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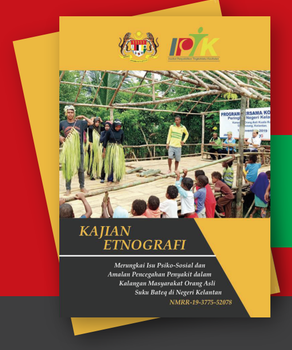

A JOURNEY OF KNOWING ORANG ASLI HEALTH AND WELLBEING: AN ETHNOGRAPHY PERSPECTIVE AMONG BATEQ TRIBE IN KELANTAN

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INTRODUCTION

Low health standards and access to healthcare services for indigenous Malaysians continue to be significant challenges. Poverty, malnutrition, poor hygiene, environmental contamination, and the prevalence of infections all contribute to poor health. This study examines the complexities of culture and its interaction with various intersecting influences on health behaviour by providing a narrative experience of Orang Asli accessing health care in Kelantan.

OBJECTIVE

The purpose of the study was:

1. To understand and describe the culture of health behaviours and other cultural determinants of health phenomena among the Orang Asli Bateq Tribes in Gua Musang, Kelantan.
2. To explore how they interact to improve health and well-being.

METHODS

Study site:
The study site was a village located in the rural areas of Kuala Koh, Gua Musang province, Kelantan and approximately 184 kilometres away from the state capital, Kota Bharu (Figure 1). The village (Kuala Koh) has a population of 327 indigenous people and is located 95 kilometres from the closest hospital (Hospital Gua Musang). It has poor road conditions and no access to public transportation.

Research design:
A focused ethnographic qualitative study was conducted in November 2019

Sampling population:
The study was carried out among the Orang Asli Bateq Tribes in Gua Musang, Kelantan. Bateq ethnic groups represent approximately 2.94% from the total of 206,777 Orang Asli population in Malaysia (JAKOA 2012).

Sampling technique:
We recruited 26 participants (17 males and 9 females) ranging in age from 18 to 60 years old which has been obtained from the snowball sampling technique.

Study instruments:
These interviews focused on respondents' past and current experiences with the healthcare seeking. The interviews were semi-structured, with questions and probes that included:

1. Where do you usually go for healthcare?
2. Can you tell me about your experience getting treatment at the government hospital?
3. What influenced your decision to seek treatment at government hospital or clinic?
4. How do you feel when you get treated at a government hospital or clinic?

The interviews lasted approximately 45 minutes and were transcribed verbatim.

Data collection & analysis:
After the initial interview and following initial transcription, data collecting and analysis took place simultaneously. Roper and Shapira's framework for ethnographic analysis assisted as the foundation for and the direction for data analysis.

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Figure 1: Kuala Koh study site area

RESULTS

Table 1: Demographic Characteristics of the Study Sample of 26 Participants

Characteristic	N	%
Gender		
Male	17	85
Female	9	15
Age		
< 20	4	15.4
21 - 30	9	34.6
31 - 40	7	26.9
> 41	6	23.0
Literacy skills (reading & writing)		
Yes	1	3.8
No	24	96.2
Occupation		
Hunter/Farmer	14	53.8
Forest Ranger	3	11.5
Housewives	9	34.6
Type of house		
Traditional	21	80.8
Government schemes housing	5	19.2
Health status		
Chronic disease	7	26.9
Non chronic	19	73.1
Diseases suffered		
1 type of disease	20	76.9
2 types of disease	4	15.4
3 or more types of disease	2	7.7

The constructs was created as a result of in-depth understanding of indigenous peoples' experiences within the larger sociocultural context. Data analysis showed that five constructs have been identified, that is social and economic barriers, cultural components, limited capacity of healthcare providers, and participants' negative attitudes all contribute to the factors and challenges that drive the indigenous community to seek modern treatment. 13th themes that were given throughout the five constructs (table 2) showed a thorough awareness of the sociocultural setting in which the Orang Asli people lived and the difficulties they encountered in accessing healthcare services.

Analysis of the data also showed that the culture, belief and attitude were outlined as important determinants of individual and community health. Family and community were found to be components of belief and culture that shaped Bateq's tribe identity.

Table 2: List of themes and their health determinants

Construct	Themes	Excerpts
Social & economic barrier	i. Food choices are depends on availability rather than nutrition ii. Access to formal education (nearest school about 30 kilometres) iii. Pre access ability iv. Education	*Pergi kerja hutan (memburu & mengutip hasil hutan) jauh. Binatang pun susah nak dapat sekarang.* *Tak pegi sekolah sebab jauh...*
Cultural components	i. Illness caused by good spirits or evil spirits	*Cari ubat dalam hutan dulu. Kalau tak baik pergi bomoh, kemudian hospital*
Limited capacity of healthcare provider	i. Equal access to healthcare ii. Staff & materials iii. Logistic	*Jumlah anggota kesihatan yang bertugas adalah terhad. Keperluan adalah untuk menambah kenderaan dan kekerapan lawatan ke komuniti*
Negative attitudes	i. Making choice – traditional ii. Traditional treatment vs modern treatment perception iii. Treatment experience among community members	*Orang kampung pernah pegi hospital... duduk lama. Tak susah tapi nak kerja tak boleh (mengutip hasil hutan/memburu).*
Facility & accessibility	i. Geography ii. Transportation	*Kita rasa susah pegi klinik sebab jauh, sekolah pun jauh. Jalan kaki tak boleh. Kereta banyak yang rosak. Jalan tak cantik.* **"Responden FGD page 7"**

Physical and spiritual development encourages children's deeper understanding of their behaviour and actions have upon themselves, other people and the world itself

Studies show that the main interference for Orang Asli children to succeed and have interest in education is because of their parents' attitude towards them.

The most important component of successful strategy imple-mentation is defining clear goals and the process to help the community to reach those goals.

DISCUSSION & CONCLUSION

These findings revealed that cultural components, social & economic barriers, limited capacity of healthcare providers and negative attitude towards modern treatment has an implication with the health outcomes of the indigenous community.

Ad hoc solutions to a few barriers won't eliminate health disparities or enhance the Indigenous population's general health. As a result, it's imperative to launch and implement multi-sectoral, cross-government reforms that employ a number of different strategies. Healthcare professionals and policymakers need to be aware of the various difficulties that Indigenous people face, the circumstances that led to these impairments, and the cyclical and compounding effects of various biomedical, social, cultural, financial, and political factors affecting their health. To bring about relevant, significant, and long-lasting changes, cultural training and the engagement of cooperative, active Indigenous partners are required at all planning and implementation phases of mitigation methods.

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