

# The Orang Asli Community's Socioeconomic Status of Kampung Gedung Siam, Pahang Malaysia and its Implications to Their Health

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## Abstract

Advancement of technology and development in Malaysia has increased the life span of Malaysians in general. But the Orang Asli community is still experiencing very low socioeconomic and health advancements. Their living space in the interior jungles, urban periphery, and a few in urban locations make these luxuries not easily accessed by them. Simple profiling was conducted to investigate the current prevalent situation in Kampung Gedung Siam, Pahang. This location was selected based on suggestions by Jabatan Kemajuan Orang Asli (JAKOA). The settlement, originally a virgin jungle, is now a commercial rubber and palm oil plantation. A total of 6 enumerators interviewed the Orang Asli who had converged at the Balai Raya to attend a workshop on street light solar panel maintenance and care. The location does not have a medical or health clinic in the village. The nearest clinic or hospital is 30 minutes away. The Kampung Gedung Siam's residents rely on private vehicles to get them to the nearest health facility. A total of 27 Orang Asli were interviewed in Kampung Gedung Siam. Results showed that the average number of children is 3.26 among the Gedung Siam villagers, 17 (62.96%) families have three children or less, and five (18.51%) families with no children. Only two respondents stated that they were not well. The average monthly income is RM437.03, placing them at the bottom of the hard-core poor in society. Orang Asli is known to rely on traditional medication for common illnesses like colds, fever, and muscle aches. This is not different for the community under study. As policy recommendations, the traditional health practices and the use of various medicinal herbs need to be documented and studied to validate their relevance for use in society to mitigate the rising cost of living and alleviate the health status of the Orang Asli community in Malaysia.

**Keywords:** Orang Asli, Socioeconomic, Health, Traditional Health Practices, Medicinal Herbs

## Introduction

Orang Asli is a member of the indigenous people (Malay word for Bumiputera) in Malaysia. They are ethnic minorities who are regarded to be backward compared to other races. The term Orang Asli refers to the indigenous people of Peninsular Malaysia. The indigenous people in Sabah and Sarawak are not referred to as Orang Asli but are considered indigenous or Bumiputera comprising Iban, Dusun, Kadazan, Melanau, Kelabit, Dayak, etc. The Orang Asli community in Peninsular Malaysia is found in all states except in Perlis and Penang. They inhabit the highlands and the peripherals of the hinterlands, hinging on the fringes of the urban area. They prefer the natural surroundings compared to the harsh urban concrete jungle that simply presents a challenging lifestyle so different from their habitual jungle frolicking, hunting for animals, and gathering natural vegetation.

Carey (1976) provides the definition of the Orang Asli by explaining that the term 'Orang Asli' is a Malay term that refers to 'aborigines' in English. However, the word 'aborigines' has a negative connotation since it is associated with concepts such as 'backwardness,' underdevelopment, and 'primitiveness.' The Malay word Orang Asli, however, does not have these connotations. Therefore, Orang Asli is a Malay term that means 'original,' 'well-born,' and 'aristocratic.' From the legal point of view, Orang Asli is defined under the Aboriginal Peoples Act 1954 (Act 134) revision of 1974, with the definition as follows:

1. (a) Any person whose male parent is or was, a member of an aboriginal ethnic group, who speaks an aboriginal language and habitually follows an aboriginal way of life and aboriginal customs and beliefs, and includes a descendant through males of such persons.

(b) Any person of any race adopted when an infant by aborigines who have been brought up as an aborigine, habitually speaks an aboriginal language, habitually follows an aboriginal way of life and aboriginal customs and beliefs, and is a member of an aboriginal community.

(c) The child of any union between an aboriginal female and a male of another race provided that the child habitually speaks an aboriginal language, habitually follows an aboriginal way of life and aboriginal customs and beliefs and remains a member of an aboriginal community.

2. Any aborigine who, because of conversion to any religion or for any other reason, ceases to adhere to aboriginal beliefs but who continues to follow an aboriginal way of life and aboriginal customs or speaks an aboriginal language shall not be deemed to have ceased to be an aborigine by reason only of practicing that religion.

3. Any question about whether any person is or is not an aborigine shall be decided by the Minister.

Based on the definition given by Act 134, all races can actually be aborigines as long as they practice indigenous customs and beliefs.

