

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



Abdullah, Fa'iza¹, A. Rahman, Nor Azlina², Kumaran, Viknaswaran³, Fazam, Viknaswaran³, Nurnisya⁴, Wong, Chai Eng⁵
 1. Department of Family Medicine, Kulliyah of Medicine, IUM Kuantan, 2. Kulliyah Allied Health Sciences, IUM Kuantan, 3. Klinik Kesihatan Bera, Bera, Pahang, 4. Klinik Kesihatan Beserah, Kuantan, Pahang, 5. Klinik Kesihatan Kemaman, Kemaman, Terengganu.

Corresponding author: drfaiza@ium.edu.my

INTRODUCTION

With the current trend of increasing non-communicable diseases (NCD) of hypertension, diabetes mellitus and dyslipidemia worldwide and in Malaysia, a comprehensive study is essential to find the local population's knowledge, attitude and practice (KAP) 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 the 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 Semelai adults in Bera district, Malaysia. Data was collected through face-to-face interview to obtain socio-demographic data and KAP towards NCD. The knowledge scores were then categorized into poor (<30%), fair (30%-70%) and good (>70%), depending on the cumulative points collected³. The attitude was categorized as 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.

Pilot study was conducted on 40 Orang Asli from another village and the Cronbach Alpha was more than 0.6 for all questions. All data collected was analysed using SPSS version 22.0. The socio-demographic data are presented using descriptive statistics and non-parametric tests were performed accordingly to test the association between the socio-demographic factors and the KAP scores in view of the non-normal distribution of the variables for the inferential statistics.

RESULTS & DISCUSSION

Table 1: Socio-Demographic Data of Respondents (n=251).

Social Demography	n (%)	Social Demography	n (%)
Age		Marital status	
18-39 years old	123(49)	Single	44 (17.5)
40-59 years old	97(38.6)	Married	207(82.5)
> 60 years old	31(12.4)	Occupation	
Gender		Self-employed	189(75.3)
Male	107 (42.6)	Employed	28 (11.2)
Female	114 (57.4)	Unemployed	32 (12.7)
Religious		Retired	2 (0.8)
Animism	209 (83.3)	Education level	
Islam	32(12.7)	None	62 (24.7)
Christian	1 (0.4)	Primary school	116 (46.2)
Buddhist	9(3.6)	Secondary school	64 (25.5)
Household income		Tertiary institution	9 (3.6)
< RM1000	220 (87.6)	Transport to nearest clinic	
RM 1001- 4000	28 (11.2)	Motorcycle	190 (75.7)
> RM 4000	3 (1.2)	Car	59 (23.5)
		Walking	2 (0.8)

Many of the respondents attained only primary education and some of them had never received any formal education. Even with various supports from the government, the problem of dropout from primary to secondary schools 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 poverty^{2,3}. Motorcycle was the main mode of transportation due to mostly earthen roads.

Table 2: Prevalence of Known Non-Communicable Diseases among 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. On the other hand, 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 (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.

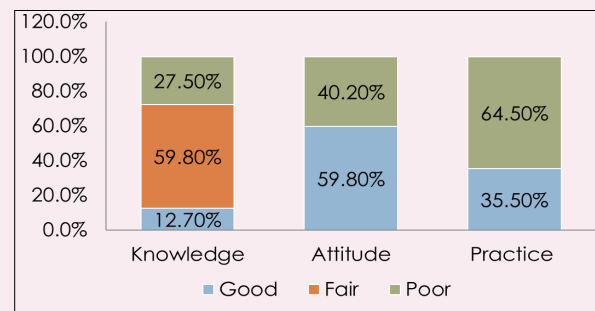


Figure 1: Knowledge, Attitude and Practice Scores Towards Non-Communicable Diseases (n=251).

Table 3: Association Between Socio-Demographic Factors With Knowledge, Attitude and Practices Scores Towards Non-Communicable Diseases (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
Household income:						
> RM 4000	18.0(3.79)	<0.001	28.0 (2.0)	<0.001	18.0(3.79)	<0.001
RM 1001- 4000	21.0(4.75)		26.0(6.0)		21.0(4.75)	
< RM1000	15.0(5.0)		20.0(6.75)		19.7(3.8)	
Education level:						
None	6.0(5.0)	<0.001	18.0(4.0)	<0.001	14.0(5.25)	<0.001
Primary school	7.0(3.0)		20.0(5.0)		15.0(4.0)	
Secondary school	9.0(4.0)		24.0(6.75)		18.0(7.0)	
Tertiary institution	12.0 (4.5)		28.0(2.5)		21.0(6.0)	

* Using Kruskal Wallis test; only significant results are reported here.

This study shows that household income and education levels were positively associated with the scores of KAP (p<0.001). The higher education levels and household incomes contribute to higher KAP scores. Other studies also shown that poverty were associated with NCD² and a better education level contributed to higher KAP scores^{3,4}.

CONCLUSION

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

ACKNOWLEDGEMENT

The cooperation from the Jabatan Kemajuan Orang Asli Malaysia (JKOA), Kuala Lumpur and Perkampungan Orang Asli Daerah Bera people during data collection is highly appreciated. This research received ethical approval from IUM research ethics committee (IREC 2020-024) and ATFM Student Research fund (Project Code 2020/11).

REFERENCES

- 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://iomcworld.com/ijcrimph/ijcrimph-v04-n01-09.htm>
- Masron, T. & Masami, F. & Ismail, Norhasimah. (2013). Orang Asli in Peninsular Malaysia: population, spatial distribution and socio-economic condition. J. Ritsumeikan Soc. Sci. Hum. 6. (75-115), pp 93-94.
- Anita, MD et. Al (2007). HIV/AIDS 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_AIDS.pdf.
- 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>.
- 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. IUM Medical Journal Malaysia, 19(2). <https://doi.org/10.31436/imjm.v19i2.1569>
- 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.