistreatment. To make matters worse, Orang Asli learns relatively slower than other students as most of them do not have the luxury of going to kindergartens when they are kids. Therefore, they are required to work twice as hard to compete with other students to get on their level of competence. This becomes a problem in terms of health condition for Orang Asli as they lack proper education regarding hygiene and pollutions that are being taught in public schools. As a result, Orang Asli continues to progress at an extremely slow rate and are always going to be behind in terms of development in comparison to other races in Malaysia.

Besides, the limited amount of amount healthcare centres and clinics in rural areas prevent Orang Asli to go for treatments. While Orang Asli is entitled to receive free medical treatments at any public clinic, most of them do not have transportation to go there and it is too far to go to the nearest clinic by walking from their villages. This is very dangerous as the Orang Asli will resort to traditional medicines that are not only limited to a number of diseases but are not medically tested. From the study of *Education and Health Awareness among Indigenous People in Perak* by Edwin Micheal and Eng May Chuen, the lack of medical facilities in rural areas are because these Orang Asli do not feel like it is their top priorities. With the burden of educational fees and daily necessity, they feel like there is no need to waste more money for modern medical treatments. These problems stem from the lack of education for Orang Asli, keeping them oblivious to modern problems and health standards.

Last but not least, ignorance and superstitions also play a dangerous role in health standard for Orang Asli. Most Orang Asli believes in animism, in which they believe in the divine power of nature. As time moves on, some of them are being converted to popular religions in Malaysia such as Islam and Christian by religious figures who try to spread their religion in rural areas. However, some of these figures have a skewed perspective towards religion and spread misinformation that is dangerous to Orang Asli when it comes to health. For example, there is a group of Muslims who believe that vaccination is prohibited in Islam saying some of the vaccines contain the DNA of pigs. As there are limited sources in rural areas, Orang Asli believes in the superstition and prevent their children from being vaccinated.

The Measles Outbreak among Orang Asli in Kelantan

As an impact, they were 14 Orang Asli known as Batek tribe died in Kampung Kuala Koh, Gua Musang since in the early of May until 6th June. They were assumed to be dead because of a mystery disease. However, on 17th June 2019, the Health Ministry has confirmed that there was an outbreak of measles among the Orang Asli Batek tribe at in Kampung Kuala Koh, Gua Musang. Measles is a childhood infection caused by a virus called rubeola. Rubeola lives in the mucus of the nose and the Orang Asli and also can stay active on surfaces and in the air up to 2 hours. It can be spread through the air and direct contact with someone who has it. Measles complications are divided into three classes which are common, severe and long-term complications. Common complications include ear infections and diarrhoea. Pneumonia and encephalitis are the severe complications while for long-term complications, a person will have subacute sclerosing panencephalitis (SSPE) which is very rare but is a fatal disease of the central nervous system. There are several groups that are vulnerable to measles which are children younger than 5 years old, adults older than 20 years of age, pregnant women and people with the compromised immune system for instance from leukaemia or HIV infection.

Datuk Seri Dr DZulkefly Ahmad, the minister of Health Ministry said that the diseases were occurring after 37 people out of 112 have tested positive for the disease, as of 15th June 2019. He also stated that the tests for tuberculosis, melioidosis, leptospirosis and the coronavirus showed a negative result. Following an outbreak in Kampung Kuala Koh, Gua Musang, 7 Orang Asli from Terengganu and four

from Pahang have now been confirmed to have measles. The Orang Asli from Terengganu had come in contact with the Orang Asli from in Kampung Kuala Koh, Gua Musang while the Orang Asli from Pahang had travelled to the affected Orang Asli village in Terengganu (Fatimah, 2019). 20 cases of suspected measles had been received by the Health Ministry from Kampung Gerdong Hulu Terengganu (12 cases) and Kampung Ulu SatJerantut Pahang (8 cases). 11 were confirmed to be measles out of 20 cases. There was a history of contact or movement between the suspected cases in Hulu Terengganu with the Batek tribe from in Kampung Kuala Koh, Gua Musang and this was found through preliminary investigation. According to Dr Dzulkefly, in order to contain the disease, all affected villages need to be cordoned off. This was because the Orang Asli communities were nomadic in nature and it would not be suitable to quarantine them in another place (Dzulkefly, 2019). The main cause that contributed to this outbreak was due to low immunisation coverage within the Kampung Kuala Koh Orang Asli community. Only 61.5% for the first dose of the Measles-Mumps-Rubella (MMR) vaccination received by Batek tribe and 30% for the second dosage. According to Dr Dzulkefly, the nomadic lifestyle of the Batek tribe has caused difficulty in providing healthcare services.