Nicholas (2000) states that the Orang Asli did not exist as a nation before 1960 or more accurately, the various indigenous peoples of the Peninsula did not see themselves as homogeneous (homogeneous groups). The Malaysian government officially used the Orang Asli term in 1966. Before that, Orang Asli was called with various appellations like Biduanda, Jakun, Sakai, Orang Dalam, and others. Skeat et al (1974) have divided the Malaysian Orang Asli into three main groups, namely Negrito, Senoi, and Proto-Malay. Each of these major ethnic groups is made of six sub-ethnic groups. The Semai, Temiar, Jahut, Che Wong, Mah Meri, and Semoq Beri belong to the Senoi tribe. The Temuan, Semelai, Jakun, Kanaq, Kuala,

and Seletar belong to the Proto-Malay tribes. The Kensiu, Kintak, Jahai, Lanoh, Bateq, and Mendriq are from the Negrito tribes. Table 1 shows in more detail the division of ethnic and sub-ethnic groups of Orang Asli in Malaysia.

Table 1

*Ethnic dan sub-ethnic groups of Orang Asli Malaysia*

Major Ethnic	Sub-ethnic
Negrito	Kensiu Kintak Jahai Lanoh Mendriq Bateq
Senoi	Semai Temiar Jahet/Jahut Che' Wong Ma' Betise/Mah Meri Semoq Beri
Melayu-Proto/ Proto-Malay	Temuan Semelai Jakun Orang Kanaq Orang Kuala Orang Seletar

Source: Jabatan Kemajuan Orang Asli Malaysia

The Orang Asli Census Data 2014 shows that there are 178,197 Orang Asli (OA) in Peninsular Malaysia. Comprising three major ethnic groups and various sub-ethnic groups, the majority Senoi are in Perak (50,281) and Pahang (29,439), while the Proto-Malays are found largely in Pahang (37,142) and Johor (13,083). The Negrito are mainly in Perak (2,413) and Pahang (925). They occupy more than 160 hinterland areas, rural peripheries, and urban areas. But sadly, the land title does not belong to the Orang Asli. Once the Orang Asli were resettled, today their land is transformed into rubber or oil palm plantations and they live within these plantations. Measures of Poverty Line Income (PLI) are not suitable for the Orang Asli as they always fall within the hard-core poor bracket. A new measure is needed for the Orang Asli if the government is serious about helping enhance the livelihood of the less than 200,000 Orang Asli living in Malaysia today. The details of the Orang Asli population in Peninsular Malaysia are shown in Table 2 below:

Table 2

*Orang Asli population by race and state (2010)*

Bil.	State	Negrito	Senoi	Proto-Malay	Total	
1.	Pahang		925	29,439	37,142	67,506
2.	Perak	2413	50,281	605		53,299
3.	Selangor	3	5073	12,511		17,587
4.	Kelantan	1,381	12,047	29		13,457
5.	Johor	1	55	13,083		13,139
6.	Negeri Sembilan	0	96	10,435		10,531
7.	Melaka		1	28	1,486	1,515
8.	Terengganu	34	818	41		893
9.	Kedah	251	19	0		270
10.	TOTAL	5009	97,856	75,332		178,19

Source: JAKOA

Average income of the community here is RM750 as they receive payment from the plantation managers. This settlement is an original Orang Asli settlement that is now a rubber and palm oil plantation. The fertility rate is low here, probably due to the side effects of pesticide usage. This is still under study by the UKM team. The nearest health clinic is about 30 minutes away and the only mode of transport is by foot or motorcycle.

Orang Asli keep getting attention periodically. Their plight is highlighted only when someone makes a report in the mainstream media. The lifestyle of the Orang Asli is not of interest to many people, although they have one of the highest fertility rates. Despite this, the reported life expectancy for Orang Asli is 53 years compared to the national average of 73 years (Rusalina, 2010) in Malaysia. Their healthy lifestyle is attributed to their close proximity to nature and eating organic and fresh foods available from their natural surroundings.

This article, therefore, attempts to examine the socio-economic status of Orang Asli Kg.Gedung Siam, Kuantan, Pahang, Malaysia, and how this socio-economic status will affect their health.

### Research Objective

This research study aims to achieve the following objectives:

- To investigate the Orang Asli socioeconomic and health status at Kg. Gedung Siam, Pahang.
- To identify the socioeconomic and health factors determining the Orang Asli's economic well-being.

### Literature Review

Many types of research concerning the socio-economic and health of Orang Asli in Malaysia. For the socio-economic status, Hassana et al (2020), for example, focus on the impact of Covid-19 on the Socioeconomic status and Health of the Orang Asli Community. The research used stratified random sampling with a research sample of 224 Orang Asli in Perak, Pahang, Negeri Sembilan, Johor and Kelantan of Peninsular Malaysia. This study found that a majority incurred losses of more than half of their income and experienced a decrease in wet and dry foods. In addition, the study revealed that (66%) of the Orang Asli community has lost up to 50-70% of their income. Of the total, it was found that 68.5 %% consisted of the Orang Asli

community in developed areas, while 64.2% were from less developed areas. The main reasons their income has decreased are that they cannot go out to work (47.1%), cannot sell farm or forest products (32%), sales prices have decreased (18%), and there are no jobs during PKP, or they have been terminated. In terms of the health situation, the findings of the research show that 76.2% of the Orang Asli parents do not have mental confusion due to Movement Control Order (MCO), either in developed areas or less developed areas. Findings conducted in developed areas showed 89.9%, while in less developed areas, 69.7% described the situation.

