

Malnutrition and Poverty among the Orang Asli (Indigenous) Children of Malaysia (Submission for UN Special Rapporteur on Extreme Poverty)

The Orang Asli (Indigenous) community of Malaysia comprises < 200,000 people. More than 55% are children under 18 years of age. I have worked in the national health services for more than 35 years in a region where we are responsible for some of the community.

Despite considerable improvement in health status of the general population in the past 40 years, Orang Asli health has not changed significantly and has deteriorated.

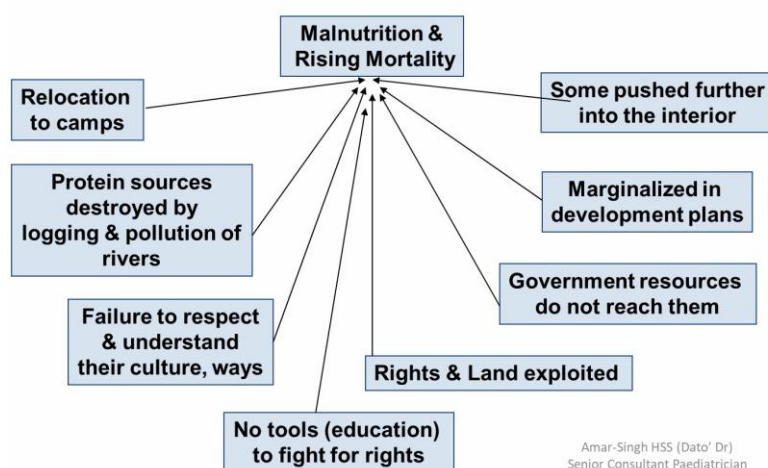
The poverty rate for Orang Asli remains at a high at 80%; many remain as hard core poor. Childhood malnutrition among Orang Asli children rates remains high; 60-70% are malnourished by 5-7 years of age. What is more worrying is that Malnutrition rates are increasing in Orang Asli children. A recent study (2016) we conducted on all children aged below 2 years in our region (n=1329) showed that more than 41% were malnourished by 2 years of age. Note that due to some disinterested health staff (the Orang Asli community is looked down on), 40% of growth charts were incomplete and hard to audit. Hence the real rate of malnutrition at age 2 years is possibly much higher.

Under 5 years mortality rate for Orang Asli are more than 6 times the national peninsular average. However, the true mortality rates in Orang Asli children are not known as many deaths are not reported (some die in the forest). It is possible that the real difference is closer to 10 times.

Some Orang Asli children have never been to school. More than 50% drop out of primary school. Of those that reach secondary schools only 30% complete secondary education. A tiny fraction reaches higher education.

The primary reason for poor health is the high prevalence of malnutrition caused by external social factors affecting the Orang Asli people including resettlement schemes, logging and river silt pollution; all resulting in a loss of protein sources (fish and wild boar).

Reasons for Poverty & Malnutrition in the Orang Asli Community



Despite many regional attempts via government & NGO agencies to rectify the problems, the situation appears to be worsening. The majority of Malaysians seem unaware or not concerned of the dire needs of this people group.

With my colleagues I have attempted a number of initiatives in our region that have worked. Not all of these however have been extended widely to other regions. Even those in my region are susceptible to funding issues and fragile.

Initiatives that have worked include:

1. National advocacy with the Minister of Health to transfer health services from the national Orang Asli government agency (JAKOA) to the Ministry of Health. This was successful after much pushing and allowed us to an improved access to the community.
2. Written protocols on resuscitation of malnourished Orang Asli children – this have been incorporated into the national paediatric protocols.
3. Acute re-feeding of malnourished children in hospital settings.
4. Proactively identifying children with malnutrition in the villages and bringing them out for refeeding (z score minus 3)
5. Establishing community re-feeding centers in villages and health facilities – the most successful upstream effort but often inconsistent due to funding issues. In my region we have covered 60% of villages but at times the feeding is only 1-2 times a week due to limited funds.
6. Bringing every pregnant woman out with the family at 34-36 week gestation to await delivery in hospital. Keep them in the post-natal period with the child for 1-2 weeks before returning home to reduce perinatal mortality.
7. Auditing every death to identify remedial measures and research/audit on services provided.

While there is an urgent need to intervene and reduce malnutrition, long term needs are socioeconomic development that is sustained and culturally acceptable. There is an urgent need to stop all logging activities in the land these people live on so as to not deplete traditional food sources. Resettlement schemes worsen Orang Asli health and nutrition (they loose access to traditional food sources and are not able to adapt to agriculture activities) and should be abandoned. The national Orang Asli government agency (Jabatan Kemajuan Orang Asli Malaysia - JAKOA) is a stumbling block to improvements in this community and should be revamped with leadership in all major posts given to the community (currently not trusted by some Orang Asli people).

The Orang Asli community in Malaysia is viewed by many as sub-human (proto-human). There seems to be no concerted effort or desire by the government to uplift this community and a perception by national leadership that there is no hunger or severe poverty among the people. The poverty, malnutrition and deaths of the children in the Orang Asli (Indigenous) community are a silent genocide in Malaysia.

Consider reading this link:

Our Orang Asli children are dying: Do we care?

<https://www.malaymail.com/news/what-you-think/2019/04/22/our-orang-asli-children-are-dying-do-we-care-amar-singh-hss/1745543>

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