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Title: Knowledge, Attitude and Practices of Indigenous People Towards Non-Communicable Disease In Bera, Malaysia: A Community Based Study.

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INTRODUCTION

With the current trend of increasing non-communicable diseases (NCD) of hypertension, diabetes and dyslipidemia worldwide and in Malaysia, a comprehensive study is essential to find the local population's knowledge, attitude and practice toward NCD. Little is known about the indigenous people of Orang Asli's health conditions and health-seeking behaviours towards these chronic diseases. The study aimed to assess knowledge, attitude and practice (KAP) status towards non-communicable disease and its association with demographic background among Orang Asli adults of the Semelai subgroup in Central Pahang, Malaysia.

METHODOLOGY

A cross-sectional study was conducted among 251 adult Semelai people in the Bera district, Pahang. Data was collected through face-to-face interviews to obtain socio-demographic data, knowledge, attitude, and practices (KAP) towards NCD. The knowledge scores are then categorized into poor (<30%), fair (30%-70%) and good (>70%), depending on the cumulative points collected³. The attitude was categorized as a positive or negative based on the mean/median of the total 5-point Likert scale score¹. Practice was categorized as good or poor practice on NCD prevention and treatment based on the mean/median of the total 4-point Likert scale score¹. All data collected was analysed using SPSS version 22.0. Continuous data was expressed as mean, median, standard deviation using descriptive statistic. Bivariate analysis was performed to test the association between the socio-demographic factor and the KAP score.

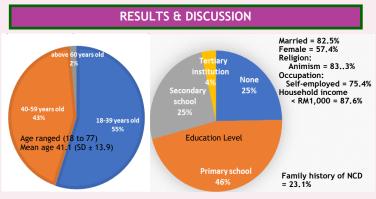


Diagram 1 Clinical & Socio-Demographic Data of Respondents N=251

Many of the respondents attain only primary education and some of them have never received any formal education. Even though various supports from the government, the problem of dropout from primary to secondary school among Orang Asli children was still high². Most of the respondents earned less than Rm1000 as rubber tappers or palm fruit collectors. This finding is comparable to other studies, which found the majority of Orang Asli in Peninsular Malaysia were living in poverty².³. The motorcycle was the main mode of transportation due to mostly earthen roads.

Table 1: Prevalence of Known Non-Communicable Disease of Respondents N=251

Prevalence of known NCD	n (%)
Diabetes mellitus	24 (9.6)
Hypertension	52 (20.7)
Dyslipidemia	22 (8.8)

The prevalence of diabetes mellitus, hypertension and dyslipidemia were lower compared to the general population but similar to another study of indigenous people in Malaysia⁵.

Only 12.7% of respondents had good knowledge regarding NCD. Another study reported a lower percentage of good knowledge among Orang Asli $(7\%)^6$. However, more than half (59.8%) have a positive attitude towards NCD, similar to another study that stated 72%. The lower percentage of good practice in disease prevention and treatment (35.5%) can be reflected by inadequate knowledge of NCD, thus leading to poor practice.



Diagram 2 Knowledge, Attitude and Practice Score Towards NCD (N=251)

Table 2 Association Between Socio-Demographic Factors With Knowledge, Attitude and Practices Score N=251

Social demographic factors	Knowledge		Attitude		Practice	
	Total score median (+-IQR)	p- value	Total score median (+-IQR)	p- value	Total score median (+-IQR)	p- value
Gender Male Female	7.0 (4.0) 7.0 (4.0)	0.375	20(6.0) 20.5 (7.0)	0.181	15(5.0) 16.0(5.0)	0.118
Household income More than RM 4000 RM 1001- 4000 Less than RM1000	18.0(3.79) 21.0(4.75) 15.0(5.0)	<0.001	28.0 (2.0) 26.0(6.0) 2 0 . 0 (6.75)	<0.001	1 8 . 0 (3.79) 2 1 . 0 (4.75) 19.7(3.8)	<0.001
Education level None Primary school Secondary school Tertiary institution	6.0(5.0) 7.0(3.0) 9.0(4.0) 12.0 (4.5)	<0.001	18.0(4.0) 20.0(5.0) 2 4 . 0 (6.75) 28.0(2.5)	<0.001	1 4 . 0 (5.25) 15.0(4.0) 18.0(7.0) 21.0(6.0)	<0.001

This study showed that household income and education levels were positively associated with the scores of knowledge, attitude and practice (p<0.001). The higher education levels and household incomes contribute to a higher KAP score. Other studies have shown that poverty associated with NCD 2 and a better education level contributed to a higher KAP score 3,4 .