Padmini (2018) discusses the position of the Orang Asli community in the current economic development of the country as well as discusses the main problems faced by them that cause them to be excluded from the current local development. To find out the situation related to the factors that hinder the economic achievement of the Orang Asli, a case study was conducted in Kampung Orang Asli Kachau, in Semenyih, Selangor. This study concludes that five main factors constrain the achievement of Orang Asli's economic status, namely: 1. Educational factors, 2. Attitude and lifestyle factors, 3. Ineffective development factors, 4. Leadership crisis, and; 6. Limited financial sources and skills. The study also proposes the intervention or design of an adaptation research model to address the problems faced by the Orang Asli community in Kg. Kachau Luar. This study represents the economic situation of the Orang Asli in other places in Malaysia.

The economic activities of the Orang Asli, as well as their source of income, centre primarily in their natural environment in the jungle. However, development and modernisation have influenced and changed the pattern of their economic activities by providing a more diverse source of income. Masron et al (2011) have shown that the economic activities of the Orang Asli including the following areas: (a) For the Orang Asli living in coastal areas such as Orang Laut, Orang Seletar, and Mahmeri are involved in fishing activities. (b) The Temuan, Jakun, and Semai are involved in the agricultural sector such as rubber, oil palm, and cocoa. (c) The Semai, Temiar, Che Wong, Jahut, Semelai, and Semoq Beri are hunters and gatherers who, among others, harvest petai, durian, rattan, resin and mountain rice to be sold to outside communities. A small number of the Orang Asli, especially the Negrito, are still partially nomadic and depend on sources and seasonal forest products. (d) Some also live in the city, earning a salary and working in the manufacturing sector. This particular research looks at these factors' influence or impact on economic well-being, reflected through income and asset ownership. Today, globally, there is more awareness of the need to redefine the socioeconomic and health indicators for the indigenous community (Taylor, 2008). Man et. al (2009) suggest that Eco-tourism is one of the best ways has found an increasing economic impact on the orang Asli without affecting their traditional culture. In addition to providing substantial returns to the economy, this sector also contributed to the supply of employment opportunities as well as to improve the standard of living of the local population.

The government has been making efforts to improve the quality of life of the Orang Asli through economic activities such as Estate Development Projects; cash crop projects such as bananas, pineapple, and corn; livestock and fisheries, *karas*, swiftlet, herbal crop programmes; input assistance programmes in agriculture (seedlings, oil palm, fertiliser, poison, and money), entrepreneurship assistance programmes, business premise assistance, eco-tourism and rural economic programmes (Pelan Strategik Kemajuan Orang Asli, 2011-2015). These efforts have improved the living standards of Orang Asli even though most of them are still involved in self-sustaining economic activities farming sweet potatoes, cassava,

bananas, *karas*, and other forest products such as bamboo). Some of the Orang Asli work in factories and serve in the public sector as doctors, lawyers, lecturers, teachers, etc.

Selvaratnam et al (2018) argue that the Orang Asli can be resourceful and motivated to be sustainable, especially in ensuring a steady income for their family. Their close-knit family in the community is an impetus for working together in a social entrepreneurship model. Nevertheless, they need encouragement and motivation in the right direction. For example, capitalising their own indigenous knowledge and skills for income-generating activities. Upgraded new skills in management, simple book-keeping, and digital marketing are essential to make them upscale their business in the long run.

Concerning the Orang Asli health status, there were several researches had been conducted. Ali et al (2018), for instance, study the health situation of the Orang Asli and the role of NGOs in improving the health status of the Orang Asli. A case study was conducted to examine the real situation of the health of Orang Asli in Kg Orang Asli Ulu Slim, Slim River, Perak. The study found that the location of Kg Ulu Slim which is far from the city, makes chronic diseases such as diabetes and high blood pressure difficult to monitor and treat properly. This study also found that some NGOs take a role in improving the health of the Orang Asli in Kg Ulu Slim. The study provides an example of an NGO. Among them is the Malaysian Relief Agency (MRA). MRA is considered as one of the NGOs that are active in implementing health programs to improve the quality of health of the Orang Asli community. MRA, for instance, provides health services for Orang Asli in Kg Ulu Slim through mobile clinics or field clinics.