Furthermore, the lives of Orang Asli are also endangered by the environmental destruction such as pollution and logging activities, According to Colin Nicholas, the executive director of the Centre for Orang Asli Concerns, the Orang Asli in Kampung Kuala Koh, Kelantan used to be strong and healthy but the destruction of the environment and their subsistence have left them weak and sickly. The loss of ancestral land has caused an associated loss of resources to the Orang Asli population as the areas the tribe used to hunt in were cleared. This has caused malnutrition becoming an issue. "When they malnourished, even in a minor infection can be fatal. They also fell ill from pollutants in environments. The cause for the spate of deaths was, therefore, likely to be a combination of preventable issues", The Star reported Nicholas as saying. "With their resistance being low, many diseases – whether it's pneumonia or tuberculosis, or even diarrhoea – can be fatal. But the root cause is that their environment has been taken away", he added. Deforestation to clear the land for rubber plantations has polluted the water source of the Orang Asli in Kampung Kuala Koh. Land pollutions happen as well due to the usage of chemical fertilizers for oil palm and rubber plantations. All these activities have indirectly caused the shortage of food and malnutrition in the communities as the area which they hunt and gather food are getting affected.

The ignorance of the government on illegal mining activities is also one of the reasons that cause health issues in aboriginal population worsen. On a case of the 14 Orang Asli died in a month in Kampung Kuala Koh, Kelantan, despite many complaints have been made to the state government regarding the ongoing mining and blasting activities with license expired. It was not only the pollution that is killing the Batek people. "Yes, there is a pollution of the environment, but the fact of the matter is these people are extremely malnourished and they have very low immunity to withstand these pollutants which would not be such a big issue for people like you or me", said Johan. "As food became scarce, the Batek's immunity lowered and where there were perhaps one or two deaths every month from a lung infection, the situation worsened last month when there were 14 with similar symptoms", Johan added. Sahabat Jariah visited the Orang Asli every week with basic foodstuff and provides classes for the tribe in Kampung Kuala Koh. Water in the rivers around the village had been sampled by Universiti Kebangsaan Malaysia and found the water is contaminated with metals, arsenic, and chemicals from fertilizers.

In order to overcome this problem, not only the government but Orang Asli themselves play important roles. The government should enforce the vaccination taking among Orang Asli since childhood. This can be done by sending health officer to certain areas that have no access to the nearest hospitals to give the vaccine. Orang Asli community should form a committee that will respond in recording the number of people in their own tribe that have not been vaccinated yet. The data recorded will be received by the health officer upon coming to the particular area of each Orang Asli's tribe. This is to ensure that 100 per cent of Orang Asli receive vaccines resulting in the prevention of measles disease from occurring again.

Conclusion

In conclusion, there are a lot of factors as to why the health quality for Orang Asli do not meet the recommended standard including poor education environment, superstitions from their ancestors, and limited facilities to receive health information and medical check-ups. After a close study regarding these factors, it is found that all of them are co-related to each other and solving even one of the factors can greatly benefit to other two. For example, by providing education for Orang Asli, they will become more knowledgeable and will think twice instead believing anything that anyone saying and will also get their priorities in order to fight for their rights for basic needs such as healthy food and accessible medications. With everything that said and done, there is need to be brought to light to prevent them from being forgotten. Therefore, all parties especially the government and public needs to play their parts in preserving the unique identities that represent Malaysia, Orang Asli.

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