CONCLUSION

Low-to-moderate percentage of Orang Asli in this study have good knowledge, attitudes, and practices towards NCD. Low levels of KAP were associated with poverty and poor education. Improving their education and eradicating poverty will help improve their knowledge, attitude and practices toward healthiness, enhancing their well-being and disease intervention. Consequently, it can reduce the burden on the Malaysian healthcare system.

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REFERENCES

- 1.Rosediani M, Ranimah Y, Harmy MY (2012). Knowledge, Attitude and Practice on Cardiovascular Disease among Women in North-Eastcoast Malaysia. International Journal of Collaborative Research on Internal Medicine & Public Health. 2012; 4(1):85-98: http://iomcovd.com/ijcrimph/ijcrimph-v04-n01-09).htm
- Masron, T. & Masami, F. & Ismail, Norhasimah. (2013). Orang Asti in Peninsular Malaysia: population, spatial distribution and socio-economic condition. J. Ritsumeikan Soc. Sci. Hum. 6. (75-115), pp 93-94.
- 3.5 Anita, MD et. Al (2007). HIV/AID5 Knowledge, Attitudes and Risk Behaviours Among Orang Asli in Peninsular Malaysia: Med J Malaysia Vol 62 No 3 August 2007. http://www.e-mjm.org/2007/v62n3/HIV_AID5.pdf.
- Malaysia: Med J Malaysia Vol 62 No 3 August 2007. http://www.e-mjm.org/2007/v62n3/HIV_AIDS.pdf.

 4.Tan Yean Ling (2013); Knowledge, Attitude and Practices (KAP) of Modernized Indigenous People Towards Minor Illness in Banting, Malaysia. 2013 thesis submission. https://www.tanmanho.com/wpa/wpaminfo/Indigenous-Peoples-of-Malaysia-Research-Paper.pdf.
- 5. Ithnin M. et al. (2020). Knowledge, Attitude and Practices Towards Lifestyle Related Non-Communicable Diseases (NCDs): A Cross Sectional Study among Indigenous Orang Asli Adults in Negeri Sembilan, Malaysia. IIUM
- Medical Journal Malaysia, 19(2). https://doi.org/10.31436/imjm.v19i2.1569
 6.Ahmad B, Khalid BA, Quek KF, Anuar Z, Phipps ME. Knowledge of diabetes and lifestyle behaviour amongst indigenous population in Peninsular Malaysia. Med J Malaysia. 2013 Aug;68(4):309-14. PMID: 24145258.



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KNOWLEDGE, ATTITUDE AND PRACTICES (KAP) OF INDIGENOUS PEOPLE TOWARDS NON-COMMUNICABLE DISEASE IN BERA, MALAYSIA: A COMMUNITY BASED STUDY

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Introduction: With the current trend of increasing non-communicable diseases (NCD), a comprehensive study is essential to find the local population's knowledge, attitude and practice toward NCD. Little is known about the indigenous people of Orang Asli's health conditions and health-seeking behaviours towards NCD. The study aimed to assess knowledge, attitude and practice (KAP) status towards NCD and its association with demographic background among Orang Asli adults of the Semelai subgroup in Central Pahang, Malaysia. Methodology: A cross-sectional study was conducted among 251 adult Semelai people in Bera district, Pahang. Data was collected through face-to-face interviews to obtain socio-demographic data and KAP towards NCD. Bivariate analysis was performed to test the association between the socio-demographic factor and the KAP score. Results: Among respondents, 57.4% were female, 82.5% were married, and 46.2% completed primary school. The majority were animism believers (83.3%), self-employed (75.3%) and earning less than RM1000 (87.6%). The overall age of the respondents ranged from 18 to 77 years old, with a mean age of 41.1 and a standard deviation ± 13.9. Prevalence of known type-2 diabetes mellitus (T2DM), hypertension and dyslipidemia were 9.6%, 20.7% and 8.8%, respectively. About 23.1% of respondents have a family history of chronic disease. Regarding KAP parameters, only 12.7% have good knowledge, and 35.5% have good practice in prevention and treatment. However, more than half (59.8%) have a positive attitude towards chronic diseases. This study also showed that higher household income and education levels were positively associates with the higher scores of KAP (p< 0.001). Conclusion: Low-to-moderate percentage of Orang Asli in this study have good knowledge, attitudes, and practices towards NCD, and the low levels of KAP are significantly associated with poverty and poor education. Improving their education and eradicating poverty helps improve their knowledge, attitude and practices towards health.