Meanwhile, the study by Ismail et al (2018) examined the sociocultural implications of Orang Asli on health quality. This study found that several key domains belong to the practice of heritage culture that can affect their level of health. They are, namely the domain related to the practice of traditional medicine, strong attachment to the cultural practices and customs of the tribe itself, and rejection of outside influences. This finding is parallel to World Health Organization (WHO) information that estimates as much as 80 percent of the Indigenous population in developing countries still rely on traditional medical systems as their source of health care in Malaysia.

Khor and Zalilah (2019) study revealed that short maternal stature, low birth weight, prematurity, low dietary diversity, parasitic infections, and inadequate sanitation and hygiene are among the major prenatal and postnatal determinants of undernutrition among the Orang Asli children. While underweight and stunting are common in Orang Asli children, overweight and obesity are becoming increasingly prevalent among adults. Studies across the sub-tribes showed that approximately 10–50% of Orang Asli adults were overweight and/or obese, with women more likely to be overweight or obese than men. There is also accumulating evidence of metabolic risks (i.e., impaired glucose intolerance, hypertension, central obesity, hyperlipidemia) in the Orang Asli adults. The rising prevalence of metabolic risks could lead to the increasing occurrence of diabetes mellitus, hypertension, and cardiovascular diseases in the indigenous community. The poor health and nutritional status of the Orang Asli children and adults could be attributed largely to food and nutrition insecurity affecting most of this population, particularly women and children. Khor and Zalilah added that these situations of Orang Asli's health status are due to a serious shortfall in the social and public health policies and programmes for the Orang Asli.

Health is one of the important issues among the Orang Asli. Living in the jungle exposes them to ailments such as dengue, skin diseases, infections, etc. They prefer traditional methods for treating illnesses by consulting *bomoh*, or known as a *pawang*. However,

development has persuaded Orang Asli to change their lifestyle in health matters. They have begun to adopt modern medicine by seeking treatment at clinics and hospitals. To date, the government has built 20 treatment centers, four transit centers, one hospital, and two rural clinics in Kampung Orang Asli to provide healthcare services. In addition, community health programmes, health camps, mobile clinics, dental treatment, flying doctors, and healthcare courses (Native Development Strategic Plan, 2011-2015) have also been implemented to improve the health of the Orang Asli community.

Health is a primary concern of every person, but sadly some members of society are not privileged to have access to health facilities and medicine. Medicine becomes inaccessible in poverty-stricken communities. If the medicine is not free or subsidised and one does not have health insurance, they will either ignore the health problems or suffer in silence. The locality of the indigenous communities in rural or urban periphery sites puts them at a disadvantage. They are usually either far from the public health clinics or cannot afford the nearby private clinics. They rely on mobile clinic visits or ad hoc visits from medical students or medical units arranged by research groups, companies, or agencies conducting community outreach programmes. Sutris et al. (2016) note that Orang Asli living within the plantation or close proximity to land that uses chemical pesticides will have harmful effects on their health. Mohamed & Selvaratnam (2018) note that the Orang Asli practice traditional medicine to ensure a healthy life, and the women, in particular, are concerned about their reproductive health.

### **Research Methodology**

The research adopts a triangulation method of gathering primary data consisting of visual field observation data, face-to-face interview data, and supplementary secondary data. Some of 27 Orang Asli Kg. Gedung Siam, Pahang were selected as Research Participants (RP) to obtain data to determine their economic status. The selected RP consisted of the head of the household or their spouses. The data of the study analysed thematically to answer the objective of the study. The information gathered at this stage will be important to justify why further support is needed for this community. The community needs to be eventually independent economically and sustain a healthy lifestyle to ensure continuous health status. The following is the proposed model to inculcate awareness of health and economic importance and develop together with the Orang Asli several relevant programmes for other health and economic enhancement.

