**Special Rapporteur on Extreme Poverty and Human Rights**

***“Orang Asli (OA) and Health Inequality in Malaysia”***

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The orang asli also known as orang asal (OA) is the supposedly the original people in Malaysia. They live amongst us in cities and rural areas as well. The orang asli that lives in the cities, started out living in rural areas that have transformed into semi urban or urban areas. A good example would be those living Damansara or Gombak, where 20 years ago, these lands were still consumed with lush plants and forest. Due to expanding development and cities dwellings, these lands were ultimately sold, rented and ultimately transformed into cities and urban settlements. Trade off for the land, they are paid handsomely and provided permanent settlements with electricity, water and the luxuries of lives. Hence, they are able to obtain work, albeit unprofessional work but brings income, and cigarette to their households. These urbanites OA are exposed to the main lifestyle non communicable diseases, obesity and heart diseases risk factors, with most suffering from Hypertensive heart disease and Diabetes Mellitus. The OA have their own publicly funded hospital provided and maintained by the government. They also obtain subsidized treatment from the publicly funded health care system i.e. health clinics. Referral and step up care, are provided for complicated health problems but no data is available on access to healthcare among urban OA and their compliance to treatment.

Rural OA have another problem for that matter. OA that dwell deep in the rural areas are faced with limited access to clean water, fuel, and health services. In Borneo West Malaysia, the services of ‘flying doctors’ (FD) are highly liberating, however it is short lived as there are still many areas not covered by the FD teams. The Ministry of Health (MoH), publicly funded FD services do cater for many things including emergencies but they are not to efficiently provide for all vicinity and populations. Hence, we can see many areas of OA that live without proper medical or health interventions and require financial assistance to obtain health support. Exemplary, would be a case study of health screening done among OA in deep logging area in Post Gob Gua Musang Kelantan. A screening health program in 2016, was implemented in the villages deep in Gua Musang Kelantan, that required 5 hours off road through jungles and rivers. Examination of 104 OA participants showed that there are a few pregnant women that live in the post, but presented to us with goiter and poor weight gain. This could be due to depleting natural resources, poor nutrition intake (protein, iodine) and questionable hygiene play a role. They are exposed to water borne diseases, stunting and few young chaps have borderline hypertension. It is unsure if this occur due to diet (taking in certain types of tree barks etc, or smoking home-grown tobacco (‘tembakau’ in Malays). The men were significantly associated with high Blood Pressure compared with the women participants.

The available health clinic is a rundown clinic that operates through helicopter and operates once in a few months. The attendances are also dismal in number, hence no vitamins supplements for the ladies and due to competitive circumstances, delivery prioritization is placed elsewhere. The women who

opted for home delivery are at risk of pregnancies complicated childbirth and perinatal death. many areas with poor road and river transport in East Malaysia, bringing mothers for check ups can be very trying and daunting, in many cases a bit of payment is needed to river the mothers to the nearby clinics and follow ups. River transportation are heavily reliant on river water level and will not be accessible during certain times of the day (night) or during water reside. These leave them to the risk of unattended pregnancies, unattended childbirth especially if an emergency or preterm labour occurs. Poor access to contraception also leads the women to experience unwanted pregnancies and gestational risks. For adolescent girls, and women, they are exploited by outsiders including loggers, that maybe foreigners. For some measly amount of money, young girls are lured to experience sexual escapades in the forest, especially during days when the loggers obtain their payday. These leads to unwanted pregnancies, but also the risk of sexually transmitted illness (STI) among the girls, including risk of HIVs. Undiagnosed and untreated, they can transmit this to the next generation, their respective partners/partner, and other community members unknowingly.

To implore these issues more deeply, a nationwide quantitative and qualitative study need to be done on certain risk measurement specifically on OA population. Specific perinatal, neonatal, maternal death rates need to be measured among the OA population and undiluted by the general masses. Using specific OA denominator will be beneficial to start with. Screening for OA young girls and men, on sexually transmitted diseases and ways of their exposure, (albeit sexual exploitation or pervasion) need to be explored further. Further sexual education and methods of STI prevention, management of existing STI need to be implemented. The government has provided many health initiatives to Malaysian OA, however there are multiple pockets of OA who have not fully utilized the subsidized healthcare. This can be due to hinderance in access (distance too far, difficult terrain in obtaining healthcare), but can also be poor access due to the daunting process and stigma by healthcare personals.

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