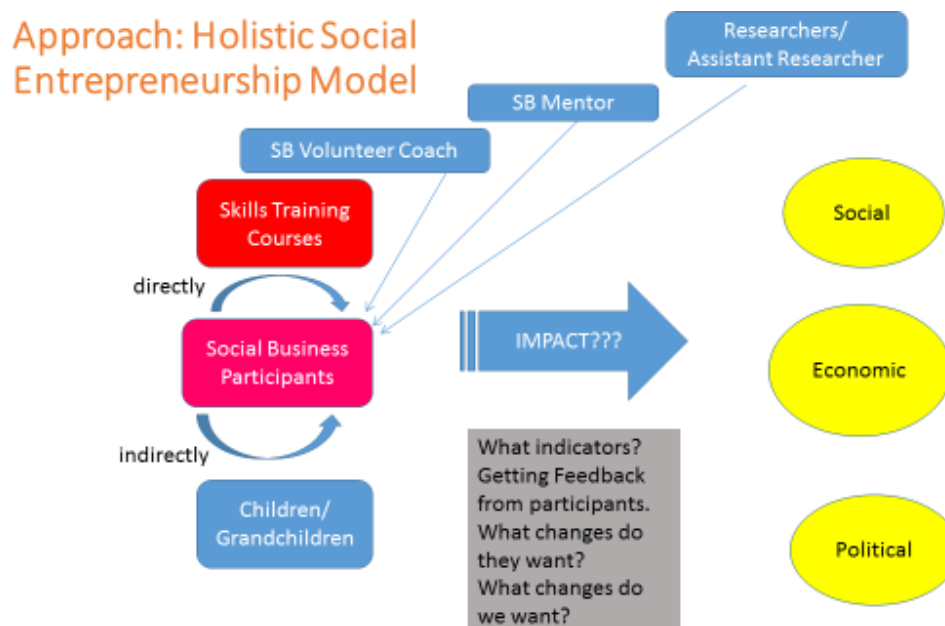


Diagram 1 Social Entrepreneurship Model

Source: Adapted from Doris Padmini Selvaratnam, Hamidah Yamat & Rika Fatimah PL (2013)

Diagram 1 shows that social entrepreneurship initiatives will be initiated based on the prevalent skills and knowledge of the Orang Asli at Gedung Siam. They will be encouraged to work in groups to help one another to work towards the enhancement of their socioeconomic status. The role of successful entrepreneurs in neighbouring villages and also within their villages will be important to be a reference point. Furthermore, young local champions will also be developed to ensure that their business is monitored and evaluated consistently. Nevertheless, at this juncture, the focus was on collecting the baseline data to identify the health and economic status of the Orang Asli at Kampung Gedung Siam.

### Research Findings

Before any analysis is carried out, the data set has been checked in terms of data. The total number of respondents interviewed was 27 people. They were either the head of household or the spouse of the head of household. Some of the respondents were unsure of the answers to the questions asked; hence, although their answers were analysed, for the regression analyses, they were dropped out.

### Missing Data

First of all, data is checked in terms of the existence of missing values. Based on the collected survey data, there are some missing values for some items, and the percentage of the total missing values is 18.5%. Therefore, all the data that had missing values were deleted. Table 1 below shows the number and percentage of missing values for the item in the data set.



Table 1  
*Missing Value*

Item	Missing	Percent (%)
Occupation	5 (6,8,12,16,23)	18.5
Health	1 (6)	3.7

Source: Field Survey, 2019.

**Testing Normality Of Error Term**

An assumption of a linear regression model is the normality of the error term. To examine the normality of the error term, Shapiro Wilk test was utilized. Table 1.2 presents the result of the test.

Table 1.2  
*Tests of Normality for Standardized Residual*

Kolmogorov-Smirnov statistic	<i>P</i>
0.129	0.200

Source: Field Survey, 2019.

Based on Shapiro-Wilk test results in Table 1.2, the probability value of Kolmogorov-Smirnov statistic,  $p = 0.200$  which is larger than 0.05. Hence, Kolmogorov-Smirnov test revealed that the data set met the normality assumption.

**Test for Homoscedasticity**

Besides, the data set needs to have equality in variance (homoscedasticity). To examine homoscedasticity, a scatter plot was executed. Figure 1.4 exhibits the scatter plot. The figure shows that the residuals were scattered. This suggests that the homoscedasticity assumption was satisfied.

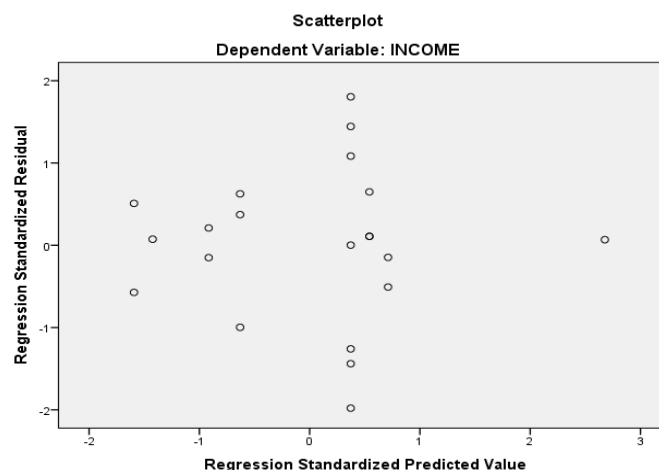


Figure 1.4 Scatter Plot  
Source: Field Survey, 2019.

**Test for Multicollinearity**

In ensuring that the variables fulfill the assumptions of multiple regression, the absence of multicollinearity assumption was tested. Table 1.3 reveals that all the correlation coefficients

were not greater than 0.264. Since all the correlation was less than 0.90, therefore all the variables were correlated without showing collinearity problems.

Table 1.3  
*Intercorrelation Matrix for Success Factor Variables*

Variable	Correlations		
	Occupation	Education	Health
Occupation	1.000		
Education	.264	1.000	
Health	-.165	-.300	. 1.000

Source: Field Survey, 2019.

### Objective 1

#### Descriptive Analysis

##### Socioeconomic (Employment)

The analysis begins with examining the basic features of data using descriptive statistics. This analysis is done to fulfill the first objective which is to investigate the Orang Asli socioeconomic and health status at Kampung Gedung Siam, Pahang. These socioeconomic factors include occupation, education, and income level. Table 1.4 shows the occupation level of Orang Asli based on 20 respondents. The table shows that 70% of the respondents (14 respondents) worked as a freelancer and followed by other work which was 25% (5 respondents). The least respondents work in the government or private sector which was 5% (1 respondent). Figure 1.5 shows the bar chart of occupation level, it was observed that the majority of respondents were working as freelance worker.

Table 1.4  
*Occupation Level of Orang Asli*

Occupation	Frequency	Percentage (%)
Government/ Private	1	5
Freelance	14	70
Others	5	25
Total	20	100

Source: Field Survey, 2019.

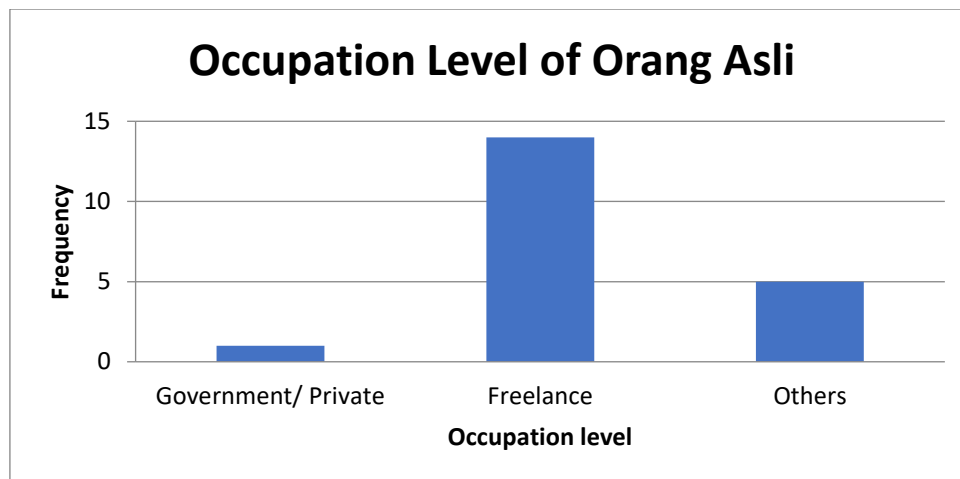


Figure 1.5 Occupation Level of Orang Asli

Source: Field Survey, 2019.

### Socioeconomic (Education Level)

Table 1.5 presents the education level of the Orang Asli of Kg. Gedung Siam. Most of the respondents never go to school (55% or 11 respondents), followed by respondents that never end primary school (20% or 4 respondents). Due to the results, it meant that most of the respondents never go to school maybe because of income factors or awareness. Finally, the least portion of respondents had finished Form 5 or SPM (10% or 2 respondents). Figure 1.6 also shows the bar chart of education level and it can be seen that the majority of the Orang Asli never go to school.

Table 1.5

#### *Education Level of Orang Asli*

Education Level	Frequency	Percentage (%)
Never Go to School	11	55
Never End Primary School	4	20
End Primary School	3	15
Form 5/O Level/SPM	2	10
Total	20	100

Source: Field Survey, 2019.

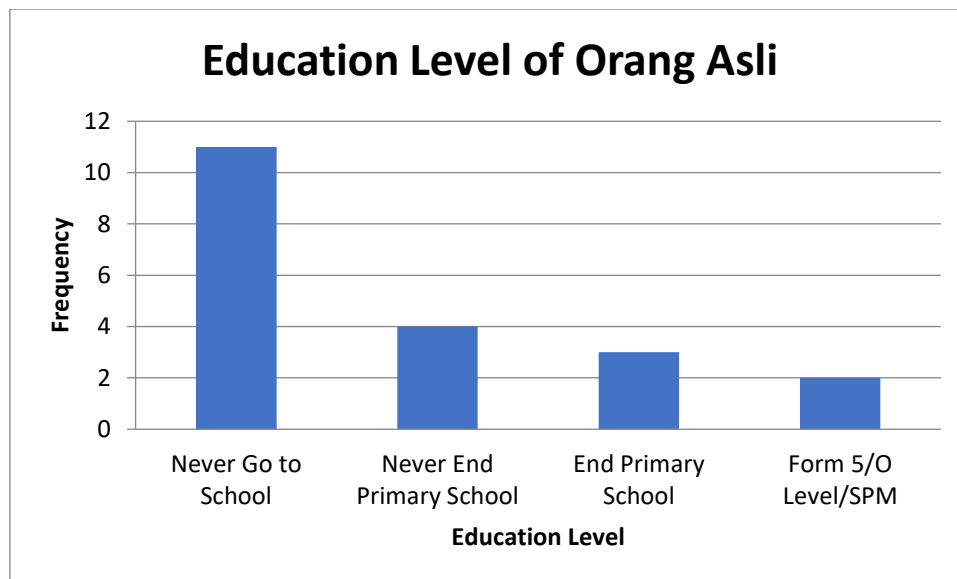


Figure 1.6 Education Level of Orang Asli

Source: Field Survey, 2019.

### Socioeconomic (Income)

There are three levels of income included in this analysis. It starts with a low level (RM1-RM400), followed by a medium level (RM401-RM800) and a high level (RM801- RM1200). Table 1.6 shows the income level of the respondents based on 20 respondents. In overall, most of the respondents were at a medium level which was 55% or 11 respondents. Moreover, around 5 respondents, or 25% were included in the low level. Finally, only 4 respondents had income at a high level which interprets 20%. Figure 1.7 shows the bar chart of Orang Asli's income level and it can be seen that most of the respondents are at a medium level. It means that the majority of the respondents get income in the range of RM401 to RM800 due to most of them only working as freelance workers.

Table 1.6

#### *Income Level of Orang Asli*

Income	Frequency	Percentage (%)
Low (RM1-400)	5	25
Medium (RM401-800)	11	55
High (RM801-1200)	4	20
Total	20	100

Source: Field Survey, 2019.

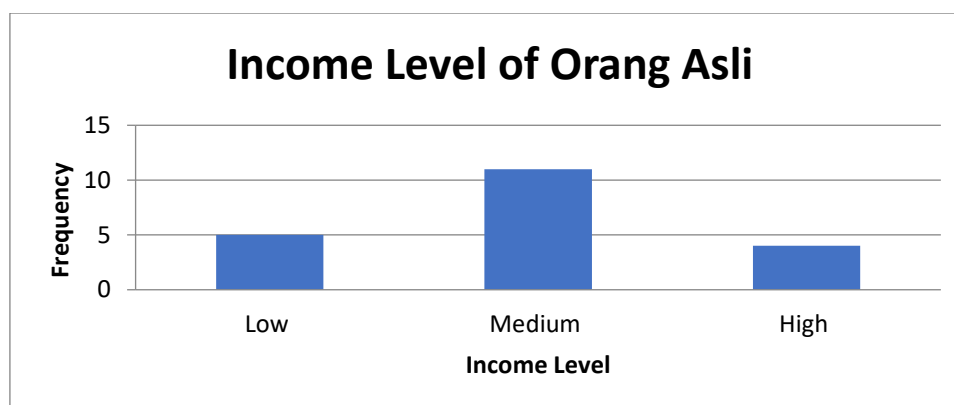


Figure 1.7 Income Level of Orang Asli

Source: Field Survey, 2019.

The Orang Asli rely mostly on the provision of monthly rental income of their land which is leased to FELDA that cultivates the land for palm oil plantation. Only the original members of the settlement would be the recipients. Anyone who comes in after the agreement is drawn due to resettlement from other villages or children who have married and formed their own home and family do not receive these payments.

### Objective 2

Multiple linear regression was conducted to address the second objective of the study. In this study, the second objective was to identify what are the socioeconomic and health factors that determine the Orang Asli's economic well-being (INCOME). Table 1.7 presents the results of multiple linear regression.

Table 1.7

#### Multiple Regression Analysis

Variables	B	SE <sub>B</sub>	$\beta$	t	P
Constant	612.500	106.692		5.726	.000
Predictors:					
GV (Government)	350.000	335.155	.300	1.044	.315
OT (Others)	-200.000	182.435	-.340	-1.096	.293
NE (Never End Primary School)	162.500	167.577	.255	.970	.350
EP (End Primary School)	37.500	221.097	.053	.170	.868
F5 (Form 5)	137.500	255.979	.162	.537	.600
UN (Unhealthy)	-35.833	190.795	-.050	-.188	.854
R <sup>2</sup>	.248				
Adjusted R <sup>2</sup>	-.099				
F	.715	$p = 0.644$			

Source: Field Survey, 2019.

Based on Table 1.7, the multiple regression model is not significantly fit since  $p = 0.644$ .  $R^2 = 0.248$  reflects that 24.8% of variation in INCOME was explained by the variation in predictors.

The multiple linear regression model is:

$$INCOME = 612.500 + 350.000GV - 200.000OT + 162.500NE + 37.500EP + 137.500F5 - 35.833UN$$

Relationship between Socioeconomic and Health Variables on Income is explained in the following subsections.

**Occupation (Government/Private)**

According to Table 1.7, as Government (GV) increases by a unit, INCOME increases by 350. This reflects that GV positively influenced INCOME. However, based on the probability value,  $p = 0.315$  is greater than 0.05 and it shows that GP did not significantly affect INCOME.

**Occupation (Others)**

According to Table 1.7, as Others (OT) increases by a unit, INCOME decreases by 200.000. This reflects that OT negatively influenced INCOME. However, based on the probability value,  $p = 0.293$  is greater than 0.05 and it shows that OT did not significantly affect INCOME.

**Education (Never End Primary School)**

According to Table 1.7, as Never End Primary School (NE) increases by a unit, INCOME increases by 162.500. This reflects that NE positively influenced INCOME. However, based on the probability value,  $p = 0.350$  is greater than 0.05, showing that NE did not significantly affect INCOME.

**Education (End Primary School)**

According to Table 1.7, as End Primary School (EP) increases by a unit, INCOME increases by 37.500. This reflects that EP positively influenced INCOME. However, based on the probability value,  $p = 0.868$  is greater than 0.05, showing that EP did not significantly affect INCOME.

**Education (Form 5)**

According to Table 1.7, as Form 5 (F5) increases by a unit, INCOME increases by 137.500. This reflects that F5 positively influenced INCOME. However, based on the probability value,  $p = 0.600$  is greater than 0.05, showing that F5 did not significantly affect INCOME.

**Health (Unhealthy)**

According to Table 4, as Unhealthy (UN) increases by a unit, INCOME decreases by 35.833. This reflects that the UN negatively influenced INCOME. However, based on the probability value,  $p = 0.854$  is greater than 0.05, showing that UN did not significantly affect INCOME.

**Conclusion and Policy Implications**

The data was very limited; nevertheless, it provided information on the socioeconomic status of the Orang Asli at Gedung Siam. Indigenous people, like anyone else, also need to stay healthy to ensure they can work and increase productivity. Nevertheless, being healthy needs to be enhanced with a healthy lifestyle and also a good practice of having regular medical check-ups and also taking food supplements if necessary. The Orang Asli at Gedung Siam do practice traditional medicine and consume them regularly. They rely on this for simple ailments, but for complicated procedures like heart problems, migraine, and delivery of babies, they rush to the nearest hospital. They do not have regular medical check-ups as the hospital is far and public transport is not available within their village or commuting to nearby towns. They have to rely on private vehicles or taxis, which can be quite expensive for them. The available traditional medicinal practices and also the use of various herbs, and the

prescribed doses need to be documented and validated. In some situations, these practices might determine a person's life. The Orang Asli also need to be trained by a medical trainee, especially in treating simple illnesses, ie taking temperature, monitoring vision care, hearing ability, and also body mass index (BMI) checks. Clinics should also be made accessible to the Orang Asli regardless of their settlements.

A healthy living environment should be made available to ensure their living space is not threatened by the plantation sector cultivating rubber trees and palm oil plantations. These plantations need to adhere to sustainable plantation practices that do not use harmful pesticides. Furthermore, education and training in skills used in the plantation and its support upstream and down-stream activities also will help increase the sustainable livelihood of the Orang Asli.

Although the education level is low, it is still important to influence the income of the Orang Asli. The increasing level of education means that there will be greater awareness and also heightened interest in learning new skills and also finding new income-generating activities. Schools in the jungle are becoming popular globally, and it is also time to make mainstream education more student-friendly and available at every Orang Asli settlement. More Orang Asli youths and graduates should be trained to become teachers for their community.

When the health and education level is enhanced, the Orang Asli will be better positioned to seek more innovative income-generating activities. The socioeconomic status of the Orang Asli will then naturally be uplifted to a better status along with the mainstream members of society. They must work on readily available indigenous knowledge and skills to uplift themselves. This is important for creating self-confidence and motivation and slowly moving towards more technical and highly skilled work. In general, it can be summed up that their economic status will reflect their health status as aforesaid. The enhanced health status will help them to be more prepared to take up new job scopes and also enroll for better skills befitting the digital era Malaysia is embracing.

### **Contribution of The Study**

This study is very significant to the existing knowledge because detailed information on health and socioeconomic data is important to substantiate prevalent conditions of the Orang Asli and help them to eliminate health threats from nature and also make informed decisions about caring for themselves responsibly. Traditional medicinal practices that are relevant need to be validated and enhanced formally. A community that can take care of their health in a sustainable manner will be able to have a healthy lifestyle, reduce the cost of living and also be able to have a productive contribution.

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